

City of Cambridge Inclusionary Housing Rental Program Application Update Form



	<u>e Print</u> Name:		_ First Name:			
			Unit #:			
Current Residence:						
City:			State:	Zip Code:		
Telephone #:			Evening			
E-Ma	iil:					
Do yo	ou currently have a mobile vouche	r? If YES, what is th	ne subsidizing agency?			
HOUS	SEHOLD MEMBERS					
	NAME	DOB	RELATIONSHIP TO APPLICANT	GENDER (M o	r F)	
1)	If your residency has changed , please explain the circumstances and provide a current lease.					
2)		head of the house	explain the circumstance. If you're a hold and provide a copy of their birt		r	

3)	If your need for housing has suddenly changed and you are now in an emergency situation , please explain and attached one of the following documents that are specific to your emergency situation.						
	a)						
	b) Living in a property that has been cited by the City for outstanding code violations, provide a report from Ispectional Service Department.						
	c)						
	d)						
	e) Homeless, provide a letter from a shelter.						
4)	If you or a new member of your family are in need of a Reasonable Accommodation and require accessibility features or another reasonable accommodation, please explain.						
under	rstan		application to the best of my/our knowledge is true. I/We unds for rejection of this application. Furthermore, verification				
Penal	lty fo	r False or Fraudulent Statement, U.S.C.					
"Title	18, S	ection 1001, provides: "Whoever, in any mat	ter within the jurisdiction of any department or agency of makes any false fictitious or fraudulent statements or				
-	udule		document knowing the same to contain any false, fictitious nore than \$10,000 or imprisoned not more than five (5) years				
	+ All	persons whose names will appear on the le	ase are 18 years of age or older must sign here:				
Signa	ture		Date:				
Signa	ture		Date:				
I,		Authorize the City of Cambridg	e and the affiliated Private Management Staff to obtain				
tenar includ releas	ncies, ding a se an	and credit history, including court judgmer any agency or housing authority managing a y parties from whom that information is re	ousing or housing subsidy, income, present or former and bankruptcies, from any parties having information, my housing subsidy for which I am eligible. I authorize and quested to release it to the City of Cambridge and their				
empl	oyees	.					
Signa	ture		Date:				
Signa	ture		Date:				

