

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.

Name of HoH: _____

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



Providence House
Senior Living Community

APPLICATION FOR RESIDENCY **Income-Restricted Apartments**

Management will, up to the limits of the federal and state disability fair housing law, make reasonable accommodations in policies or reasonable modification of common or unit premises for applicants with disabilities who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. For example, Management will provide help in completing this application, provide this application in large print or other format, and arrange for sign language interpreters or other communication aids for interviews during the application process.

Management will not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age (except as allowed for elderly housing), familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy.

PROVIDENCE HOUSE SENIOR COMMUNITY
180 Corey Road
Brighton, MA 02135

Phone: (617) 731-0505 or TTY/TDD: Mass Relay at 711
Fax: (617) 731-0599
Email: providencehouse@coreypark.com

Please print. Fill in all information. Applications with missing information will not be considered. **Please tell Management if you need assistance.**



Date _____

Applicant Name(s) _____

Present Address _____
street city state zip code

Daytime Telephone _____ Evening Telephone _____

Race (mark or select one or more races): *-Optional-*

☐ Black/African-American

Person having origin in any of the black racial groups of Africa, including the Cape Verde Islands .

☐ Hispanic/Latino

Person having origin in any of the Spanish speaking countries of Central & South America and the Caribbean, regardless of race.

☐ Asian American

Person having origin in any of the original people of the Far East, Southeast Asia, Indian subcontinent, and the Pacific Islands.

☐ Native American

Person having origin in any of the original people of North America who are recognized as an Indian by a tribe or tribal organization.

☐ White/Non-Minority

Person having origin in Europe, the Middle East and other regions.

Size of Apartment needed:

☐ Studio

☐ 1-Bedroom

Unit Type Requested (check as many as apply):

☐ Low-Income Unit

☐ Wheelchair Adapted Unit

☐ Hearing or Visually Adapted Unit

Does any member of the household have any accessibility or reasonable accommodation requests or require changes in a unit or development?

☐ Yes ☐ No

Are there alternate ways in which we need to communicate with you?

☐ Yes ☐ No



Do you want us to send copies of communications to anyone? ☐ Yes ☐ No

If yes to any of above, please explain

Date Apartment Needed: _____

Additional Housing Information

Present housing cost per month \$_____ including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

What are the reasons for moving?

Household Composition - Including yourself, list all those who will occupy the apartment:

Full Name of Each Person In Household	Relation to Head of Household	Date of Birth	Sex	Social Security Number	Student Y/N
1.	Head of Household				
2.					
3.					

Do you anticipate any additions to this household in the next twelve months?
☐ Yes ☐ No

If yes, explain:

References

If applicable, full name and address of landlords or officials at other places, such as rehabilitation programs, nursing homes or shelters, where you have lived over the last five years.

1.) Name of present landlord/official _____

Their telephone _____



Their address _____

Address where you resided _____

Dates you lived at this address: _____

2.) Name of previous landlord/official _____

Their telephone _____

Their address _____

Address where you resided _____

Dates at this address: _____

If you are/were a homeowner or are unable to furnish a landlord or other housing reference, please furnish three character references. They must have known you for one year or more and should not be related to you. Examples: neighbors, clergy, previous employer/employee, etc.

1) Name of character reference _____

Relationship _____

Telephone _____

Address _____

2) Name of character reference _____

Relationship _____

Telephone _____

Address _____

3) Name of character reference _____

Relationship _____

Telephone _____

Address _____

Income and Asset Information

Your total household combined income is \$ _____ / month



Please, indicate the sources of income received by each member of your household by the corresponding number on the first page. List all income, such as Social Security, SSI, Pensions, Disability Compensation, Welfare, Employment, Unemployment Compensation, Interest, Alimony, Annuities, Dividends, etc.

Assets:
Please list all assets held by each household member, including checking accounts, savings accounts, term certificates, money market funds, stocks, bonds, real estate holdings and the cash value of life insurance policies, or any other asset.

Life Insurance:

Face Value \$



Have you disposed of any other assets in the last 3 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? ☐ Yes ☐ No

If yes, describe asset:

Date of disposition

Amount disposed \$

Do you have any other assets not listed above (excluding personal property)?
☐ Yes ☐ No

If yes, list.

Real Property:

Do you own any property? ☐ Yes ☐ No

If yes, type of property

Location

Appraised market value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/disposed of any property in the last 3 years? ☐ Yes ☐ No

If yes, type of property

Date of transaction

Market value when sold/disposed \$

Amount sold/disposed for \$

Vehicles: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make/Model _____

Color: _____ License Plate # _____

Market Value: _____

Fraud or Debts to Federal or State Housing Programs



Have you ever been convicted of fraud or evicted from assisted housing due to fraud in connection with any federal or state housing assistance program?

☐ Yes ☐ No

If yes, please explain:

Do you owe any money for back rent, damages or other reasons to any federal or state housing assistance program?

☐ Yes ☐ No

If yes, please explain:

Additional Information

Have you or any member of your family ever been evicted from any housing?

☐ Yes ☐ No

If yes, please explain:

Have you ever filed for bankruptcy?

☐ Yes ☐ No

If yes, please explain:

Preferences

Please respond to these questions if you wish to be considered for a preference.

Are you homeless due to displacement by natural forces?

☐ Yes ☐ No

Are you homeless due to displacement by public action (urban renewal)?

☐ Yes ☐ No

Are you homeless due to displacement by public action (sanitary code violations)?

☐ Yes ☐ No

Are you involuntarily displaced as a result of domestic violence/elder abuse?

☐ Yes ☐ No

Are you currently a patient/resident in a hospital or nursing home?

☐ Yes ☐ No



Are you on the Boston Housing Authority wait list for leased housing?

☐ Yes ☐ No

If you answered yes to any of the above questions, please explain.

Need and Desire for Services

Do you need and/or desire assistance with one or more activities of daily living (such as dressing, bathing, grooming, mobility, transferring)

☐ Yes ☐ No

Do you need and/or desire services for instrumental activities of daily living (such as meals, housekeeping, medication reminders, shopping, etc.)?

☐ Yes ☐ No

Providence House assisted living staff does not provide skilled nursing care, such as injection of insulin or other drugs used routinely for maintenance therapy of a disease. Do you need skilled nursing care?

☐ Yes ☐ No

If you do need skilled nursing care, how would such care be provided?

Verifications

Management will require applicants to sign releases to verify the information below:

- All income, asset, housing history, references and need for requested accessibility changes (reasonable modification or reasonable accommodation)
- A credit check
- A Criminal Records Information check (*CORI*)
- Sufficient medical information to determine whether applicant needs and desires assistance with at least one activity of daily living or instrumental activity of daily living, but does not need assistance that exceeds the limits in 651CMR 12.04
- If applicable, information to establish Group Adult Foster Care (GAFC) eligibility status



All information will be treated confidentially and will be used only for the purpose described, in accordance with state and federal privacy laws and state and federal laws regarding credit and criminal information.

Once program and residency eligibility have been established, Management or a service coordinator will ask applicant to sign releases to obtain medical information necessary to form an individualized service plan.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. I/We understand that any false statement or misinformation may result in the cancellation of my/our application and may affect my/our future ability to reside in this Elder CHOICE assisted living community. I/We certify that I/we understand that false statements or information are punishable as applicable under state or federal law.

I/We understand that I/We must pay a fully refundable deposit for an apartment, which is applied to the Community Fee if I/We move into an apartment.

I/We understand that the Community Fee is not refundable.

I/We hereby certify that we have received a notice from Management describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co/Applicant

Date



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

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

Housing History, Page 3

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