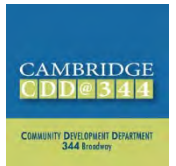




# Inclusionary Housing Rental Program Preliminary Application

City of Cambridge

## Inclusionary Housing Rental Program Preliminary Application Guidelines



### Packet Contents

- Page 1: Introduction to Guidelines
- Page 2: Eligibility Requirements
- Page 3: Documentation Required with Application
- Page 4: Assignment for Priority Point System  
Rental Preference Pool Order
- Page 5: What to Expect after Submission

### **Please read these guidelines carefully *before* completing the Preliminary Application**

The Community Development Department (CDD) is accepting Preliminary Applications for affordable rental units in Cambridge. To be considered for an affordable unit through the City’s Inclusionary Housing Rental Program you must submit a Preliminary Application for placement in the waiting pool. Placement in the waiting pool does not signify that you are eligible for an affordable unit. **This is not a waiting list.**

Applicants will be placed in a waiting pool based on unit size eligibility, ranking according to the City’s priority point system, and emergency need status. Preference will be given to Cambridge residents and families with children. When units become available, CDD will identify, in order of placement in the pool, the next applicant(s) based on unit size eligibility and priority points. The applicants will be asked to submit a final application with documentation to determine their eligibility.

Please be sure to fill out the application accurately. **If you do not fill out the information correctly and submit the required documentation, you will not be placed in the appropriate pool.**

Applications should be submitted to the City of Cambridge Community Development Department, Housing Division, 344 Broadway, 3rd floor, Cambridge, MA 02139. **Applicants must complete and sign the attached application with documentation for Cambridge residency, household size, and emergency need. Applications without proper documentation may not be placed in the appropriate pool. If you have questions, please call CDD’s Housing Division at (617) 349-4622.**

Please note that CDD will maintain applications in the Rental Applicant Pool. Applicants should notify CDD in writing of changes to household size and income, voucher status, residency, employment or emergency need. CDD will accept updates and/or changes to an applicant’s Preliminary Application in writing only.

CDD reserves the right to request that applicants submit updated and/or supporting documentation. Applicants who fail to respond to requests from CDD promptly may be removed from the Rental Applicant Waiting Pool.





# Inclusionary Housing Rental Program Preliminary Application

## Eligibility Requirements

In order to qualify for an affordable unit:

- Applicant’s household size must be appropriate for the unit. *See attached Occupancy Standards.*
- Households must have an income of at least 50% but not more than 80% of the Area Median Income (AMI) *See Income Eligibility Requirements below.*
- All income sources are included from all income-earning members over 18 years of age in the household.
- Household assets may not exceed \$75,000. Assets in restricted retirement accounts (401(k), IRA, etc.) will be considered at 60% of current value. Households where all members are 62 or over, and households where all members are disabled, may be eligible for special consideration.
- Individuals and families with Section 8 mobile rental vouchers will not be subject to the required minimum income requirements.

## Minimum Income Eligibility Requirements

**Current Income Limits** (income limits subject to change)\*

### Qualifying for a studio

Household Size	Minimum Income 50%	Maximum Income 80%
1 Person	\$49,100	\$78,560

### Qualifying for a 1-Bedroom

Household Size	Minimum Income 50%	Maximum Income 80%
1 Person	\$49,100	\$78,560
2 Persons	\$56,100	\$89,760

### Qualifying for a 2-Bedroom

Household Size	Minimum Income 50%	Maximum Income 80%
2 Person	\$56,100	\$89,760
3 Persons	\$63,100	\$100,960
4 Persons	\$70,100	\$112,160

### Qualifying for a 3-Bedroom

Household Size	Minimum Income 50%	Maximum Income 80%
3 Persons	\$63,100	\$100,960
4 Persons	\$70,100	\$112,160
5 Persons	\$75,750	\$121,200
6 Persons	\$81,350	\$130,160

\*The income chart is based on federal, state, and Cambridge income limits for housing programs. These limits are determined by the US Dept. of Housing and Urban Development and are subject to change.





## Inclusionary Housing Rental Program Preliminary Application

### Documentation Required with Application\*

#### A. Household Size Requirement:

Please provide evidence of your current household size from two (2) of the following options:

- A rental lease signed and dated within the last year in your name and listing members of your household.
- A copy of your signed current federal tax return with W2s indicating your current household size.
- A copy of birth certificates for all household members.

#### B. Cambridge Residency Requirement:

If you are currently living in Cambridge, please provide evidence of residency from **two** of the following options (additional documentation may be requested):

- Rental lease signed and dated within the last year in your name
- Utility bill in the applicant's name: original gas, electric, phone, cable. We will need to see the entire bill before payment and it must be dated within thirty days.
- Car registration or driver's license with your current address that is listed on application.
- Current school registration record with current address

#### C. Emergency Need Requirement:

If you are requesting to be considered as an emergency you **MUST** attach a copy of the evidence supporting one or more of the following emergency situations:

- Applicant is currently facing a no-fault eviction (**provide a copy of court order**).
- Applicant is living in a property that has been cited by the City for outstanding code violations (**provide report from Inspectional Services Department**).
- Applicant is paying more than 50% of their monthly gross income on rent (**submit documentation of current pay stubs and lease agreement**).
- Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (**provide a signed lease which states bedroom size and all household members**).
- Applicant is homeless (**provide a letter from shelter**).

*\*The City of Cambridge reserves the right to request additional documentation*





# Inclusionary Housing Rental Program Preliminary Application

## Assignment for Priority Point System

Preference will be given to Cambridge residents, families with children, and applicants with an emergency housing need. All applications will be reviewed for eligible household size and income eligibility and then ranked in order by the following priorities:

- Current Cambridge resident (4 points)
- Household with at least 1 child under 18 (1 point)
- Household with at least 1 child under 6 (1 point)
- Household with emergency need as defined on previous page (1 point)

*Please Note: After all eligible Cambridge resident applicants have been considered, preference will be given to applicants who are not presently living in Cambridge but are employed in Cambridge. These applicants will follow the same priority point system as Cambridge residents. Contact CDD for further information.*

## Rental Preference Pool Order

Upon receipt of the completed Preliminary Application and all associated documentation, CDD will notify all applicants of their status by mail. Preliminary applications will be added to the appropriate pool(s) in the order they are received.

The Rental Applicant Pool will consist of the following preference pool order:

### 1-Bedroom/Studio Unit Pool

- a. 5-point preference group
- b. 4-point preference group
- c. 0-point preference group

### 2-Bedroom Unit Pool

- a. 7-point preference group
- b. 6-point preference group
- c. 5-point preference group
- d. 4-point preference group
- e. 3-point preference group
- f. 2-point preference group
- g. 1-point preference group
- h. 0-point preference group

### 3-Bedroom Unit Pool

- a. 7-point preference group
- b. 6-point preference group
- c. 5-point preference group
- d. 4-point preference group
- e. 3-point preference group
- f. 2-point preference group
- g. 1-point preference group
- h. 0-point preference group





## Inclusionary Housing Rental Program Preliminary Application

### ***What should I expect after I submit the Preliminary Application?***

Following receipt of your Preliminary Application and necessary documentation, a confirmation letter will be mailed to you outlining your preference group. As units become available, applicants who are at the top of the appropriate preference group for the available unit size will be asked to *submit a Final Application to determine income and asset eligibility*.

Final Applications will be reviewed and applicants who meet the eligibility requirements will be forwarded by CDD to unit owners/management companies for the review of credit, CORI, and in some cases landlord references. Eligible applicants who meet the credit, CORI, and landlord reference criteria set by the property owner/management company will be offered a unit based on their order in the Rental Applicant Waiting Pool.

Applicants will be shown a unit and will have 24 hours to decide whether to lease the unit. If an applicant declines available units at three separate properties, the applicant will be placed at the bottom of the pool of their preference group and will not be offered a unit for up to 180 days.

If an applicant decides to move forward to lease a unit, they will enter into a lease agreement with the property management company and move into the unit within 30 days.

Tenants in the Inclusionary Housing Rental Program are re-certified on an annual basis

### ***What will happen if my Final Application is denied?***

Applicants who are declined by four different management companies for credit or landlord references will be removed from the pool. Applicants who are denied due to CORI or other criminal background check by two different management companies will be removed from the pool. Notification to the applicant will be made in writing by the management company that denied their application. If the applicant is denied by the property management company he/she/they/them may file an appeal in writing within (5) business days directly to the property management company.

**If you have any questions about the Rental Applicant Pool,  
call CDD's Housing Division at (617) 349-4622.**

**Please leave your name and daytime phone number where you can be reached.**





# City of Cambridge Inclusionary Housing Rental Program Occupancy Standards

(Based on federal Section 8 regulations)



## Determine Unit Size

### 1. To determine appropriate unit size for an applicant, the following criteria shall be used:

- A. No more than two persons shall occupy the same bedroom.
- B. Persons of the opposite sex (other than a couple) shall not be required to share a bedroom.
- C. Two children of the same sex shall share a bedroom unless the difference in their ages is 10 years or more.

### 2. Families may choose to under-house themselves based on the following:

- A. Children of opposite sexes may share a bedroom if the sum of their ages is 15 or less.
- B. Children of the same sex may occupy the same bedroom regardless of age.

## Determine Household Size

### 1. Eligible household size is based on all current, full-time and permanent household members at the time of application:

- A. All household members must have had the same address as the applicant for at least three (3) months from the time the application is submitted.
- B. Only children who are born before the application deadline or are expected within two months of the application deadline (as documented by a medical professional) will be counted as household members.
- C. Children of applicants, who are full-time students aged 18 years and over and living in a college dormitory, will be considered part of the household if they are listed as dependents on their parent's tax return.

### 2. Applicants must be able to document, to the satisfaction of the City of Cambridge, that any recent additional members to their household are permanent, full-time members.

### 3. Those household members not listed on the most recent year's federal tax return as dependents of the applicant will be required to document that they have resided with the applicant for at least three (3) months from the date of application.

- A. Household members not listed as dependents will be required to sign a notarized affidavit stating their intention to remain as permanent full-time members of the applicant's household for the foreseeable future.

## Determine Income Eligibility

### Minimum Income Rental Program Eligibility (50% Area Median Income)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Income	\$49,100	\$56,100	\$63,100	\$70,100	\$75,750	\$81,350

### Maximum Income Rental Program Eligibility (80% Area Median Income)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Income	\$78,560	\$89,760	\$100,960	\$112,160	\$121,200	\$130,160

The income chart is based on federal, state, and Cambridge income limits for housing programs. These limits are determined by the US Dept. of Housing and Urban Development and are subject to change.





# City of Cambridge Inclusionary Housing Rental Program Preliminary Application



**Appropriate Unit Size:**  
(see *Occupancy Standards*)

- Studio     1-bedroom     2-bedroom     3-bedroom

**Head of Household:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Co-Applicant:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Residence: \_\_\_\_\_  
*Street Name                      Apt. #    City                      State                      Zip Code*

Telephone (primary): \_\_\_\_\_ Telephone (secondary): \_\_\_\_\_

Email (required): \_\_\_\_\_

Are you a Veteran? (Yes/ No) \_\_\_\_\_

<p>Marital Status:   <input type="checkbox"/> Single    <input type="checkbox"/> Married    <input type="checkbox"/> Separated    <input type="checkbox"/> Divorced    <input type="checkbox"/> Other</p> <p>Ethnicity*:        <input type="checkbox"/> Latino or Hispanic    <input type="checkbox"/> Not Latino or Hispanic</p> <p>Race* (<i>Check all that apply</i>):</p> <p><input type="checkbox"/> African American/ Black    <input type="checkbox"/> American Indian/ Alaskan Native    <input type="checkbox"/> Asian    <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Native Hawaiian/other Pacific Islander    <input type="checkbox"/> Prefer not to respond</p> <p><i>* This information is optional and not a requirement to participate in the Inclusionary Housing Rental Program</i></p>
--

Have you ever applied for the Inclusionary Housing Rental program before?     Yes     No

Have you ever resided in an Inclusionary Housing Rental unit in Cambridge?     Yes     No

If "Yes," indicate when and explain why you moved: \_\_\_\_\_

Do you own or have interest in any real estate property?     Yes     No

If "Yes," indicate when and explain why you moved: \_\_\_\_\_





# Inclusionary Housing Rental Program Preliminary Application

If you have an emergency need, check which of the following situations your household is facing\*:

- Facing a no-fault eviction (**provide a copy of court order**).
- Living in a property that has been cited by property that has been cited by the City for outstanding code violations (**provide report from Inspectional Services Department**).
- Paying more than 50% of your monthly gross income for rent (**submit documentation of current pay stubs and lease agreement**).
- Living in an overcrowded situation defined as having more than two individuals per bedroom (**provide a signed lease which states bedroom size and all household members**).
- Homeless (**provide a letter from shelter where you are residing**).

*\*Those claiming an emergency must attach copies of all documents showing your emergency.*

## Members of Household

Start with Head of Household; list the legal names, birth dates, and relationship to head of household of each person who will reside in the unit:

Name	Gender	Social Security #	Date of Birth	Relationship to Applicant
				Head of Household

Applicants must notify CDD **in writing** of changes to household size and income, voucher status, residency, employment or emergency need. CDD reserves the right to request that applicants submit updated and/or supporting documentation.

## Employment Information for All Members of Household

Last Name/ First Name	Total Income & Frequency of Pay (weekly, bi-weekly, monthly, annually)	Source of Income
	\$ Per	
	\$ Per	
	\$ Per	
	\$ Per	
	\$ Per	

Do you work in Cambridge? If Yes, where? \_\_\_\_\_

Do you currently have a mobile voucher? If Yes, Name of subsidizing agency? \_\_\_\_\_





# Inclusionary Housing Rental Program Preliminary Application

## Reasonable Accommodations

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete section. *If you do not require an accommodation, skip this section.*

Accessibility feature required (check all that apply):

- Wheel-chair accessible
- Hearing Impaired
- Vision Impaired
- Bathroom Mobility Equipment

*The City of Cambridge Community Development Department does not discriminate based on disability. The department will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to persons with disabilities upon request.*

## Applicant Certification

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Cambridge Community Development Department, Housing Division of any change of address, income, reasonable accommodation and family composition or my application will be withdrawn. I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

### Penalty for False or Fraudulent Statement, U.S.C.

Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . Or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both."

All persons whose names will appear on the lease and are 18 years old or older must sign here:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the City of Cambridge and the affiliated Private Management staff to obtain information regarding my household's eligibility for housing, including income, present or former tenancies, criminal background information and credit history, including court judgments and bankruptcies, from any parties having such information, including any agency or housing authority managing any housing subsidy for which I am eligible. I authorize any parties from whom that information is requested to release it to the City of Cambridge and their employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Inclusionary Housing Rental Program Preliminary Application

## Review the list of documentation **REQUIRED** with the Preliminary Application

### 1. Household Size Requirement:

Provide evidence of your current household size from **TWO** of the following options (additional documentation may be requested):

- A rental lease signed and dated within the last year in your name and members of your household
- A copy of your signed current federal tax return with the W2s that indicate your current household size
- Copies of birth certificates for all household members

### 2. Cambridge Residency Requirement:

If you are currently living in Cambridge, please provide evidence of residency **TWO** from the following options (additional documentation may be requested):

- Rental lease signed and dated within the last year in your name
- Utility bill in the applicant's name: original gas, electric, phone, cable. We will need to see the entire bill before payment and it must be dated within thirty days.
- Car registration or driver's license with your current address that is listed on application.
- Current school registration record with current address

### 3. Emergency Need Requirement (only if applicable):

Households with one or more of the following Emergency Needs (if you are claiming an emergency you **must** attach a copy of the evidence supporting your emergency situation):

- Applicant is currently facing a no-fault eviction (**provide a copy of court order**).
- Applicant is living in a property that has been cited by the City for outstanding code violations (**provide report from Inspectional Services Department**).
- Applicant is paying more than 50% of their monthly gross income on rent (**submit documentation of current pay stubs and lease agreement**).
- Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (**provide a signed lease which states bedroom size and all household members**).
- Applicant is homeless (**provide a letter from shelter**)

**Mail in or drop-off completed applications to the secure drop-box  
located outside of the City Hall Annex:**

Community Development Department, Attn: Housing Division  
City Hall Annex  
344 Broadway, 3rd. Floor  
Cambridge, MA 02139

***Please do not provide original documents when submitting the application***

*Note: The Community Development Department does not make copies of documents*

