



The **Rental Housing Counseling program** at **Neighborhood of Affordable Housing, Inc.** is funded by the **City of Boston's Department of Neighborhood Development**. Through the **Rental Housing Counseling program**, NOAH provides assistance with rental housing search, agency referrals, etc., working to develop an individualized client Action Plan to help Boston residents obtain or remain in stable housing.

**Please Note:** The Housing Counseling Program DOES NOT guarantee finding or retaining an apartment. However, NOAH works hard to help Boston residents find affordable options.

**In order to receive rental housing counseling you must:**

- Be a **Boston resident** at the time of application
- Schedule an appointment with the Rental Housing Counselor  
**Please Note:** If you are late to your appointment, are missing documents, or have an incomplete application, YOUR APPOINTMENT WILL BE RESCHEDULED.
- Please bring the following to your appointment:
  - Completed Rental Housing Counseling application
  - Massachusetts I.D. with your current Boston address  
**OR** other picture I.D. with a current bill showing your Boston address
  - Proof of all household income, such as pay stubs, child support, food stamps, SSI, etc.

**This is NOT an application for NOAH rental housing; please see a NOAH staff person to obtain a NOAH apartment application.**

**Neighborhood of Affordable Housing, Inc.**  
143 Border Street, East Boston, MA 02128, tel. 617-567-5882, fax 617-567-7563, [www.noahcdc.org](http://www.noahcdc.org)



## HOUSING COUNSELING APPLICATION

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

Name: \_\_\_\_\_

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

Neighborhood: ☐ East Boston ☐ Charlestown ☐ North End ☐ West End ☐ Other \_\_\_\_\_

City: Boston State: Mass. Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

How long have you been living at this address: \_\_\_\_\_ Email: \_\_\_\_\_

Complete the following information for each person who will live in this apartment:

NAME	M/F	DATE OF BIRTH	RELATIONSHIP	INCOME PER WK MO YR
			Head of household	

Number of bedrooms needed (circle one): 0 1 2 3 4

Do you have special housing needs? ☐ Yes ☐ No

If so, please note: ☐ Unleaded ☐ Handicapped Access ☐ Other: \_\_\_\_\_

Do you any pets? ☐ Yes Type \_\_\_\_\_ ☐ No

How much are you able to pay for rent each month? \_\_\_\_\_

Are you a veteran? ☐ Yes ☐ No

NEED FOR SERVICE (choose one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Affordability     | <input type="checkbox"/> Deinstitutionalized | <input type="checkbox"/> Displacement/Eviction |
| <input type="checkbox"/> Transportation    | <input type="checkbox"/> Isolation           | <input type="checkbox"/> Substandard housing   |
| <input type="checkbox"/> Foreclosure       | <input type="checkbox"/> Overcrowding        | <input type="checkbox"/> Homeless              |
| <input type="checkbox"/> Crime             | <input type="checkbox"/> Family Dispute      | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Not HP Accessible |  |  |

## EMPLOYMENT INFORMATION

1. Name of person employed: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Length of employment \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Wage: \_\_\_\_\_
2. Name of person employed: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Length of employment \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Wage: \_\_\_\_\_
3. Name of person employed: \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Length of employment \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Wage: \_\_\_\_\_

## INCOME FROM OTHER SOURCES

- ☐ Social Security    ☐ SSI    ☐ Public Assistance Welfare    ☐ Unemployment  
☐ Veterans benefits    ☐ Pension    ☐ Child Support

Name of person w/ benefit	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REFERENCES

Please provide landlord references for the last 3 years:

**Previous landlord name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date you moved in \_\_\_\_\_ Rent: \_\_\_\_\_ Heat Included? \_\_\_\_\_

**Past landlord name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date you moved in \_\_\_\_\_ Rent: \_\_\_\_\_ Heat Included? \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**The following section is optional. The information will be used only for Fair Housing Programs as required by Federal and State laws.**

☐ Female Head of Household

**Who referred you to this program?**

☐ Friend ☐ Newspaper Ad ☐ Flyer ☐ Organization: \_\_\_\_\_

☐ Real estate agency ☐ Other: \_\_\_\_\_

**Do you receive housing assistance?** ☐ YES \_\_\_\_\_ ☐ NO \_\_\_\_\_

If yes, please describe:

☐ Sec. 8 ☐ Other source: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

I certify that the information contained in this application and given to NOAH's Housing Counseling Program Manager is accurate and complete to the best of my knowledge. I understand that any false statements or information made or given knowingly by me in this application will be sufficient cause for rejection of this application. I further understand that any false statements or information made or given knowingly by me in this application shall be grounds for termination of the housing search and placement assistance services as well as termination of any tenancy resulting from these services.

I understand that the use of personal data shall comply with the provisions of Massachusetts General Laws (MGL) 66A, Section 2, The Fair Information Practices Act.

\_\_\_\_\_  
Applicants Signature

Date\_\_\_\_\_

Funding for these services are provided by the City of Boston, (DND) Department of Neighborhood Development some time will contact me for an evaluation of this program

\_\_\_\_\_  
Applicants Signature

Date\_\_\_\_\_

*Funding for these services was provided by the City of Boston, Thomas M. Menino, Mayor; through its Department of Neighborhood Development, Sheila A. Dillon, Director*



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Please respond to the following optional data questions; thank you!

- 1) What is the race of the head of household?

White

Black or African American

Asian

American Indian or Alaska native

Native Hawaiian or Other Pacific Islander

Other (specify) \_\_\_\_\_

- 2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

- 3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

- 4) Is at least one adult member of household Hispanic/Latino (yes or no)? \_\_\_\_\_

- 5) What is the number of children under 6 years of age in the household reside in the unit? \_\_\_\_\_

- 6) What is the number of children that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

- 7) What is the household type?

Circle one of the following choices below:

- Single/ non-Elderly
- Elderly
- Related/Single parent (a single parent household with a dependent child or children)
- Related/two parent household (a two-parent household with a dependent child or children.
- Other (any household not included in the above four definitions including two or more unrelated individuals.

In signing this consent form you acknowledge that after reading this form you voluntarily provide the information above that you understand that there are no penalties if you do not wish to provide the information and that you have receive a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_