

**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**

# JRI Health ~ Assisted Living Program

## PRE-SCREENING APPLICATION

**INSTRUCTIONS TO APPLICANT:** Please complete all pages of this application. Please note that in order to be eligible, a household member must have a diagnosis of AIDS, or be disabled due to HIV. This application must be complete before we will add your name to the appropriate waiting lists. Incomplete applications will be returned to sender. Please mail or fax to JRI Health ALP, 25 West Street, 4<sup>th</sup> floor, Boston, MA 02111 or fax to: 617-457-8155.

### Part 1: APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Mother's First Name:	Primary Language:	
Current Address:		
Phone 1:	Phone 2:	

☐ OK to receive mail from ALP/MBHP? ☐ OK to receive phone calls from ALP/MBHP?

**Please provide the address/phone number of a friend, family member, or agency where you can be contacted if your name comes to the top of the list and we are unable to locate you at the above address/phone:**

Name	Relationship	Phone
Address		

### PART 2: REFERRING PERSON INFORMATION

Name:	Position:	Phone:	Ext:
Agency:	Dept:		
Mailing Address:			

### Part 3: HOUSEHOLD INFORMATION

Name of Individual Who Will Live With The Applicant	DOB (Age)	Gender (M, F, T or Other)	Income Amount/Source	Relation To Applicant
<b>Applicant</b>				<b>Self</b>

### Part 4: SECOND CHOICE WAIT LIST

For some waiting lists, you will be placed automatically on the list for the region in which you live. You may also be able to choose one additional region. Please indicate your choice by **checking one** of the regions below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Berkshire County | <input type="checkbox"/> Greater Boston              | <input type="checkbox"/> N. Essex/N. Middlesex Counties |
| <input type="checkbox"/> Cape & Islands   | <input type="checkbox"/> Hamden & Hampshire Counties | <input type="checkbox"/> Plymouth & Bristol Counties    |
| <input type="checkbox"/> Franklin County  | <input type="checkbox"/> Metro-West Boston           | <input type="checkbox"/> Worcester County               |

**FOR JRI HEALTH OFFICE USE ONLY:** Date complete application received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Situation: \_\_\_\_\_ Status: HIV / AIDS

**Eligible for following lists:** REGION: \_\_\_\_\_ SECOND: \_\_\_\_\_

☐ HOP (transitional/homeless/other) ☐ HOPWA (1 2 3) ☐ S+C 93 / 94 / 95 ☐ TBRA Sec. 8 HCVP

## Part 5: CURRENT HOUSING STATUS

(Please check **ONLY ONE** situation below which describes the applicant's current housing situation)

<b><i>The applicant must meet one of the following conditions that meet the HUD/DHCD definition of homeless.</i></b>	<b><i>You will be required to provide the following documentation at the time of intake.</i></b>
<input type="checkbox"/> living in a shelter.	Letter from shelter staff person on letterhead indicating dates of residency.
<input type="checkbox"/> living on the street (having no fixed, regular, adequate nighttime residence).	Letter from a service provider, on agency letterhead, who will certify this situation to be true (this can be from the housing intake person).
<input type="checkbox"/> living in a welfare hotel.	Letter from a welfare worker, on letterhead, indicating dates of residency.
<input type="checkbox"/> living in a transitional program (i.e., provides services on site designed to prepare the individual to move into more independent, permanent housing) <b>and was homeless immediately prior.</b>	Letter from transitional program staff, on letterhead, indicating dates of residency and stating that "the program is transitional in nature and not permanent housing". Also, letter should state that immediately prior to living in a transitional program, the applicant was homeless (i.e. living in a shelter or on the streets).
<input type="checkbox"/> living and receiving care or treatment in an institution not designed for long term residence (e.g., hospital, rehabilitation facility, etc.).	Letter from staff person providing treatment at institution, on letter head, indicating dates of residency and stating that "the program is transitional in nature and not permanent housing." Letter must also state that prior to treatment at the institution, the applicant was homeless.
<input type="checkbox"/> doubled up (living temporarily with friends or relatives).	Letter from service provider or appropriate third party, on agency letterhead, verifying current living situation.
<input type="checkbox"/> imminent danger of losing housing through no fault of own* and has received "summary process summons" from the court to proceed with an eviction (applicant need not have actually been to housing court in order to qualify).	(1) copy of "summary process summons" eviction notice from court (NOT letter from landlord); and (2) letter from treatment provider verifying that due to severe medical condition, the applicant cannot live in a shelter as her/his health/safety or other shelter residents' health/safety would be endangered; and, (3) one of the following which documents amount of rent paid: (a) copy of lease or letter verifying applicant lives at that address and amount of rent; (b) copy of canceled rent check or a rent receipt.
* "No fault" only applies if the applicant is being evicted due to non-payment of rent, AND they can prove that they have been "rent burdened" (i.e., paying at least 50% of income toward rent plus utilities) for at least the previous 90 day period.	
<input type="checkbox"/> renting apartment using a transitional DMH 707 subsidy.	Letter from DMH on agency letterhead verifying applicant is utilizing this subsidy (if 707)
<input type="checkbox"/> renting an apartment using a 2 year HOPWA certificate AND were homeless just prior to using the 2 year subsidy.	OR Copy of HOPWA or TBRA lease; or letter, on letterhead, from regional housing authority verifying applicant is using this subsidy; AND evidence applicant was homeless just prior (see above)
<input type="checkbox"/> living in substandard housing (i.e., living in a unit that endangers the health, safety, or well being of the household due to being dilapidated, or due to inadequate source of heat, or inadequate indoor plumbing (including toilet, and bathing facilities), or lack of electricity.	Letter from appropriate third party (i.e., letter from government agency, such as health department) verifying situation to be true.
<input type="checkbox"/> Rent burdened: paying 50% or more of gross income toward rent and utilities* for at least 90 days (*based on average monthly utility payment, excluding phone, over 12 months).	Copy of current lease or a signed letter from landlord showing rent amount plus any utilities in applicant's name included in the rent. In some cases where the applicant is not the primary tenant on the lease, applicant may provide canceled checks or money orders to prove rent payments. Rent receipts alone are not considered sufficient proof.
<input type="checkbox"/> rent burdened: paying 75% or more...	

## Part 6: PHYSICIAN'S VERIFICATION FORM

### INSTRUCTIONS TO APPLICANT

Please have your doctor complete the bottom part of this form. You should fill out your name in the following section, giving your doctor permission to fill out the form. When it is completed, attach it to the rest of your application and mail or fax it to us as soon as possible, so that your name can be added to the appropriate waiting lists. Thank you!

### APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (applicant's name), on this date \_\_\_\_\_ hereby authorize my health care provider, \_\_\_\_\_, to release the information requested on this form to Assisted Living Program staff and other entities and/or individuals named below:

Applicant Signature:

Witness Signature:

### INSTRUCTIONS TO MEDICAL PROVIDER:

Your patient named above is applying for a rental subsidy through the JRI Health Assisted Living Program (ALP). **This program may only consider applicants with a diagnosis of AIDS, or who are disabled due to HIV.** By signing above, the individual named authorizes you to release to us the information requested on this page. Her/his housing application will not be complete until we receive this completed form from you. After completing the bottom portion of this form, please return this form to your patient as soon as possible. Thank you!

### PHYSICIAN'S VERIFICATION OF PATIENT STATUS

I, \_\_\_\_\_ (please print name), provide primary medical care for the person identified above. For the purposes of her/his application for a rental subsidy through JRI Health Assisted Living Program, I hereby certify that she/he:

\_\_\_\_\_ has a diagnosis of AIDS \_\_\_\_\_ is disabled due to HIV \_\_\_\_\_ neither of the above

Medical Provider Signature

Date

Phone

Affiliation (hospital, clinic) & Address

## Part 7: HOUSING HISTORY

**INSTRUCTIONS TO THE APPLICANT:** Below please provide information about **all the places** where you have lived for the **past 3 years**. Start with your present address. If your family has two heads of household that have not lived together during the entire three years, provide the information for each person separately. If you have lived with friends or relatives who were directly responsible for paying the rent, the information provided should be about their landlord. When no landlord is involved, please substitute another contact person (e.g., shelter social worker, transitional program case manager, etc.). Please note: a lack of rental history does not necessarily disqualify an applicant.

Time Period (from - to)	Complete Address	Type of Housing	Person(s) Responsible for Paying Rent	Landlord's Name	Landlord's Telephone Number	Reason for Leaving
--present						

### Type of Housing Key:

R= Rental Housing

D= Doubled Up

S= Shelter

T= Transitional Housing

O= Other

Have you ever lived in subsidized housing? ☐ No ☐ Yes If yes, where?

When? From: To: In whose name was the apartment?

## 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