



This document contains a brief overview of the program along with more specific guidance around the details we ask about in the Inclusionary Housing Rental Program Preliminary application. It's designed so you can easily reference as you are filling out the application.

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## WHAT IS THE INCLUSIONARY HOUSING RENTAL PROGRAM?

The City of Cambridge Housing Department is home to an Inclusionary Housing Rental Program designed to make housing more affordable and accessible to **low to moderate income** households, **middle income** households, and households who have **mobile** or **tenant-based housing vouchers** including Section 8, MRVP, AHVP, VASH, etc.

**NOTE:** We discuss the similarities and differences between the low to moderate and middle income programs in the **Income Limits** section.

Inclusionary housing is not traditional affordable housing. It is not the same as the Cambridge Housing Authority (CHA). Our program requires that developers with 10 or more units in their rental set aside 20% of the floor area for affordable housing. These affordable units are integrated within the same buildings as market-rate units, ensuring that people of different income levels live together in the same neighborhoods.

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## WHO CAN APPLY

Anyone! But it is important to understand the program requirements:

- The head of household needs to be at least 18 years old

- Households must either **1) earn between 50% of Area Median Income (AMI) and 120% of AMI** to be eligible for the program, **or 2) they must have a mobile or tenant-based voucher.**
  - We do not have U.S. Citizenship requirements, however, properties conduct tenant screening that requires **either** an Individual Taxpayer Identification Number (ITIN) or a Social Security Number (SSN).
    - We do need US tax returns and W2s
    - If you don't have either, you can still apply. There are two phases to the application process. You can submit your preliminary application and work on getting either an SSN or an ITIN, filing taxes, and/or obtaining your Statement of Non-filing from the IRS.
  - Asset limits apply
  - **International Finances count:** employment, bank accounts, investments, and real estate count towards household income and assets.
- 

## **TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD**

When we ask this question, we are looking to understand how many people will be included in your application to the Inclusionary Housing Rental Program. Please see the **Occupancy Standards Section** on pages 2-3 for more details on what's permissible by the State Sanitary Code and our Program Standards.

## **NUMBER OF BEDROOMS YOU ARE APPLYING FOR**

Similarly, we need to understand how many bedrooms you're looking for in an apartment. We evaluate eligibility for the number of bedrooms based on the **occupancy standards** below.

While we understand that having extra space for family, friends, or work is something many hope to have, in a program like this, where we connect people with below-market homes, we cannot accommodate that want. The demand for below-market housing exceeds what we have to offer.

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## **OCCUPANCY STANDARDS**

### **Maximum & Minimum Household Sizes**

Applicants will be matched to appropriate-sized units based on the following standards:

- **Minimum one person per bedroom.** Couples or those in similar living arrangements are required to share a bedroom.
- Applicants may choose to under-house themselves by having more than our required one person per bedroom.
- **Maximum household sizes** for any unit cannot exceed the maximum allowable based on the [State Sanitary Code](#).
  - Applicants will not be eligible for units if the household is overcrowded by the standards set in the State Sanitary Code.
  - Because the maximum household size is based on habitable square feet, the maximum number of occupants permitted may vary by unit, regardless of the number of bedrooms.

### Qualifying Household Members

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

- Children expected within four (4) months of the Final Application (as documented by a medical professional).
  - You won't know when you're going to get the final application
- Children of applicants, who are enrolled, full-time students aged 18 years and older, if they are listed as dependents on their parents tax returns
- Children where applicants have physical custody for at least 30% of their overnights (as documented by a legal separation agreement or signed and notarized parental agreement).

Applicants must be able to document, to the satisfaction of the City of Cambridge, that any recent additional household members are permanent members of the home. Additional documentation may be required.

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 reside or will reside with the applicant. They may also be required to sign a notarized affidavit stating they intend to be permanent household members for the foreseeable future.

## UNITS BUILT OUT FOR PEOPLE WITH DISABILITIES

Some apartments have special features that help people living with mobility impairments and/or people who are Deaf/hard of hearing live more independently. If you or a member of your household would benefit from these features, please check the appropriate box or boxes: Mobility Impairments and/or Deaf/hard of hearing.

To qualify, households need to provide documentation from a licensed professional treating the household member for that disability.

- Importantly, we are not looking for excessive medical detail.
- We require only that your licensed provider draws a clear connection between your disability and the **unit-level features**.
  - **Example 1:** Patient's Name has Multiple Sclerosis and needs grab bars in the bathroom by the toilet and shower. They require periodic use of a walker and sometimes a wheelchair and need space for a turn radius for those devices.
  - **Example 2:** Patient's Name is clinically hard of hearing and requires flashing lights for the doorbell and alarms. They also require a bedshaker to ensure they are alerted when alarms sound.
- The letters must be **1)** on letterhead **2)** dated and **3)** current within the last 12 months.
  - We reserve the right to request an updated letter, even if it's dated within the year. We would only ask for that if what was provided didn't draw a clear connection between the disability and the unit-level features, or if the letter reads as if the condition described may be temporary.
- We review the accommodation letters with our colleagues in the Commission for Persons with Disabilities.
- If there are not enough applicants who need those features and qualify for the units built out for people with disabilities or enough who are interested in the units available to them when they rise to the top of the waiting pools, we will offer the modified units to households who don't need those features.
  - If you are shown a unit that has disability modifications and you do not require those features, you can turn the unit down without penalty.

## HOUSEHOLD CONTACT DETAILS

Please provide the best way to reach you if we have questions about your application.

Because our hours are *mostly* between 8:30 AM and 5 PM, please provide the phone number(s) that are best to use during that timeframe.

Because we send updates and eligibility correspondence in writing, we also require ways to reach you by email or by mail. Please provide the best email address(es) and your mailing address. Your mailing address can be a P.O. Box or another location, different from your residential address.

Please check the box in this section of the Preliminary Application to let us know if you prefer to receive written correspondence via email.

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## ADDITIONAL CONTACT DETAILS

If you are working with a family member, housing advocate, or other support person, and you would like us to contact them, too, when we are communicating with you in writing, please complete the **consent and release form** and include them in the Additional Contact Details section of the Preliminary Application

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## CURRENT HOUSING INFORMATION

Here, we're looking to learn about your current housing circumstances so we can better understand your **program eligibility** and **potential preference eligibility**.

Earlier in the application, we asked for your mailing address. Sometimes people have an address to which they have things mailed that is different from their **current residential address**. We need both in those instances.

- **If your current residential address is different from your mailing address shared earlier in the application**, please fill in the street address, unit number (if applicable), City/Town, State, and zip code.
- **If your current residential address is the same as the mailing address shared earlier in the application**, you don't need to fill in the address again here.

Please share what you're paying for **monthly rent**. If you live with roommates who aren't applying with you, please share your monthly contribution towards rent.

If you have a tenant-based or mobile voucher, please let us know that and let us know who issues your voucher. This will be a Public Housing Authority like Cambridge Housing Authority, Boston Housing Authority, Arlington Housing Authority, etc., or it could be MetroHousing.

**NOTE:** Some vouchers can move with you, while others are attached to the unit you may be renting. If you are unsure, you can either ask the property manager or landlord, or, you can ask the agency that issues your voucher.

When we ask about **owning or having ownership interest** in any **real estate** property, this includes, but is not limited to vacation homes, homes or land that may be in your name, homes or land you have partial ownership stake in, and **any real estate holdings** you may have **internationally**. This question is not limited to property within the United States alone.

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## HOUSEHOLD INFORMATION

Here we are looking for everyone in your current household who is applying to live with you should you be offered an opportunity through the Inclusionary Housing Rental Program.

To better understand your household composition, you must also include your relationship to the other household members: Domestic partner, spouse, parent, child, caregiver, legal guardian, grandparent, grandchild, ward.

Please also include gender identity, and the Month, Day, and Birth year for Date of Birth. We do not have a citizenship requirement, but we do ask for **Social Security Numbers** or **Individual Tax Identification Numbers**. We only need these because it is what properties use to screen applicants for tenant suitability. So, if you don't yet have one, please write, "pending" in the preliminary application.

If you are having difficulty getting a SSN or ITIN, , please contact us directly at [housing@cambridgema.gov](mailto:housing@cambridgema.gov) or 617-349-4622 and we can work with the properties to find Alternative Credit Screening options.

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## HOUSEHOLD DEMOGRAPHIC INFORMATION

**Why We Collect Demographic Information:** We collect demographic information—like age, race, gender, and household makeup—to better understand who lives in and who wants to live in our community. We can evaluate what our applicant pool looks like as compared to the City as a whole.

The way we collect it aligns with the demographic data that is collected in most municipalities and in other departments within our own City so that we are better able to analyze the data.

It's important to know that sharing this information is ***always your choice***. If you prefer not to answer certain questions, that's perfectly okay—selecting “choose not to share” still provides valuable information. Choosing not to share will never negatively impact your application. Just as choosing to share will never positively impact. It truly is only intended to gain a better understanding of the above.

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## **INCOME LIMITS**

To be program eligible, households have to meet the minimum income limits and cannot exceed the maximum income limits (based on the total number of people in your household).

These are updated annually and are based on the limits HUD releases every year. You'll find a copy of the current limits at the end of this guidance, right before the application.

### **Pre-tax (Gross) income**

**When we reach you in the second stage of the application process (do not submit now)**, we calculate income eligibility on your most current income documentation including:

- Most recent years **federal tax returns** including **W2s** and for self-employed, **Schedule C** (profit & loss). **NOTE:** Choosing not to file taxes cannot exempt anyone from this requirement. However, if a household member is not required to file taxes, they'll need a Statement of Non-filing from the IRS.
- Copy of last three months of **Bank statements** (always current within 90 days).
- One month of **pay stubs** (these have to stay current. If your application is in process for more than 90 days or if you're not housed within 90 days of approval, you'll need to provide updated documents.
- **Benefit Statements**
- **Child Support & Alimony**

**Applicants are obligated to report all income. This includes income from part time, seasonal, or temporary employment and any and all international funds.**

### **Income for full time students under 23 years of age**

We do not count income over \$480/year for household members who are also full time students working full or part time.

**NOTE:** If you are a head of household who is younger than 23, but became eligible for the program based on your income, this caveat cannot apply to you if you are the main wage earner. In other words, because this is not subsidized housing for low to middle income



households, you cannot enter the program and then become a full time student where we would count only up to \$480/year for income.

### Self-employment income

For self-employed household members, we need the Schedule C (profit and loss statement) included in your tax returns.

### Gift Income

If you receive support from family or friends, we *may* count that towards your household income. **Remember, financial gifts, including those from abroad, must be reported.**

If you are relying on gift income to make your household eligible for the program, you must demonstrate that the gift income is consistent in value and cadence.

We will also need to understand large and seemingly irregular deposits. We reserve the right to ask for more information as needed.

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### ASSET

- Household assets may not exceed \$75,000.
- Households in which all members are 62 or over, or where all members are disabled, may be eligible for a higher asset limit up to \$150,000.

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### PREFERENCE POINTS

The City assigns points to households who can demonstrate that they meet specific criteria. In this section we share the preference points used in the Inclusionary Housing Rental Program.

#### CAMBRIDGE RESIDENCY (12 points)

Households who can demonstrate that they are currently Cambridge residents will qualify for 12 preference points.

#### City of Cambridge Residency Definitions::

- The applicant's permanent home is in the City of Cambridge
- The applicant lives outside of Cambridge because they had to leave the city **within the last 12 months** due to a **no-fault eviction**
- The Cambridge Housing Authority (CHA) issued a tenant-based voucher to the applicant **within the last 12 months**, but the applicant now lives outside of the City.
- The applicant is living in a shelter or transitional housing facility operated by a social service provider located in Cambridge; or

- The applicant lives in a shelter or isn't permanently housed but their last known stable home was in Cambridge.

### How to Qualify

To qualify for the residency preference people must provide supporting documentation following one of the three options:

**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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Current lease</li> <li>• Letter from shelter or transitional housing facility in Cambridge</li> </ul> | <ul style="list-style-type: none"> <li>• Current tenant-based housing voucher agreement or income verification worksheet (from voucher issuing agency)</li> </ul> |
|--|---|

#### CATEGORY B

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Current utility bill (electric, gas, oil, cable)</li> <li>• Massachusetts ID</li> <li>• Current Cambridge Public School Enrollment</li> <li>• Car registration</li> </ul> | <ul style="list-style-type: none"> <li>• Federal Tax Return (Form 1040)</li> <li>• Renter's Insurance Statement</li> <li>• Three months of rental payment receipts</li> <li>• Excise tax bill</li> </ul> |
|--|--|

#### CATEGORY C

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Bank or other financial institution statement</li> <li>• Credit card statement</li> <li>• Cell phone bill</li> </ul> | <ul style="list-style-type: none"> <li>• Public benefit letter or statement</li> <li>• Medical bill or statement</li> <li>• Current voter registration</li> </ul> |
|---|---|

### CAMBRIDGE BASED EMPLOYMENT (5 points)

#### City of Cambridge Definition:

- Does not qualify for the City of Cambridge Residency Preference Points
- Household member(s) is/are required by their employer/job to work within Cambridge for at least 30 hours per week throughout the course of a year.

**How to Qualify:**

- Current paystubs indicating location of employment
  - An employment letter demonstrating that the household member is required to work within the City of Cambridge for at least 30 hours a week throughout the year.
  - For self-employed applicants, documentation of specific arrangements to carry out their employment in Cambridge by maintaining a permanent workspace here or that their work is limited to or predominantly within the City.
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**EMERGENCY HOUSING NEED (3 points)**

We assign three additional points for people who have emergency housing situations. However, it is important to note that: **1)** This is not a rapid housing program; and **2)** The emergency housing need points are not cumulative. A household can only qualify for 3 emergency housing needs points.

**Court Ordered No-fault Eviction****City of Cambridge Definition:**

- Applicant is facing a no-fault eviction, or was displaced from a home within the last 12 months due to a non- fault eviction

**How to Qualify:**

- A copy of a court filing indicating that a summary process action has been started and remains active; or
  - A copy of a judgment or agreement that has entered against the applicant; and
- 

**NOTE:** In either case such filing must show that the action was not brought as a result or fault of the applicant or member of the applicant's household.

**Displacement****City of Cambridge Definition:**

- Applicant's home has been deemed uninhabitable by the City, or applicant was displaced from the home following a natural disaster or other causality which was beyond their control (e.g., fire, flood).

**How to Qualify:**

- Notice to vacate or condemnation from the building commissioner or other local code enforcement official which indicates that repairs are estimated to require more than two months to complete.
-

## Domestic Violence

### City of Cambridge Definition:

- The incident or incidents of abuse occurred within 12 months of
  - **A)** Applying for Inclusionary Rental Housing, **or**
  - **B)** the applicant's request to be considered for this status; **and**
- The abuser is a member of the victim's household; **and**,
- The applicant has been displaced from their residence and has not secured permanent housing, or is at risk of being displaced from their residence as a result of domestic violence or loss of income from the abuser.

### How to Qualify:

- A lease or other document showing members of the victim's household; and
  - A copy of a police report **or** court record showing of the incident of domestic violence with identification of the abuser; or
  - A document signed by the victim and an employee, agent, or volunteer of a victim service provider, a social service provider, domestic violence shelter staff, school personnel, attorney, medical professional, or social worker or mental health professional.
- 

## Rent Burden

### City of Cambridge Definition:

- Applicant is paying more than 50% of gross income for rent and in that home for at least 12 months
- Applicant is facing a rent increase of 25% or more, which would result in paying more than 50% of gross income for rent. This must be an increase within the home they've lived in for at least 12 months

### How to Qualify:

- A copy of a lease or other written tenancy agreement for an applicant's residence;
- Documentation showing at least 2 months of income for all adult members of an applicant's household; **and**
- Bank statements for all accounts for all household members.

### For those facing a rent increase of 25%:

- In addition to the above, a letter from the property manager indicating both the current and increased rent amounts.
-

## Homelessness

### City of Cambridge Definition:

- Applicant isn't permanently housed, is living in a shelter or transitional housing facility, or is unhoused.

### How to Qualify:

- A letter from an emergency shelter;
  - A letter from a transitional housing facility: A document signed by the applicant and a housing search caseworker, a social service provider, shelter staff, school personnel, attorney, medical professional, social worker or mental health professional from whom the applicant has sought assistance relating to homelessness or housing search. The document must specify under penalty of perjury that the professional believes the applicant is not permanently housed or is living unsheltered.
- 

## FAMILIES WITH CHILDREN (2 points)

### City of Cambridge Definition:

- A parent or legal guardian of a child under 18 years of age

### How to Qualify:

- Birth certificates
- If co-parenting or guardianship, demonstration of legal custody
- Demonstration that the child stays at least 30% of overnight stays with the applicant.
  - Legal custody agreement
  - Notarized letter signed by the parents delineating the shared custody

## HONORABLY DISCHARGED U.S. VETERAN (1 point)

### City of Cambridge Definition:

- Honorably discharged United States veteran
- Widow or widower of an honorably discharged United States veteran

### How to Qualify:

- Provide a copy of your or your spouse's DD-214 record or similar discharge papers
-

## SCREENING PROCESSES

### PROGRAM ELIGIBILITY

There are a few points through this process when your household will be screened for program eligibility. First through the preliminary application where we evaluate your eligibility based on household size, composition, and any preference points you may qualify for.

#### Preliminary Application

When we receive your preliminary application, it will be added to our queue. The team will review for completeness and eligibility. **This can take up to three weeks.** Please afford us that time to process.

If your application submission was complete and you meet the preliminary program standards, we will send you a courtesy letter informing you:

- You are in our waiting pool(s) for the particular bedroom size(s) we've found you preliminarily eligible for
- Which preference points you qualify for, if any.

If after reviewing your application we notice you are missing any required supporting documents, we will send you something in writing to let you know that you must respond and submit what is missing. If we don't hear from you by the deadline, you will be marked as ineligible. If that happens, you will need to reapply to be considered for the program.

#### Final Application

**When we reach your application in the waiting pool** or pools, we will contact you using the **Household Contact Details** provided in your preliminary application **or**, using the updated contact information you provided in writing, since applying.

When we contact you, you will receive a **final application** we use to determine program eligibility and continued eligibility for preference points.

If you are not matched with and accept an apartment within our program within **90-days** of being determined program eligible, we do require a **final application update**. We will send you the update packet when yours expires.

**NOTE:** We are required to base our screening on the most current supporting documents. Responding to deadlines with the most current documentation is the only way to be assessed. Failure to respond by the deadline will result in your application being made inactive. You will need to reapply if you wish to return to the program.

### PROPERTY SCREENING

If you applied for an apartment exceeding two people per bedroom and were denied due to the State Sanitary Code occupancy requirements, this will not count against you in the same way an ineligibility determination based on the property's tenant suitability standards would.

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## APPEALS

If you are deemed ineligible, at any point throughout this process, you have the right to appeal that determination.

You must put your appeal in writing and submit by the deadline provided in the notice of ineligibility.

### PROGRAM ELIGIBILITY APPEALS

Applicants are notified, in writing, whenever they are found ineligible for the Inclusionary Housing Rental Program. In that notice of ineligibility, applicants are afforded time to appeal.

If you submit your appeal, in writing, by the deadline, our office will reevaluate the finding.

### PROPERTY ELIGIBILITY APPEALS

After applicants are determined **program eligible**, we send applications to properties who have units available

## FREQUENTLY ASKED QUESTIONS (FAQs)

### **What happens if I cannot break my current lease in time to move into an inclusionary unit?**

Unfortunately, decisions about breaking current leases, and the costs associated with them are outside of our purview. We strongly recommend talking to your property manager or landlord to see if they are willing to forgo any lease break fees to support you in accessing this opportunity.

**What happens if my lease is ending while I am going through the final application process?** We appreciate how stressful it is to have one lease potentially ending while you may be close to finding an opportunity with our program. However, we cannot guarantee the dates will align. We also cannot prioritize applicants in this predicament. There are many factors that impact timing and prioritization.

**What happens if I don't like the apartments I tour?** You do not have to move forward with any apartment that doesn't meet your household needs or wants. However, you may be suspended for six months if:

- You're approved by three properties, tour their units, and turn them all down
- You are deemed ineligible by four properties, based on their tenant suitability screening standards.

**What happens if I'm suspended for six months?** If you are suspended, when the six months have passed, your application becomes active, and the new date becomes your application date. Remember, your application date plus the preference points you qualify for impact your ranking.



## Housing Program Income Limits\*

Housing Department | Effective June 1, 2025

Below are the current income limits used by the Housing Department to determine eligibility for the Inclusionary Housing Rental Program.

Household Size	City 50% AMI	HUD 80% AMI	HUD 100% AMI	HUD 120% of AMI
1 person	\$56,300	\$92,650	\$112,600	\$135,160
2 persons	\$64,350	\$105,850	\$128,700	\$154,460
3 persons	\$72,400	\$119,100	\$144,800	\$173,770
4 persons	\$80,450	\$132,300	\$160,900	\$193,080
5 persons	\$86,900	\$142,900	\$173,800	\$208,530
6 persons	\$93,300	\$153,500	\$186,600	\$223,970
7 persons	\$99,750	\$164,100	\$199,500	\$239,420
8 persons	\$106,200	\$174,650	\$212,400	\$254,870
	Inclusionary Rental Program		Middle-income Program	

\* Income limits are based on the 2025 HUD calculations for the Boston-Cambridge-Quincy, MA-NH Metro Fair Market Rents (FMR) Area. We use HUD numbers for everything except 50% of Area Median Income (AMI). The City 50% AMI is extrapolated from the 100% figure. All income limits are subject to change.

The Inclusionary Housing Rental Program Minimum Income Limits do not apply to households who have tenant based or mobile housing vouchers.





# CITY OF CAMBRIDGE

## Housing Department

### INCLUSIONARY HOUSING RENTALPROGRAM PRELIMINARY APPLICATION

Please review the [income limits](#) and the [program guidance](#) provided and let us know if you're interested in the **Low-moderate income Inclusionary Rental Program**, the **Middle-income Inclusionary Program**, or **both**, by checking the box(es) below.

☐ **Low-moderate (50%-80% AMI)**

☐ **Middle-income (80%-120% AMI)**

☐ Check this box if you have a **tenant-based housing voucher**.  
Households with mobile vouchers will be entered in both programs

**TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD:** \_\_\_\_\_

**NUMBER OF BEDROOMS YOU ARE APPLYING FOR (see occupancy standards in the program guidance)**

☐ **Studio**      ☐ **1-bedroom**      ☐ **2-bedroom**      ☐ **3-bedroom**      ☐ **4-bedroom**

**DO YOU OR ANOTHER HOUSEHOLD MEMBER NEED UNIT-LEVEL DISABILITY SUPPORT FEATURES?**

Some apartments have special features that help people with mobility impairments and people who are Deaf or hard of hearing to live more independently.

If you or anyone in your household would benefit from these features, please check the box below.

☐ **Mobility Impairments**

☐ **Deaf/Hard of Hearing**

**NOTE:** You may need to provide supporting documentation from a licensed professional treating you or the household member with the disability. We will provide guidance if this step is necessary.

#### HOUSEHOLD CONTACT DETAILS

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

☐ Please check this box if you prefer we contact you by email

☐ Please check this box if you prefer we contact you by USPS mail

**Mailing Address:**

\_\_\_\_\_  
**Street, Unit Number,**

\_\_\_\_\_  
**City/Town, State**

\_\_\_\_\_  
**Zip Code**

### ADDITIONAL CONTACT DETAILS

If you are working with a family member, housing advocate, or other support person, and you would like us to contact them, too, when we are communicating with you, please complete the consent and release form included at the end of this application and list their contact information below.

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

Company/Organization or the person's relationship to you \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CURRENT HOUSING INFORMATION

Is your current address different from your mailing address listed on the last page?

- If **yes**, please provide your current residential address below
- If **not**, please skip to the "Current Monthly Rent" prompt

Street address, & unit numbers \_\_\_\_\_ City/Town, State \_\_\_\_\_ Zip Code \_\_\_\_\_

What is Your Current Monthly Rent? \_\_\_\_\_

How many bedrooms in your current home? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you currently have a tenant-based/mobile housing choice voucher? (Section-8, MRVP, VASH, etc.) ☐ Yes ☐ No

If Yes, who administers your voucher program? (Cambridge Housing Authority, Metro Housing, etc.) \_\_\_\_\_

Do you own a home or have ownership interest in any real estate property? ☐ Yes ☐ No

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

## HOUSEHOLD INFORMATION

- Please **list everyone** who will be living with you below, and include how you are connected. **For example:** domestic partner, spouse, parent, child, caregiver, grandparent.
- Please include the social security number (SSN) or Individual Tax Identification Number (ITIN) for all household members who are 18 and older. **Please contact us with any questions about this step.**

NAME	GENDER IDENTITY	SOCIAL SECURITY OR ITIN NUMBER	DATE OF BIRTH (MONTH/ DAY/YEAR)	CONNECTION TO YOU
				Self

**Applicants must notify the Housing Department in writing of changes** to household size and income, voucher status, Cambridge residency, employment, or emergency need. Changes may require applicants to submit updated and/or supporting documentation.

## HOUSEHOLD DEMOGRAPHIC INFORMATION

This information is optional and has no impact on your application. There is no penalty for selecting the “prefer not to share”

**Marital Status** ☐ Single ☐ Married ☐ Domestic Partnership ☐ Separated ☐ Divorced ☐ Widowed

**Ethnicity** ☐ Latino or Hispanic ☐ Not Latino or Hispanic ☐ Prefer not to share ☐ Other

**Race (please check all that apply):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to share ☐ Other

### PRE-TAX INCOME FOR HOUSEHOLD MEMBERS 18 AND OLDER

Please include **all** sources of income. **Examples include, but are not limited to:**

- Wages – salary, hourly, contract, gig
- Benefits – SSI, SSDI
- Self-employment
- Child support
- Alimony
- Bonuses
- Investment income
- Retirement income if drawing on the account(s)
- Consistent gift income (must be regular in value & frequency)
- Unemployment
- Workman's Compensation

FULL NAME OF HOUSEHOLD MEMBER EARNING INCOME	TOTAL INCOME	FREQUENCY OF PAY (weekly, bi-weekly, monthly, annually)	SOURCE OF INCOME
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

### ASSETS

Please include all assets **Examples include, but are not limited to:**

- Checking Account (U.S. and/or International)
- Savings Account (U.S. and/or International)
- Real Estate (U.S. and/or International)
- Special Needs Trust

FULL NAME OF HOUSEHOLD MEMBER WITH THE ASSET	TOTAL VALUE OF THE ASSET
	\$
	\$
	\$
	\$
	\$
	\$
	\$

If you need additional lines for the two tables above, please use the Additional Income & Asset Addendum

## PREFERENCE POINTS

- The City assigns points that impact applicants' ranking in the waiting pools.
- To be eligible, **applicants must provide the required supporting documentation** included in the checklist provided with this application and in the [Preference Point Guide](#).

## CAMBRIDGE RESIDENCY **OR** CAMBRIDGE-BASED EMPLOYMENT

Are you a Cambridge Resident who can provide the acceptable forms to demonstrate residency?

☐ Yes

☐ No

**If yes**, please review the [Preference Point Guide](#) for the appropriate proof of residency

Do you or anyone in your household work **at least 30 hours** a week in Cambridge?

☐ Yes

☐ No

**If yes**, please provide paystubs and a letter from your employer confirming that you are required by your employer to work **at least 30 hours** a week within Cambridge.

## EMERGENCY HOUSING NEED

### displacement

Has your home been deemed uninhabitable by the City, for reasons beyond your control, within the last 12 months?

☐ Yes

☐ No

**If yes**, please provide the official letter from the City agency determining your home uninhabitable

Have you been displaced by a disaster, the cause of which was beyond your control, within the last 12 months?

☐ Yes

☐ No

**If yes**, please provide the notice to vacate or condemnation from the building commissioner or other local code enforcement official that indicates that the essential repairs are estimated to take more than two months to complete.

### domestic violence

Have you or anyone in your household fled within the last 12 months, or are attempting to flee domestic violence?

☐ Yes

☐ No

**If yes**, please review the [Preference Point Guide](#) for the supporting documentation required.

### rent burden

Are you facing a **rent increase of 25% or more** in a home you have **lived in for at least 12 months**, which would result in **paying more than 50% of your income**, before taxes are removed, for rent?

☐ Yes

☐ No

## PREFERENCE POINTS CONTINUED

### Rent-burdened continued

Are you paying more than 50% of your income, before taxes are removed, for rent in a home you've lived in for at least 12 months?

☐ Yes

☐ No

**If yes,** please provide a copy of your lease agreement and two months of income and bank statements.

### no-fault eviction

Are you facing a court ordered no-fault eviction or were you displaced due to a court ordered no-fault eviction within the last 12 months?

☐ Yes

☐ No

**If yes,** please submit a copy of the court filing that a summary process has commenced & remains active.

### homelessness

Are you currently unhoused and living in a shelter or a transitional housing facility?

☐ Yes

☐ No

**If yes,** please submit a letter from an emergency shelter or transitional housing facility, or other approved support staff. **Please see the Preference Point Guide for more details.**

## FAMILIES WITH CHILDREN

Do you have a child, or children who are under 18 years old in the household?

☐ Yes

☐ No

**If yes,** please submit a copy of the birth certificate for each child in the household.

## HONORABLY DISCHARGED U.S. VETERAN

Are you or any other household member on your application an honorably discharged U.S. veteran?

☐ Yes

☐ No

**If yes,** please submit a copy of the veteran's DD-214 or equivalent papers.

**APPLICANT CERTIFICATION**

**Everyone in the household who is 18 and older must attest to the list below:**

- ☐ I understand that this application is not an offering of housing.
- ☐ I understand that I should not make any plans to move or end my present tenancy based on this application.
- ☐ I understand that it is my responsibility to inform the City of Cambridge Housing Department, in writing, of any changes of address, contact information, reasonable accommodation requests, and changes to family composition.
- ☐ I/We certify, under penalty of perjury, that all information in this application is true to the best of my/our knowledge.
- ☐ I/We understand that false information given is sufficient grounds for the rejection of this application.
- ☐ I/We understand that the City of Cambridge Housing Department may seek verification of the information included in this application from any source herein.

By signing below, you are attesting to the above. Everyone in the household who is 18 and older must sign and date below.

Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____

If you have a disability that requires auxiliary aids and services, written materials in alternative formats, or other reasonable accommodations or modifications in policies and procedures, we will provide upon request. Supporting documentation may be required.

## A REMINDER, BEFORE YOU SUBMIT YOUR APPLICATION

- Use the checklist to make sure you have all the supporting documents required
- You must mail or drop off a signed application packet.

### **We cannot accept emailed or faxed applications**

- Do not send us original supporting documents
  - Our office **cannot** make copies of your documents for you.
    - The Library is a great resource for you to print or to make copies of your supporting documents
  - Our office **cannot** notarize documents for you either
    - All City Clerk staff are notaries registered with the Commonwealth of Massachusetts.
    - The Cambridge City Clerk's office provides Notary Public services as a courtesy.

As a courtesy, please avoid stapling everything together. We have to scan your paperwork into our system, and this saves time.

### **PLEASE RETURN YOUR SIGNED APPLICATION & SUPPORTING DOCUMENTS TO:**

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

## **WHAT HAPPENS NEXT:**

**Please allow up to 2 weeks for us to process your application.**

Once we have processed your application:

- You will receive a notice telling you either:
  1. You need to submit additional documents, **OR**
  2. Your application is in the waiting pool(s), **AND**
- How many preference points you qualify for

**If you opted into email communication, please check your inbox and SPAM folders for our notices.**