



Family Economic Stability Program Application

Please return to; Metro Housing|Boston
C/O Carla Rosata 1411 Tremont Street, Boston, MA 02120

Family Information:

Name: _____

Address: _____

Telephone number: _____ Social Security Number: _____

Email: _____

Primary language: _____

Fluent in English? Yes No

Family Composition (circle all appropriate categories from the choices below)*

Name (last, first)	Date of birth (MM/DD/YY)	Relationship to HOH	Sex	Ethnicity	Race	Social Security Number
	/ /	Head	M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -

- * Sex categories: M = Male F = Female
- * Ethnicity categories: H = Hispanic NH = Not Hispanic
- * Race categories: 1 = White 2 = Black 3 = American Indian 4 = Asian/Pacific Islander

Is the head of household a U.S. citizen? Yes No Resident Alien



If not a citizen, can head of household work? Yes No

Other household member(s) residency status: _____

Current household income, including wages and cash benefits: \$ _____

Sources: _____

Last date receiving public assistance: _____

Type of assistance: _____

Has the family lost benefits in the last 24 months? Yes No

Income of All Household Members

List below all money that each household member expects to earn or receive in the next twelve months. You must include all types of earned or unearned income **before deductions**, including SSI or SSDI for children under the age of 18. Tell us whether you receive this amount weekly, every two weeks, or once a month (i.e. \$547/wk or \$1094/two wks)

Income source:	Name of household member earning or receiving income:	Name of household member earning or receiving income:	Name of household member earning or receiving income:
Alimony	\$ /	\$ /	\$ /
Child support payments	\$ /	\$ /	\$ /
Insurance policies	\$ /	\$ /	\$ /
Interest/dividends	\$ /	\$ /	\$ /
Public assistance	\$ /	\$ /	\$ /
Retirement funds/pensions	\$ /	\$ /	\$ /
Social Security/SSI	\$ /	\$ /	\$ /
TAFDC	\$ /	\$ /	\$ /
Unemployment or disability compensation	\$ /	\$ /	\$ /
Wages, salaries, tips, including overtime	\$ /	\$ /	\$ /



Other	\$ /	\$ /	\$ /
Total Gross Income:			

Education: High school diploma GED Last Grade Completed: _____.

Some college College degree

Completed training program? Yes No

If yes, describe: _____

Employment: Currently Employed Employed within the last 6 months

Soon to be employed (You have received an offer)

None of the above

Housing Situation (please check):

Homeless: I/we live in a hotel, motel, or temporary shelter at:

Name of shelter: _____

Address: _____

City: _____

Reason for homelessness: _____

Rent burdened: how much do you pay each month for rent? \$ _____

Substandard housing: the city/town or other government agency has declared that my unit is substandard and unfit for me and my family to live in.

Involuntarily displaced: I/we have been required to move from our housing or have been informed that we will be required to move within the next six months because we have been (or will be) displaced by government action in connection with code enforcement or a public improvement or development program.

PRIOR HOUSING ASSISTANCE

Has the head of household ever received rental assistance or public housing? Yes No



Please provide name of housing assistance program and name of housing authority where previous assistance was provided;

If yes, was the household terminated from public or subsidized housing? Yes No

Owe money to housing authority? Yes No

Housing Needs:

Size: _____

Location: _____ Price: _____

Good credit? Yes No

If no, please explain: _____

With any questions please contact Carla Rosata at (617) 425-6644 or at carla.rosata@metrohousingboston.org

Please return completed applications to:

Metro Housing|Boston

1411 Tremont Street

Boston, MA 02120

Attn: Carla Rosata

Or via Fax at (617) 532-7605



Important Information for FES Applicants

You may lose your rental subsidy if you or an adult member of your family (18 years of age or older) is involved with drug related or violent criminal activity.

The Department of Housing and Urban Development has authorized Metropolitan Boston Housing Partnership, Inc. (MBHP) to deny assistance to an applicant who fails to meet their family obligations. An applicant and their respective adult family members shall not engage in drug related or violent criminal activity. MBHP will accept and investigate information from any source concerning drug related or violent criminal activity. Investigations involving such activity will be expeditious. If sufficient evidence is found to substantiate such illicit activity, MBHP may deny program eligibility, or take other appropriate action. In such cases, applicants for the Moving to Work Program will be granted an appeal. Factual determinations shall be based upon a preponderance of the evidence.

Drug and/or Violent Criminal Activity Notification

I acknowledge that MBHP has the right to obtain information from law enforcement agencies (e.g., local police departments, Criminal History Systems Board) regarding myself and all adult members of my family relating to any drug related or violent criminal activity.

I acknowledge that, if Metropolitan Boston Housing Partnership, Inc. (MBHP), determines that I or any adult family member has participated in such drug related or violent criminal activity, then I and my family may be denied eligibility for the Moving To Work Program.

Applicant's signature

Date