

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

Receipt -

This page is not part of the official application, but will help most housing providers process applications more easily.

First Name _____ Full Middle Name _____ Last Name _____

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

Are you ☐ Hispanic or ☐ non-Hispanic? What is your race (optional)? _____

Head of Household: What is your social security number (if you have one)? _____

What is your family's total **annual** income? _____ How many people will be living in the unit? _____

What unit size are you seeking? _____

What is your home or evening phone? _____ What is your work or daytime phone? _____

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

Do you need reasonable accommodations, either during the application period or tenancy? ☐ YES ☐ NO

Some housing providers offer a 'priority and/or preference' status. Examine this application - if it has such a section, tell us if you fit any of the categories listed: ☐ YES ☐ NO

Which category(ies): _____

Are you ☐ homeless or ☐ at risk of homelessness? If so, why? _____

Do you have a Section 8 voucher or some other form of regular rental assistance? ☐ YES ☐ NO

Have you applied for rental assistance voucher that might help you afford a unit? ☐ YES ☐ NO

What is your mother's last name when she was born? _____

Signature of Head of Household – required _____

Daytime phone number _____



617-504-0577

Applicants: skip this next question; housing providers may enter the answer after receiving your application. This applicant's income and household size puts them in the category of:

- ☐ extremely low income ☐ very low income ☐ low income
☐ moderate income ☐ middle income ☐ market level

RECEIPT - the housing provider may choose to complete and return this receipt.

FROM:

TO:

☐ We received your application, and placed it on the waitlist as of _____. You have been assigned a waitlist number: _____. Please use this number whenever you have a question about your application.

☐ Your application is missing important information! _____

Please correct this so that we can put you on our waitlist. Thank you!



STANDISH VILLAGE

AT LOWER MILLS

RESIDENCY APPLICATION

Thank you for your expression of interest in residency at Standish Village.

Please complete and return this application with a \$500 administrative health and wellness assessment fee.

This fee is fully refundable if the application is withdrawn from consideration by you or Standish Village.

The fee is not a deposit of any kind and is not applied toward residency charges at Standish Village. Thank you.

General Information

Applicant Name _____ Social Security # _____

Address _____ Town/City _____

State _____ Zip _____ How long at this address? _____ years

Telephone where applicant can be reached _____

Birth Date _____ Birth Place _____ Gender ____ Male ____ Female

Current or former occupation or profession _____

Contact information on the person assisting you as you consider Standish Village (if applicable) :

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Phone _____

How did you hear about Standish Village? _____

What is your anticipated move-in date? _____

What is your preferred apartment? ____ Studio ____ One-Bedroom ____ One-Bedroom with Den

Two-Bedroom ____ Companion Apartment ____ Morningside Program Apartment

Current Living Situation

Do you rent or own your home? ____ Rent ____ Own Is home listed in applicant's name? ____ Yes ____ No

What type of housing do you live in? ____ Apartment ____ Single Family ____ Multi-Family ____ Condo

____ Other (please describe) _____

Current monthly rental rate? _____

Name of Landlord/Owner/Manager _____ Telephone _____

Are you considering other housing alternatives? ____ Yes ____ No

If so, which ones? _____

Daily Living

Are there any problems or concerns which our staff ought to be aware of, or any special support you might need to live in our community? _____

Do you require someone (friend, relative or other person) to live with you at the present time?

If so, who? _____ Reason for this need? _____

If not, do you require someone to assist you during the day? ____ Yes ____ No

If yes, what type of assistance do you receive? _____

Please use an "X" to indicate your desire for assistance in the following areas:

Task	No Assistance Needed	Minimal Assistance Needed	Full Assistance Required
Housekeeping			
Laundry			
Bathing			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminders			
Escort / Mobility			
Night Care			
Shaving / Grooming			

Do you own an automobile? ____ Yes ____ No

Do you drive yourself regularly? ____ Yes ____ No

Do you intend to maintain a car? ____ Yes ____ No

Health Care Information

Physician's Name _____

Address _____ Telephone Number _____

Hospital Affiliation _____

How would you describe your present state of health? ____ Excellent ____ Good ____ Fair

How often do you see your doctor? _____ When was your last visit? _____

Do you use any assistance such as a cane, walker or wheelchair? ____ Yes ____ No Type _____

Are you on a special or restricted diet? ____ Yes ____ No Please describe: _____

Do you smoke? ____ Yes ____ No

Medication and Insurance Information

Are you on any medications at the present time? ____ Yes ____ No

If yes, please list the medication(s) and condition(s) being treated:

Medication _____	Condition _____
_____	_____
_____	_____
_____	_____

Please list all of your medical insurance coverage, including Medicaid, supplemental and long-term care insurance:

Financial Information

Please provide the following financial information (this information will be kept confidential):

Employment Income	\$ _____ per month
Social Security Income	\$ _____ per month
Employer Pension	\$ _____ per month
Interest & Dividend Income	\$ _____ per month
Annuity Income	\$ _____ per month
Life Insurance Benefits	\$ _____ per month
Support from Family	\$ _____ per month
Rental Income	\$ _____ per month
Other:	\$ _____ per month
Total Monthly Income	\$ _____ per month

What are your assets/savings? _____

What is the approximate value of your home? _____

Is there any additional information we should be aware of when reviewing your financial resources?

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or Standish Village unless and until a Residency Agreement has been signed by all parties involved.

Signature of Applicant

Date of Application

Completion of this section is voluntary:

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations:

(Please circle one) Caucasian Black / African American American Indian / Alaskan Native
 Asian Hispanic / Latino Other


STANDISH VILLAGE
A T L O W E R M I L L S
GRACIOUS ASSISTED LIVING & MEMORY LOSS SPECIAL CARE

1190 Adams Street, Dorchester, MA 02124-5704

Tel 617-298-5656 Fax 617-298-2508

www.seniorlivingresidences.com



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

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DATES YOU LIVED THERE:

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Address you lived at: _____
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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

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