

Mail this application to:

The name of the waitlist I’m applying for is: _____

Some waitlists are closed: *Before sending this application*, check <http://www.housingworks.net/> to see what is open

You must answer every question on this application: respond to questions that are not applicable by writing “N/A”.
Incomplete applications may be returned or discarded.

Your Name: _____

Long-Term Mailing Address: _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No If “Yes” you must provide it above.

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother’s last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family’s **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you **have a rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a “no-steps” unit)?

☐ YES ☐ NO Do you need **reasonable accommodations due to a disability**, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

FEDERALLY MANDATED PREFERENCES

Federal HUD regulations require that we can currently offer apartments only to those who meet one of the following three preference categories.

1. Those paying 50% of their income as rent.
2. Those living in substandard housing.
3. Those who are involuntary displaced.

If an applicant is unable to certify that one of the three above situations applies to them, their application for an apartment is likely to be rejected. Since there are very specific definitions which apply to the foregoing Federally Mandated Preference, applicants should ask if they are unsure that they might qualify.

SPECIAL FEATURES

- Carpeted living room, bedroom and hallways
- Electric stove and refrigerator
- Intercom system
- Vinyl-tiled bathroom and kitchen
- Community room and sitting room
- Cable TV available
- On-site Meals facility
- Laundry room
- Air conditioning sleeve/electrical outlet
- Elevators (2)
- Master TV antenna
- Formica cabinets and counter

PEARL STREET PARK IS MANAGED BY:

E. P. MANAGEMENT CORP.
7 Tozer Road
Beverly, MA 01915
Tel: (978) 232-1126
Fax: (978) 232-1195



PEARL STREET PARK
240 Pearl Street
Somerville, MA 02145
617-625-8780
Fax 6517-625-1753

Dear Applicant:

Thank you for your interest in Pearl Street Park. Let us briefly describe the kind of information we will be requesting and the reasons for requesting it.

Federal Regulations require that upon application and annually after occupancy, we verify your income, assets, and medical expenses in order to determine your rent level. The intent of these regulations is to insure that government funds are correctly spent and, as providers of government assisted housing, we are required to ask you for this information.

Therefore, ALL SOURCES OF INCOME MUST BE REPORTED. Income includes but is not necessarily limited to:

- Wages (including overtime), social, security benefits, supplemental security income;
- Pension Benefits and/or Annuities;
- Interest or dividend earnings (savings or checking accounts all savers certificates, money market fund earnings, interest on U.S. Savings Bonds, stock dividends, etc.);
- Earned Income Tax Credit;
- Payments received from rental, of property;
- Regular gifts or contributions.

ALL ASSETS MUST ALSO BE DECLARED. Assets include but are not limited to:

- Real estate (house, land, etc.) equity; personal property held as an investment;
- Stocks, bonds, securities, money market certificates; etc;
- Balances in all bank accounts (including checking);
- Cash kept in safe deposit boxes or non-interest bearing accounts or kept in the home or other place;
- Trusts, Individual Retirement Accounts (IRA), Keogh Accounts, Lump-Sum Receipts;
- Retirement and Pension Funds;
- Assets disposed of within the past two (2) years.

We are certain you will provide all of the necessary information but wish to inform you of the following:

FEDERAL LAW ESTABLISHES PENALTIES OF UP TO \$10,000 IN FINES AND FIVE YEARS IN PRISON FOR WILLFUL SUBMISSION OF FRAUDULENT INFORMATION.

If you have any questions, please feel free to call our management office at (617) 625-8780.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Thank you for your cooperation and we assure you that the information provided will be kept confidential. Information will not be shared with other tenants nor with individuals outside the management company or government agency responsible for insuring compliance with the housing regulation.

Sincerely,

PEARL STREET PARK
Jonathan C. Ziner, CPM
Property Manager



PEARL STREET PARK
240 Pearl Street
Somerville, MA 02145
617-625-8780
Fax 6517-625-1753

EQUAL HOUSING OPPORTUNITY

APPLICATION FOR SUBSIDIZED HOUSING
(Please Print)

I. PRESENT HOUSING STATUS

DATE _____

1. NAME _____

2. ADDRESS _____ 3. HOW LONG: _____

CITY STATE ZIP 4. HOME PHONE _____

5. NEAREST RELATIVE: _____ 5. PHONE NO: _____

6. DO YOU: (CHECK THOSE WHICH APPLY)
Own your own home? _____ (If so, skip to question 7) Rent? _____
Live with others? _____ Who? _____ (skip to question 7)
Other living arrangements? _____ Explain _____

7. WHO ARE YOUR PRESENT AND PREVIOUS LANDLORDS?
Name: _____
Address: _____
_____ Phone: _____

PREVIOUS LANDLORD: Name: _____
Address: _____
Phone: _____ Dates of Residence: _____ to _____

8. HOW MANY BEDROOMS DO YOU HAVE? _____

9. DO YOU OR HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING? Yes ____ No ____
If yes, where: _____
When: _____
Your reason for moving: _____

10. ARE YOU BEING FORCED TO MOVE FROM YOUR HOME? Yes ____ No ____
If yes, please explain: _____

11. PLEASE INDICATE YOUR CURRENT MONTHLY EXPENSES:
Mortgage \$ _____ Rent \$ _____
Heat _____ Electricity \$ _____

PLEASE INDICATE YOUR YEARLY EXPENSES:
Property Taxes \$ _____ Insurance \$ _____ Water/Sewer \$ _____

II. HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD	SEX	AGE	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER
a.	HEAD					
b.						
c.						

2. DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION? Yes ____ No ____

If yes, please explain: _____

3. IS THE HEAD OF THE HOUSEHOLD OR THE SPOUSE A MEMBER OF A LEGAL MINORITY GROUP? Please specify: Black ____ Oriental ____ Spanish American ____
American Indian ____ Other _____

III. INCOME AND ASSETS

1. DOES ANYONE LISTED ABOVE HAVE PAID EMPLOYMENT? Yes ____ No ____

If yes, please specify:

	OCCUPATION	EMPLOYER AND ADDRESS
Head	_____	_____ _____
Spouse	_____	_____ _____
Other	_____	_____ _____

2. WHAT IS THE EXACT AMOUNT OF YOUR:

		Head	Spouse	Other
a) Social Security	per month	\$ _____	\$ _____	\$ _____
b) Supplemental Security Income or SSI	per month	\$ _____	\$ _____	\$ _____
c) Salary or Wage (gross amount)	per month	\$ _____	\$ _____	\$ _____
d) Self-Employed Income	per month	\$ _____	\$ _____	\$ _____
e) Pension or Annuity (specify _____)	per month	\$ _____	\$ _____	\$ _____
f). General Assistance	per month	\$ _____	\$ _____	\$ _____
g) ANFC	per month	\$ _____	\$ _____	\$ _____
h) Child Support	per month	\$ _____	\$ _____	\$ _____
i) Other (specify _____)	per month	\$ _____	\$ _____	\$ _____

3. DO YOU OWN REAL ESTATE? Yes ____ No ____ . If yes, please specify:

ADDRESS	CURRENT EST. VALUE	REMAINING MORTGAGE AMT.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

4. DO YOU HAVE ANY SAVINGS ACCOUNTS, CHECKING ACCOUNTS OR CERTIFICATE OF DEPOSITS? Yes ____ No ____ If yes, please specify.

NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	RATE OF INTEREST
_____	_____	_____	\$ _____	% _____
_____	_____	_____	\$ _____	% _____
_____	_____	_____	\$ _____	% _____

6. DO YOU WON AN INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR A KEOGH PLAN?

Yes ____ No ____ If yes, please specify:

NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	RATE OF INTEREST
			\$	%
			\$	%

7. DO YOU OWN ANY STOCKS OR BONDS? Yes ____ No ____

If yes, please specify:

Stocks (their value will be verified by the office)

Name of Company: _____ Number of Shares: _____
Shareholder: _____ Dividend paid \$ _____ per _____

Bonds

Paying Company: _____ Value: _____
Holder: _____ Interest earned \$ _____ per _____

8. DO YOU OWN U.S. SAVINGS BONDS? Yes ____ No ____ If yes, please attach a list of the purchase dates, serial numbers and the amounts. *List is attached* Yes ____ No ____

9. DO YOU CURRENTLY OWN ANY OTHER ASSETS, INCLUDING CASH ON HAND, AT HOME OR IN A SAFE DEPOSIT BOX, BUT EXCLUDING FURNITURE AND THE MOTOR VEHICLE USED FOR YOUR PERSONAL TRANSPORTATION:? Yes ____ No ____

If yes, please specify:

DESCRIPTION OF ASSET	YEAR PURCHASED	PURCHASE PRICE
_____	_____	\$ _____
_____	_____	\$ _____

10. HAVE YOU DISPOSED OF, TRANSFERRED, OR OTHERWISE GIVEN AWAY ANY ASSETS FOR LESS THAN WHAT THEY WERE WORTH DURING THE PAST TWO (2) YEARS?

Yes ____ No ____ If yes, please explain:

DESCRIPTION OF ASSET	CASH VALUE	AMOUNT RECEIVED	DATE
	\$	\$	
	\$	\$	
	\$	\$	

11. DO YOU EXPECT ANY CHANGE IN INCOME OR IN ASSETS DURING THE NEXT TWELVE (12) MONTHS? Yes ____ No ____ If yes, please explain: _____

IV. EXPENSES

1. MEDICAL EXPENSES

a. PLEASE LIST AMOUNTS PAID FOR MEDICAL INSURANCE:

MEDICARE	BLUE CROSS /BLUE SHIELD	OTHER MEDICAL COMPANY	INSURANCE PREMIUM	HOW OFTEN PAID
\$	\$	\$	\$	
\$	\$	\$	\$	
\$	\$	\$	\$	

b. ANTICIPATED AMOUNT TO BE SPENT FOR MEDICAL EXPENSES NOT COVERED DY MEDICAL INSURANCE:

PATIENT NAME	HOSPITAL	DOCTOR	DENTAL	EYE CARE	MEDICATION	OTHER
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$				

2. HANDICAPPED/ATTENDANT CARE EXPENSES:

a. DOES THE HEAD OF THE HOUSEHOLD OR THE SPOUSE PAY FOR EQUIPMENT OR FOR A CARE ATTENDANT THAT IS NECESSARY TO PERMIT SOMEONE ELSE IN THE FAMILY TO WORK? Yes ____ No ____ If you answered yes, please describe the expenses incurred and identify the family member who is then able to work: _____

V. GENERAL INFORMATION

1. HAS THE HEAD OF HOUSEHOLD OR THE SPOUSE BEEN DECLARED DISABLED OR HANDICAPPED BY the Veterans Administration _____ the Social Security Administration _____ or other government agency (specify)_____

2. IS ANYONE CONFINED TO A WHEELCHAIR? Yes ____ No ____

3. PLEASE INDICATE IF ANYONE HELPS YOU WITH YOUR DAILY ACTIVITIES:

Personal Care (bathing, dressing, etc.)	Who Helps: _____	How Often: _____
Meal Planning and Preparation.	Who Helps: _____	How Often: _____
Housekeeping.	Who Helps: _____	How Often: _____
Other <i>please specify</i> _____	Who Helps: _____	How Often: _____

4. DO YOU HAVE ANY PETS? Yes ____ No ____ If yes, please describe the pets: _____

5. DO YOU HAVE A CAR? Yes ____ No ____ If yes, MODEL _____

6. HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes ____ No ____ If yes, please explain: _____

7. WHY DO YOU WANT TO MOVE INTO THIS SUBSIDIZED HOUSING PROJECT? (Please use an additional piece of paper if necessary) _____

I understand that the information contained in this application form will be used to determine my eligibility for an apartment. I grant consent for the management to verify the information contained on this form and to obtain and verify other information affecting my eligibility.

Furthermore, I understand that providing any false information will make me NOT eligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

DATE: _____ APPLICANT'S SIGNATURE: _____

DATE: _____ CO-APPLICANT'S SIGNATURE: _____



PEARL STREET PARK
240 Pearl Street
Somerville, MA 02145
617-625-8780
Fax 6517-625-1753

GENERAL RELEASE

I hereby authorize E.P. Management Corporation and its staff to contact any, but not limited to, agencies, offices, employers, landlords, banks and other financial institutions, credit bureaus and law enforcement agencies to obtain any information or materials which it deems necessary to verify information supplied by me the applicant/tenant This information will be used to determine my eligibility for a rental unit that E.P. Management manages.

I agree that photocopies of this authorization may be used for the purpose stated above.

Signature of applicant/tenant:

Date:

psp/release

MANAGED BY
E.P. Management Corp. • Lakeside Office Park • Suite #3 • 591 North Avenue • Wakefield MA 01880
Tel 617-245-1611 • Fax 617-245-0979

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury ¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. *Attach evidence of proof of age*² or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). *Attach INS document(s) evidencing eligible immigration status and signed verification consent form.*
 - ☐ Immigrant status under §§101(a)(15) or 101 (a) (20) of the Immigration and Nationality Act (INA) ³; or
 - ☐ Permanent residence under §249 of INA ⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA ⁵; or
 - ☐ Parole status under §§212(d) (5) of the INA ⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA ⁷; or
 - ☐ Amnesty under §245A of the NA ⁸;

Signature of Family Member: _____ Date: _____

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1. Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizen who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizen who are 62 years of age or older or who will be 62 years of age or older receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigrant status under §§101(a) (15) or 101(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA). an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under §§1210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker status]. who has been granted lawful temporary resident status.

4. Permanent residence under §249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under *249 of the INA (8 U.S.C 1259) [amnesty granted under INA 249].

5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6. Parole status under §212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C 1181 (d)(5) [parole status].

7. Threat to life or freedom under § 243 (h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C 1253(h)) [threat to life of freedom).

8. Amnesty under §245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C 1255a) (amnesty granted under INA 245A).

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check mark" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "check mark" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor’s website in each town (or by calling the Tax Assessor’s phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: “Tax Assessor, Boston MA” or “Property Assessment, Dallas TX”.

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord’s Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A