

Homeownership Resale Pool
Application Update Form

Email address: _____

Applicant
Name: _____

Last

First

M.I.

Date: _____

Address at the time of original application

Street Address

Apartment/Unit #

City

State

ZIP Code

If your circumstances have changed since you first applied, please check the appropriate box that represents the update you are making. Provide copies of the requested supporting documents for each update.

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New Address

Street Address

Apartment/Unit #

City

State

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

Option 1: Provide one document from Category A and one document from Category B; or

Option 2: Provide three documents from Category B; or,

Option 3: Provide two documents from Category B and two documents from Category C

Category A	Category B	Category C
<ul style="list-style-type: none">• Current Lease• Current Section 8 Agreement or Income Verification Worksheet• Letter from shelter or transitional housing facility in Cambridge	<ul style="list-style-type: none">• Current Utility Bill (electric, gas, oil, cable)• Massachusetts ID• Current Cambridge Public School Enrollment• Federal Tax Return• Car Registration• Excise Tax Bill• Renter's Insurance Statement• Three months of rent receipts	<ul style="list-style-type: none">• Bank or other Financial Institution Statement• Credit Card Statement• Cell Phone Bill• Public Benefit Letter or Statement• Medical Bill or Statement• Current Voter Registration

* Non-Cambridge residents do not need to provide these documents.

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Add/Remove Household Member(s)

Name

Date of Birth
(mo/day/yr)

Gender

Relationship to Applicant

Adding
☐Removing
☐

Name

Date of Birth
(mo/day/yr)

Gender

Relationship to Applicant

Adding
☐Removing
☐

				Adding <input type="checkbox"/>	Removing <input type="checkbox"/>
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant		

Required Documentation: If adding a member to your household, provide copy of Social Security card(s). If new member is under 18, please also include copy of birth certificate(s).

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Please provide any other details about your application update

The Housing Department reserves the right to request additional documentation.

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. **All applicant(s) must sign below:**

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Submit completed form to:



City of Cambridge Housing Department
344 Broadway, 3rd floor
Cambridge, MA 02139

Please note, we cannot accept applications via email or fax. Incomplete forms will not be considered. Photocopies of all required documents must be made prior to submittal.