

**Wadleigh House**  
• **170 Main Street** •  
**Haverhill, MA 01930**

*The YMCA of the North Shore is currently accepting applications for our Single Room Occupancy (SRO) units. . These affordable apartments are for income qualifying applicants only. Please send your completed application to Haverhill YMCA housing, 81 Winter Street, Haverhill, MA 01830 or drop it off at the Haverhill YMCA. If you have any questions, please contact the housing office at 978-478-5021 TTY/Relay # 711.*

**Each unit has a private bathroom and refrigerator and microwave and furnished with a twin bed. Upon approval residents will be required to sign a one year lease.**

**Included Amenities:**

- Heat, hot water, and electricity
- Free YMCA of the North Shore individual membership
- Shared community room with full size kitchen and cable TV
- Off Street parking
- On site management and maintenance team
- Coin operated laundry machines

**Resident Rules:**

- No overnight guests
- No pets
- No smoking

**Rent:**

- SRO Starting at \$ 490.00

**Application Process:**

- Please fill out an application completely and return to get on our waitlist
- The waitlist ~~for an SRO unit~~ is open. Please call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application

Income Limits per Household	
1 Person	\$43,260



## Wadleigh House • 170 Main Street• Haverhill, MA 01830

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**Each unit has a private bathroom and a small kitchen area which includes a refrigerator and microwave. Units are fully furnished with a twin bed, desk, and dresser. Upon approval residents will be required to sign a one year lease.**

### **Included Amenities:**

- Heat, hot water, and electricity
- Free YMCA of the North Shore individual membership
- Shared community room with full size kitchen and cable TV
- Off street parking
- On site management and maintenance team
- Coin operated laundry machines

### **Resident Rules:**

- No overnight guests
- No pets
- No smoking

### **Rent:**

- SRO single room occupancy starting at \$488.00

### **Application Process:**

- Please fill out an application completely and return to get on our waitlist
- The waitlist for an SRO unit is open. Please call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application

<b>Income Limit per Household</b>	
1 Person	\$ 42,900



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**



**WADLEIGH HOUSE LLC**  
**c/o YMCA of the North Shore**  
 81 WINTER STREET  
 HAVERHILL MA 01830  
 978-374-0506  
 ATTN: HOUSING

**HOUSING APPLICATION**

Please complete this application and return to Wadleigh House LLC at the address listed at the top of this page. Complete applications will be placed in order of date and time received and added to the wait list. An applicant may be interviewed only after a completed application is received. An incomplete application will not be considered for placement on the waiting list.

The Wadleigh House LLC is an equal housing opportunity in compliance with 504 Fair Housing Regulations. The Wadleigh House LLC will accommodate any applicant with assistance completing this application.

**A. GENERAL INFORMATION**

Applicant's Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Address \_\_\_\_\_  
                     Street                      Apt.#                      City                      State                      Zip  
 Tel.# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Do you Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Current monthly rental payment \$ \_\_\_\_\_  
 Check utilities paid by you: \_\_\_ Heat \_\_\_ Gas \_\_\_ Electricity \_\_\_ Other \_\_\_\_\_  
 Approximate monthly utility cost: (exclude phone and cable) \$ \_\_\_\_\_

**B. INCOME**

List all sources of income as requested below:

- a. Social Security.....Monthly \$ \_\_\_\_\_
- b. Pension.....Monthly \$ \_\_\_\_\_
- c. Veterans Benefits.....Monthly \$ \_\_\_\_\_
- d. SSI Benefits.....Monthly \$ \_\_\_\_\_
- e. Unemployment Compensation.....Monthly \$ \_\_\_\_\_
- f. EAEDC.....Monthly \$ \_\_\_\_\_
- g. Wages (Gross).....Monthly \$ \_\_\_\_\_

i. Employer \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed? \_\_\_\_\_

ii. Employer \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed? \_\_\_\_\_

h. Full Time Student.....Monthly \$ \_\_\_\_\_  
 i. Alimony.....Monthly \$ \_\_\_\_\_ Source \_\_\_\_\_  
 j. Child support.....Monthly \$ \_\_\_\_\_ Source \_\_\_\_\_  
 k. Interest Income.....Monthly \$ \_\_\_\_\_ Source \_\_\_\_\_  
 l. Other Income.....Monthly \$ \_\_\_\_\_ Source \_\_\_\_\_

**Total Gross Annual Income**

(Base on the monthly amounts listed above (a thru l) then multiply by 12) \$ \_\_\_\_\_

Do you anticipate any income changes within the next 12 months? Yes \_\_\_ No \_\_\_

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

**C. ASSETS**

Checking Account(s) Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
                                           Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
 Saving Account(s) Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
                                           Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
 Trust Accounts Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
 Certificates Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
 Credit Union Name \_\_\_\_\_ Bal \$ \_\_\_\_\_  
 Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
                                           # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_  
 Cash Value of life insurance policy.....\$ \_\_\_\_\_

**Real Property:** Do you own any property? Yes \_\_\_ No \_\_\_

If Yes, Type of property \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Appraised Market Value..... \$ \_\_\_\_\_  
 Mortgage or outstanding loan balance due..... \$ \_\_\_\_\_  
 Annual Insurance Premium..... \$ \_\_\_\_\_  
 Most Recent Tax Bill.....\$ \_\_\_\_\_

Have you sold/dispensed of any property in the last two years? Yes \_\_\_ No \_\_\_

If Yes, Type of property \_\_\_\_\_  
 Market Value when sold/dispensed.....\$ \_\_\_\_\_  
 Amount sold/dispensed.....\$ \_\_\_\_\_  
 Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last two years? Yes \_\_\_ No \_\_\_

(Example: Given away money to relatives, set up irrevocable Trust Accounts)?

If yes, please describe \_\_\_\_\_  
Date of disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Exclude personal property.)  
If yes, list: \_\_\_\_\_

**D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES**

**i. Medical Cost:**

**Complete this part ONLY if 62 or older, disabled, or handicapped.**

Medicare Premiums.....Monthly \$ \_\_\_\_\_

Medical Insurance Coverage:

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Anticipated medical / drug / prescription / non prescription cost  
NOT covered by insurance OR reimbursed.....Monthly \$ \_\_\_\_\_

Medical bills / outstanding costs: Balance Due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

Payable To: \_\_\_\_\_ Medical related Travel costs \$ \_\_\_\_\_

Are you seeing a physician regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name \_\_\_\_\_

Address \_\_\_\_\_

Projected costs NOT covered by insurance OR reimbursed for the next 12 months \$ \_\_\_\_\_

Other medical expenses: Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**ii. Childcare Costs:**

**Complete ONLY for Children ages 12 and under.**

Name(s) of Children cared for: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Name of person or agency caring for children: \_\_\_\_\_

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

Weekly cost for childcare due to employment \$ \_\_\_\_\_

Weekly cost for childcare due to education \$ \_\_\_\_\_

**iii. Handicap Assistance Expenses:**

**(Attendant care and/or apparatus expense that enables handicapped applicants to work.)**

**Complete ONLY if handicap expenses allow you to work.**

Type of expenses: \_\_\_\_\_

Weekly amount paid \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

**E. PROGRAM INFORMATION**

Are you displaced? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, displacement agency \_\_\_\_\_

Is your current unit condemned / substandard? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, describe \_\_\_\_\_

Are you paying more than 50% of your gross income for rent and utilities? Yes \_\_\_ No \_\_\_

Are you applying for status as an "Elderly Household"? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you are 62 years or older, handicapped, or disabled as defined by FMHA? Yes \_\_\_ No \_\_\_

Would you benefit from a wheelchair or a handicapped accessible unit? Yes \_\_\_ No \_\_\_

If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever resided in a project financed / subsidized by the government? Yes \_\_\_ No \_\_\_

If yes, Name: \_\_\_\_\_

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

Have you ever been evicted from public housing or any other Federal Housing Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Where & When: \_\_\_\_\_

Describe Reasons: \_\_\_\_\_

Have you ever been evicted from other housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of sale, distribution, or possession of illegal drugs?

Yes \_\_\_ No \_\_\_

Are you now or will you become a part time or full time student prior to move in?

Yes \_\_\_ No \_\_\_

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

Are you able to take a unit when one becomes available? Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe your reasons for applying: \_\_\_\_\_

\_\_\_\_\_

**F. REFERENCE INFORMATION**

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business \_\_\_\_\_

Previous Landlord: Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business \_\_\_\_\_

Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business \_\_\_\_\_

List any other states where you have lived in the past 7 years: \_\_\_\_\_  
\_\_\_\_\_

**G. CREDIT REFERENCES**

i. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
ii. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
iii. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**H. PERSONAL REFERENCES**

*ALL Personal References must **NOT** be family members.*

i. Name \_\_\_\_\_ Address \_\_\_\_\_  
ii. Name \_\_\_\_\_ Address \_\_\_\_\_  
iii. Name \_\_\_\_\_ Address \_\_\_\_\_

EMERGENCY REFERENCE: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**I. OTHER REQUIRED INFORMATION**

List any car, truck, or other vehicle owned:

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**J. CERTIFICATION / AUTHORIZATION**

**CERTIFICATION**

**I HEREBY CERTIFY THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION. I FURTHER CERTIFY THAT THIS WILL BE MY PERMANENT RESIDENCE. I UNDERSTAND THAT I MUST PAY A SECURITY DEPOSIT FOR THIS UNIT. I UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON FEDERAL GUIDELINES AND WADLEIGH HOUSE LLC SELECTION CRITERIA. I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.**

Signature:

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

**AUTHORIZATION**

**I DO HEREBY AUTHORIZE THE WADLEIGH HOUSE LLC AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION FOR HOUSING. I FURTHER AUTHORIZE THE WADLEIGH HOUSE LLC TO VERIFY ALL INFORMATION LISTED ON THIS APPLICATION.**

Signature:

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date



**FAMILY HOUSEHOLD COMPOSITION**

**THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE WADLEIGH HOUSE LLC IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE FARMERS HOME ADMINISTRATION, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE, AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.**

Race \_\_\_\_\_  
Ethnic Group \_\_\_\_\_  
Sex \_\_\_\_\_