

QUINCY COMMUNITY ACTION PROGRAMS, INC.  
1509 HANCOCK STREET  
QUINCY, MA 02169

QCAP, Inc.

DO NOT WRITE IN BOX  
OFFICE USE ONLY

Date of Receipt \_\_\_\_\_

Bedrooms 0 1 2

RENTAL APPLICATION FOR QCAP'S HOUSING

\*Please fill out application completely!

1. Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

2. Special Needs: Specify \_\_\_\_\_  
\_\_\_\_\_

3. Racial/Ethnic Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority you may classify your household in that Minority category.

Circle One: Am.Indian Asian Black Hispanic  
White Other

4. Number of Bedrooms: (Circle One) 0 1 2

5. Members of Household to live in unit, **including head:**

First name, middle initial and last name of everyone to live in the household.	Relation to head	Sex	Date of Birth	Occupation or Grade in School
1.				
2.				
3.				
4.				
5.				
6.				

6. Is a change in the household expected? (Circle One)

YES      NO

If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

**7. INCOME BEFORE DEDUCTIONS:**

Estimate the gross income anticipated for all household members from all sources for the next 12 months.

Specify all sources:

Household Member	Income Source	Name and address of employer or source of income	Gross income for next <b>12 months</b>
	Salaries, wages Including overtime/tips		
	V.A. Disability		
	Net income from Business or profession		
	Trust income, Interest and Dividends		
	Pensions and Annuities		
	Regular Unemployment or disability /workman's comp.		
	Regular Social Security and or/SSI		
	TAFDC or Public Assistance		
	Regular Alimony, Child support		
	Gifts and Other income		

8. **EXPENSE:**

Expense for care of children or sick, incapacitated person if necessary for employment

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Unreimbursed medical expenses:

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Health Insurance:

YES \_\_\_\_\_ Type \_\_\_\_\_

NO \_\_\_\_\_

Other \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

9. **ASSETS:** List below the assets of all household members. Include all bank accounts, stocks and bonds, trust agreements, real estate, ect. Do not include clothing, furniture, or cars.

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Household member                      Description of Assets                      Value of Applicants Equity

Household member	Description of Assets	Value of Applicants Equity

10. Does anyone in your household own a car?      YES      NO

Make of car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

Make of car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

11. **REFERENCES:** List two references. These should not be relatives or household members.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship (employer, colleague, friend); \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship (employer, colleague, friend); \_\_\_\_\_

12. **Tenancy History Reverse Order:**

**Present Address**

Address \_\_\_\_\_ 20\_\_ to present

Name of Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

**Previous Address**

Address \_\_\_\_\_ Years \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

**Previous Address**

Address \_\_\_\_\_ Years \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

13. Have you, or any member of your household, ever received housing assistance from QCAP, Inc. or any housing agency or group? This includes Rental Assistance programs.

(Circle One) YES NO

If yes:

Name of head of household at that time \_\_\_\_\_

Relation to present applicant \_\_\_\_\_

Name of Housing Agency \_\_\_\_\_

Date moved out \_\_\_\_\_

Did you leave as a tenant in good standing? YES NO

If no, please explain \_\_\_\_\_

\_\_\_\_\_

14. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of QCAP, Inc.? (If so this will not necessarily disqualify your application)

YES NO

If yes, please specify: \_\_\_\_\_

15. Are you currently a client of Quincy Community Action Programs, Inc. ?

YES NO

16. Do you have any pets? YES NO

17. Emergency Reference: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

**18. Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (Circle One) YES NO

Have you or any member of your household who will live in the unit been convicted of a felony in the last 10 years? (Circle One) YES NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants Certification:**

I understand that this application is not an offer of housing. I understand that if I am offered a housing unit and I do not accept that offer, I will lose any priority or preference status on the Housing Program waitlist.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written offer from QCAP, Inc. I understand that it is my responsibility to inform QCAP, Inc. in writing of any change of address, income or household composition. I authorize QCAP to make inquiries to verify the information I have provided in this application, including a credit and CORI (Criminal Offenders Record Information) check. I certify that the information I have given in this application is true and correct. I understand that any false statement, misrepresentation, or lack of requested information, may result in the rejection of my application.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

QCAP, Inc. Interviewer /Reviewer Signature \_\_\_\_\_ Date \_\_\_\_\_