



# MIDDLE-INCOME RENTAL PROGRAM

PRELIMINARY APPLICATION

## Overview

The Community Development Department (CDD), Housing Division administers a Middle-Income Rental Program applicant waiting pool for affordable apartments designated for households earning between 80 – 120% of Area Median Income (AMI).

The Middle-Income Rental Program apartments will be privately developed, owned, and managed. The Community Development Department’s role is to identify qualified applicants to occupy the apartments.

Households interested in being added to the Middle-Income Rental Program waiting pool must complete the enclosed Preliminary Application and include all of the required documentation listed in the application. *Incomplete applications will not be accepted.*

Applications will be considered in the order they are received, based on preferences.

### Mail or drop-off completed applications to:

Cambridge Community Development Department  
344 Broadway, 3rd Floor  
Cambridge, MA 02139

*We cannot accept applications via email or fax.*

### For more information, visit:

[www.cambridgema.gov/CDD/Housing](http://www.cambridgema.gov/CDD/Housing)

### MIDDLE-INCOME RENTAL PROGRAM INCOME LIMITS

Household Size	1-PERSON	2-PERSON	3-PERSON	4-PERSON	5-PERSON	6-PERSON
MINIMUM INCOME (80% of AMI)	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650
MAXIMUM INCOME (120% of AMI)	\$99,950	\$114,250	\$128,500	\$142,800	\$154,200	\$165,650

*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.*



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## MIDDLE-INCOME RENTAL PROGRAM ELIGIBILITY REQUIREMENTS

In order to qualify for a Middle-Income Rental Program unit, households must have income and assets within the limits outlined below. Income and assets are verified at the Final Application stage.

### INCOME LIMIT

The Middle-Income Housing Rental Program is designed for households earning between 80 –120% of Area Median Income (AMI). Please review the income limit table on Page 1 to determine if your household meets the income limits, adjusted for household size.

### ASSET LIMIT

Household assets at the time of application must not exceed \$100,000 to be eligible for the Middle-Income Rental Program. 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, are eligible for special consideration.

### PRELIMINARY APPLICATION REVIEW:

Once submitted, applications will first be sorted according to the eligible unit size based on the occupancy standards (on page 3). For each bedroom size, applications will be placed into applicant preference groups and are as follows:

- Current Cambridge Resident (4 points)
- Household with a child under 6 (1 point)
- Household with a child under 18 (1 point)
- Households with emergency need(s), as defined on page 4 (1 point)

**THE APPLICANT POOL WITH THE HIGHEST NUMBER OF POINTS FOR EACH BEDROOM SIZE WILL BE CONSIDERED BEFORE APPLICANT POOLS WITH LOWER NUMBER OF POINTS.**

*Please Note: Applicants who are not presently living in Cambridge but are employed in Cambridge will be considered after all eligible Cambridge residents. These applicants will follow the same preference point system as Cambridge residents. Contact the Community Development Department for further information.*

### APPLICANT SELECTION

Applications will be added in the order they are received, based on preferences.

When a middle-income apartment is available for applicants in the waiting pool, applicants in the highest preference group will be asked to submit a Final Application to determine their income and asset eligibility. If the applicant is determined not to be income or asset eligible for the Middle-Income Rental Program, is not approved by the property manager, declines the opportunity to rent a unit, or withdraws their application, the next applicant within the highest remaining preference group will be considered. The tenant selection process will continue on this basis until the unit is filled.

## VIEWING AND LEASING MIDDLE-INCOME APARTMENTS:

Applicants who have submitted a Final Application and are determined eligible for the Middle-Income Rental Program by CDD will then be screened by the property manager for credit, CORI, and landlord references. Applicants that are approved by the property management company will be contacted to tour the available unit and will have 24 hours to decide whether to lease the unit after viewing it. The applicant will enter into a 12-month lease with the management company. Applicants who enter into a lease are responsible for all terms and conditions of the lease during the term of their tenancy.

Applicants that are denied due to credit will be notified in writing by the management company. Applicants may file an appeal in writing within (5) business days to the property management company.

## RENTAL CALCULATION AND PAYMENTS

Depending on the middle-income apartment being leased, rents will either be calculated at 30 percent of the households' gross monthly income or a set, affordable rent. Final rents will be determined after an allowance for utilities paid by the tenant is deducted from these amounts. For tenants who require a parking space, there will be an additional fee.

## OCCUPANCY STANDARDS (BASED ON FEDERAL SECTION 8 REGULATIONS)

### TO DETERMINE UNIT SIZE

To determine appropriate unit size for an applicant, the following criteria will be used:

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

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

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

### TO DETERMINE HOUSEHOLD SIZE

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

- All household members must have had the same address as the primary applicant for at least 3 months from the time the application is submitted.
- Only children that are born before the application deadline or are expected within three months of the application deadline (as documented by a medical professional) will be counted as household members.
- Children of applicants, who are full-time students age 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.

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.

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

- 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 applicants' household for the foreseeable future.

## REQUIRED HOUSEHOLD INFORMATION DOCUMENTATION\*

THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH YOUR PRELIMINARY APPLICATION

### HOUSEHOLD SIZE

PLEASE PROVIDE EVIDENCE OF YOUR CURRENT HOUSEHOLD SIZE BY SUBMITTING **TWO (2)** OF THE FOLLOWING DOCUMENTS:

- A copy of 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.

### CAMBRIDGE RESIDENCY\*

IF YOU ARE CURRENTLY LIVING IN CAMBRIDGE, PLEASE PROVIDE EVIDENCE OF RESIDENCY BY SUBMITTING **TWO (2)** OF THE FOLLOWING DOCUMENTS:

- A current rental lease signed and dated within the last year in your name.
- A utility bill in your name: only original gas or electric bills dated within last thirty days will be accepted.
- A car registration and/or driver's license or Massachusetts I.D. with your current address that is listed on your application.
- A current Cambridge Public Schools registration record for your child/children (under 18 years of age) with current address.

IF THERE ARE ANY UNUSUAL CIRCUMSTANCES IN YOUR HOUSEHOLD, PLEASE DOCUMENT THEM IN WRITING AND SUBMIT WITH YOUR APPLICATION.

*\*Non-Cambridge residents do not need to supply this information*

### EMERGENCY NEED DOCUMENTATION

HOUSEHOLDS WITH THE FOLLOWING EMERGENCY NEED(S): 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 rent receipt and lease agreement).
- Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (provide a signed lease listing all household members and apartment bedroom size).
- Applicant is homeless (provide a letter from shelter).

\*THE COMMUNITY DEVELOPMENT DEPARTMENT, HOUSING DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL SUPPORTING DOCUMENTATION TO DETERMINE ELIGIBILITY AND PREFERENCES.



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PRELIMINARY APPLICATION

CHECK APPROPRIATE BEDROOM SIZE (VIEW OCCUPANCY STANDARDS ON PAGE 3)

studio       1-bedroom       2-bedroom       3-bedroom       Accessible Unit

Applicant Name (Head of Household): \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Number & Street*

*Apt. #*

*City*

*State*

*Zip Code*

Telephone #: \_\_\_\_\_ No. of people in household: \_\_\_\_\_

*Primary*

*Secondary*

Email address: \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_ What is your current rent amount? \_\_\_\_\_

# of bedrooms in present unit? \_\_\_\_\_ Current Property Management Co. /Landlord: \_\_\_\_\_

Marital Status:  Married       Single       Divorced       Separated       Widowed       Other

Ethnicity:       Latino or Hispanic       Not Latino or Hispanic       Prefer not to provide

Race: (Please check all boxes that apply):  American Indian or Alaskan Native       Asian       Black or African-American

Native Hawaiian or Other Pacific Islander       White       Other       Prefer not to provide

Driver's License # or State ID# \_\_\_\_\_ State of Issue: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

Is your primary employment in Cambridge?  Yes  No      If yes, where? \_\_\_\_\_

Were you ever an owner or part owner of any real estate?  Yes  No      If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Have you or any members of your household ever filed bankruptcy?  Yes  No      If yes, when? \_\_\_\_\_

Have you ever been evicted?  Yes  No

Have you or anyone in your household been convicted of a felony, sex-related crime, or misdemeanor assault conviction?  Yes  No      If yes, please explain: \_\_\_\_\_

Contact person in case of an emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

RESIDENCES: LIST YOUR ADDRESS(ES) FOR THE LAST THREE YEARS:

Address	Landlord	Telephone #	Date From	Date To

HOUSEHOLD MEMBERS: LIST ALL PERSON(S) TO OCCUPY THE APARTMENT INCLUDING THE APPLICANT

Name	SS #	DOB	Relationship to Applicant
			Head of Household

EMERGENCY NEED

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

- Facing a no-fault eviction (*provide court order documentation*).
- Living in a property that has been cited by the City's Inspectional Services Department for outstanding code violations (*provide documentation from ISD*).
- Paying more than 50% of your monthly gross income for rent (*provide rent receipt or lease agreement*).
- Living in an overcrowded situation defined as having more than two individuals per bedroom (*provide a lease listing all residents and bedroom size of unit*)
- Homeless (*provide a letter from Shelter in which you are residing*)

\*\*THOSE CLAIMING AN EMERGENCY MUST ATTACH COPIES OF DOCUMENTATION OUTLINING YOUR EMERGENCY SITUATION.

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If yes, please check the appropriate boxes.

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

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**EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS**

List the current sources of all household income: This includes but not limited to, full and/or part-time employment.

Household Member	Total Income and Frequency of Pay (Weekly, Bi-weekly, Monthly, Annually)		Source of Income
	\$	/per _	
	\$	/per _	
	\$	/per _	
	\$	/per _	
	\$	/per _	

**CERTIFICATIONS**

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: \_\_\_\_\_

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 and release any parties from whom that information is requested to release it to the City of Cambridge and their employees.

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

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

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

**APPLICANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below without liability, information regarding employment, income, and/or asset to City of Cambridge, Community Development Department.

For the purposes of verifying the information on my Middle-Income Housing Rental Application

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to; personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in the Middle-Income Rental Program through the City of Cambridge.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Educational Institutions
- Retirement Systems
- Veteran Administrations
- Social Security Administration
- Welfare Agencies
- Support and Alimony Providers
- Banks and other Financial Institutions
- State Unemployment
- Previous Landlords

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes state above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is correct.

**SIGNATURES**

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co/Applicant/Resident	(Print Name)	Date

**PLEASE SUBMIT COMPLETED PRELIMINARY APPLICATION TO:**

Cambridge Community Development Department, Housing Division  
344 Broadway, 3<sup>rd</sup> Floor  
Cambridge, MA 02139  
*Applications submitted via fax or email will not be accepted.*



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## PRELIMINARY APPLICATION CHECKLIST

Please use this checklist to verify that you have completed the Preliminary Application correctly and have attached copies of the required documentation along with your application. **Incomplete applications will not be considered.**

- Please review Occupancy Standards on Page 3 to determine appropriate bedroom size for your household
  
- Fully completed and signed Preliminary Application
  
- Household size documentation. Provide evidence of your current household size from **two (2)** of the following:
  - A copy of 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.
  
- Are you a Cambridge Resident? If yes, you must provide documentation to receive Cambridge Residency preference. Provide **two (2)** of the following:
  - Rental lease signed and dated within the last year, in your name
  - Utility bill in the applicant's name: original gas or electric bills dated within last thirty days
  - Driver's License, Massachusetts ID, or Car Registration with your current address that is listed on the application.
  - Current school registration record with current address.

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

- If you are claiming an emergency need, 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 rent receipt and lease agreement).
  - Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (provide a signed lease listing all household members and apartment bedroom size).
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