

Main South Community Development Corporation

875 Main Street
Worcester, Massachusetts 01610
(508) 752-6181 / FAX (508) 797-4514

J. Stephen Teasdale, Executive Director
Mark Waters, President

Pre-Application Information

*Please read carefully before filling out this form.

*Thank you for your interest in applying for an apartment with the Main South Community Development Corporation. Please note that the following is a Pre-Application form and will be used solely for determining preliminary eligibility. This does not guarantee rental approval. Also, please be aware that **if your information on your application changes, (i.e. telephone number, income, household, etc.) you must notify our office as soon as possible.** If you have any questions or would like further information, please contact the Administrative Assistant, Robyn Johnston at (508) 752 – 6181.*

*The Main South Community Development Corporation is an affordable housing corporation. Please be advised that Main South CDC apartments are not affiliated with nor considered public housing. However, **we do accept Section 8 vouchers.***

For your convenience, the following is a list of our average rents. Please be informed that these averages are subject to change at any time.

Studio Apartment: starting at \$580 Three Bedrooms Apt: starting at \$950
One Bedroom Apt: starting at \$690 Four Bedrooms Apt: starting at \$1200
Two Bedrooms Apt: starting at \$850 Five Bedrooms units not Available

*****Please note that there are NO PETS ALLOWED*****

Please notify us if you need a sign language interpreter or other communication aides during the application process.

The Main South Community Development Corp. does not discriminate against any person because of race, color, religion, sexual orientation, handicap, familiar status, national origin, gender identity, or marital status.

Applicant's Copy



Main South Community Development Corporation

Pre-Application Form

Applicant Information

(Please PRINT clearly and neatly)

Suffix: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		Name:			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Date of Birth:		Phone:	
Current Address:					
City:		State:		ZIP Code:	
Mailing Address (If different from Current Address):					
City:		State:		ZIP Code:	
How did you hear about Main South CDC? <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Other <small>(If referred please state by whom; If other please indicate.)</small>			Are you a Student? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If so, please state status and school name below)</small>		
Are you a veteran? Or currently serve in the military? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you a previous tenant? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please select/check the unit size(s) you are applying for:		<input type="checkbox"/> STUDIO	<input type="checkbox"/> ONE BEDROOM	<input type="checkbox"/> TWO BEDROOM	<input type="checkbox"/> THREE BEDROOM
Is a Handicap Accessible unit needed?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Do you have a Section 8 voucher or form of rental subsidy assistance?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<small>(If answer is Yes, please state form of rental assistance/Section 8 voucher below)</small>					
<input type="checkbox"/> WHA		<input type="checkbox"/> RCAP		<input type="checkbox"/> Other: __	

Employment Information

Current employer:		Supervisor Name:	
Employer address:		ZIP Code:	
City:	State:	Position:	
Phone:	Fax:	Weekly Hours:	
Length of Employment:	Hourly Rate: \$	Bi-weekly Hours:	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		Overtime Hours (If applicable):	
Other employer (If applicable):		Supervisor Name:	
Employer Address:		ZIP Code:	
City:	State:	Position:	
Phone:	Fax:	Weekly Hours:	
Length of Employment:	Hourly Rate: \$	Bi-weekly Hours:	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		Overtime Hours (If applicable):	

Other Sources of Income*(Please specifically state any additional income received below. Check all that apply.)*

<input type="checkbox"/> Unemployment	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
<input type="checkbox"/> Supplemental Security Income/SSI	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Social Security Income	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly
<input type="checkbox"/> TAFDC/Cash Benefits	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Child Support	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Alimony	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Veteran's Benefits/Pension	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Other: _____	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Co-applicant Information, if applicable *(If non-applicable please continue to Household Composition.)*

Suffix: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Name:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Date of Birth:	Phone:		
Current Address:			
City:	State:	ZIP Code:	
Mailing Address (If different from Current Address):			
City:	State:	ZIP Code:	

Co-applicant Employment Information, if applicable*(If non-applicable please continue to Household Composition.)*

Current Employer:	Overtime Hours (If applicable):	
Employer Address:	Supervisor Name:	
City:	State:	ZIP Code:
Phone:	Fax:	Position:
Length of Employment:	Hourly Rate:	Weekly Hours:
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	Bi-weekly Hours:
Other employer (If applicable):	Overtime Hours (If applicable):	
Employer Address:	Supervisor Name:	
City:	State:	ZIP Code:
Phone:	Fax:	Position:
Length of Employment:	Hourly Rate:	Weekly Hours:
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	Bi-weekly Hours:

Co-applicant Other Sources of Income, if applicable*(Please specifically state any additional income received below. Check all that apply.)*

<input type="checkbox"/> Unemployment	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Supplemental Security Income/SSI	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Social Security Income	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> TAFDC/Cash Benefits	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Child Support	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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<input type="checkbox"/> Veteran's Benefits/Pension	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Other	Amount Received: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Household Composition*(Including yourself, please list all Names, Relationship, Date of Birth, and SSN of all persons that will live in unit.)*

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>
	Head of household		

Rental History *(Please provide current and previous Landlord and Rental Information. All information asked is required.)***Current Address:**

Please indicate if current address is rented or owned:	<input type="checkbox"/> Rent	<input type="checkbox"/>	Monthly Payment/Rent: \$	Number of Bedrooms:
	Own			
Length of time at address:	From: (mm/yr)	To: (mm/yr)	Any utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If answer is YES , please indicate included utilities:		Reason for moving:		
Landlord Name:	Address:		Phone:	

Rental History (continued)

Previous Address:			
Please indicate if previous address was rented or owned:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Payment/Rent: \$	Number of Bedrooms:
Length of time at address:	From: (mm/yr)	To: (mm/yr)	Any utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO
If answer is <u>YES</u> , please indicate included utilities:		Reason for moving:	
Previous Landlord Name:	Address:	Phone:	
Have YOU and/or CO-APPLICANT ever:	Been sued for non-payment of rent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Been evicted or asked to move out?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Been sued or taken to court for damage to a Rental Property?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Broken a Rental Agreement or Lease?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Declared Bankruptcy?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Been convicted of a felony or misdemeanor in the past ten (10) years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you and/or another household member registered as a level 2 or 3 sex offender?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have any criminal actions pending? (If so, please provide Parole Officer Name and Phone #.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have answered <u>YES</u> to any of the above questions, please indicate who and explain the reason why in the space provided below.			
Primary Language spoken at home:			
Applicant Consent and Signature (Please read thoroughly before signing)			
Please be informed The Main South Community Development Corporation is <i>NOT subsidized</i> public housing. However, we do accept Section 8/Rental Assistance Vouchers.			
Please be advised that this is a preliminary pre-application and does not give any rental and/or leasing rights. Additional information may be requested at a later date in order to complete the processing of this application. Your signature below gives consent to Main South CDC Management to verify the information contained in this pre-application. Please be aware that all of the information provided is strictly confidential, and assumed true. It is a criminal offense to make a false statement of misrepresentation on this pre-application. The Main South Community Development Corporation does not discriminate against any person because of race, color, religion, sex orientation, handicap, familiar status or national origin			
I have read the above Terms of Agreement and am aware of the policies stated. By providing my signature below, I authorize the verification of the information provided on this form..			
Signature of applicant:			Date:
Office Use Only	Notes/Comments:		