

**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**

The information requested in this form is required by the gov't agency regulating this project.

## SOCIAL SECURITY NUMBER CERTIFICATION/SELF-AFFIDAVIT

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Applicant/Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Initial Certification                      Date of Expected Move-In: \_\_\_\_\_

☐ Recertification                      Effective Date: \_\_\_\_\_  
(Annual or Interim)

I hereby certify under pains and penalty of perjury that: documentation submitted of my social security, number is not the actual social security card; documentation is not available at this time; or no social security number has been assigned. Furthermore, I certify that:

\_\_\_\_\_ I have been assigned social security number \_\_\_\_\_,  
and:

\_\_\_\_\_ I have submitted documentation other than a copy of my SS card and I certify that the SSN that appears on it is accurate; OR

\_\_\_\_\_ I do not currently have documentation at this time. This social security number is accurate and I understand that if I fail to supply the necessary documentation within 60\* days from the date of this certification I will be determined ineligible for housing assistance and my application will be removed from the list.

\_\_\_\_\_ I do not have a social security number assigned to me and understand that my application will be rejected if I do not submit one with all required documentation within 60\* days from the date of this certification. I am in the process of obtaining one and would like management to continue processing this application.

\_\_\_\_\_ I do not have a social security number assigned to me and I am NOT attempting to obtain one. I understand that I am ineligible for housing assistance and that my application will be rejected.

\*If am 62 or older, I understand that I am eligible for an additional timeframe of 60 days from the date of this certification to submit this documentation (i.e. I have 120 days from the date of this certification).



Social Security Number Certification/Self-Affidavit

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I certify that the information given above is true and complete to the best of my knowledge. I understand that by providing false or misleading information I may be subject to criminal penalties.

*On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_ (method of identification) to be the person whose name is signed on this document in my presence.*

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Signature of Applicant/Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_

State Commission Issued: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

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Social Security Number Certification/Self-Affidavit

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# **NOTICE OF NON-DISCRIMINATION AND THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES**

## **Non-Discrimination**

Maloney Properties, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, familial status, disability/handicap, age, military background or service, marital status, sexual orientation, genetic information, source of income, rental subsidy or any other status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its assisted programs and activities.

## **Reasonable Accommodation**

If you have a disability and as a result of your disability you need:

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- A change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site; and/or
- A change in the way we communicate with you or give you information;

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (does not pose an undue financial and administrative burden or fundamental change in the program\*), we will try to make the changes you request.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

A REASONABLE ACCOMMODATION REQUEST FORM is attached to this notice. If you need help filling it out or if you want to give us your request in some other way, we will help you. Please do not hesitate to contact the management office as listed below.

You can also get another REASONABLE ACCOMMODATION REQUEST FORM by contacting the management office as listed below.

Also, Susan Stockard has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988). The following is her contact information:

**Maloney Properties, Inc.  
27 Mica Lane  
Wellesley, MA 02481  
(781) 943-0200, extension 208  
MA Relay: 1-800-439-2370**

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

*(\*In simple language this legal phrase means if it is not too expensive and too difficult to arrange, or doesn't require us to do something that the housing program isn't designed to do or would cause us not to do what we are required to do).*

# Race and Ethnic Data Reporting Form

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 12/31/2007)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



# GENEVA AVENUE ELDERLY HOUSING

22 Beechwood Street  
Dorchester, MA 02121



## APPLICATION FOR HOUSING

The information requested in this form is required by the gov't agency regulating this project.

**Please Print Clearly**

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

This is an application for housing at	<b>Project:</b> Geneva Avenue Elderly Housing
	<b>Address:</b> 22 Beechwood Street Dorchester, MA 02121
Please complete this application and return to:	<b>Name:</b> Maloney Properties, Inc.
	<b>Address:</b> 27 Mica Lane Wellesley, MA 02841

Applications are placed in order of specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

**Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not complete, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head, and Spouse must report all income and using all necessary forms. Thank you for your assistance.**

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in  
current unit: \_\_\_\_\_

Do you ☐ RENT or ☐ OWN (check one)



Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? **F23** ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR

Do you need an accessible unit? ☐ Yes ☐ No

This question is asked solely for the purpose of providing you and equal opportunity to enjoy your housing.

B. HOUSEHOLD COMPOSITION					
Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Full-Time Student Y/N
Head:					
Co-T:					

Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, explain:</i></b>		

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write *NA*.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	Pension <b>F13</b> (list source)	\$
	Pension <b>F13</b> (list source)	\$
	Pension <b>F13</b> (list source)	\$
	Veteran's Benefits <b>F8</b> (list claim #)	\$
	Veteran's Benefits <b>F8</b> (list claim #)	\$
	Unemployment Compensation <b>F11</b>	\$
	Unemployment Compensation <b>F11</b>	\$
	Worker's Compensation <b>F11</b>	
	Title IV/TANF <b>F9</b>	\$
	Title IV/TANF <b>F9</b>	\$
	Title IV/TANF <b>F9</b>	\$
	Full-Time Student Income (18 & Over Only) <b>F5</b>	\$
	Full-Time Student Income (18 & Over Only) <b>F5</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$

	<b>Employment Income</b>	<b>F5</b>	\$
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
	<b>Employment Income</b>	<b>F5</b>	\$
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
	<b>Employment Income</b>	<b>F5</b>	\$
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
	<b>Employment Income</b>	<b>F5</b>	\$
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How	
	Position Held		
	How long employed:		
	<b>Alimony</b>	<b>F15, F16</b>	
	Are you legally entitled to receive alimony?		\$
	If yes, list the amount you are <b>entitled</b> to receive.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive alimony?		\$
	If yes, list the amount you receive.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Child Support</b>	<b>F15, F16</b>	\$
	Are you <b>legally</b> entitled to receive child support?		
	If yes list the amount you are <b>entitled</b> to receive.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?		\$
	If yes, list the amount you receive.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income (rental property, lottery winnings, ertc).		
	Other Income (rental property, lottery winnings, ertc).		
	Other Income (rental property, lottery winnings, ertc).		
	<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts x 12)		\$
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
	Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
 If a section doesn't apply, cross out or write NA.

	Household Member Name:	Bank	Account #	Balance
Checking Accounts <b>F19</b>			#	\$
			#	\$
			#	\$
Savings Accounts <b>F19</b>			#	\$
			#	\$
			#	\$
Trust Account <b>F22</b>			#	\$
Certificates of Deposit <b>F19</b>			#	\$
			#	\$
			#	\$
			#	\$
Credit Union <b>F19</b>			#	\$
			#	\$
Savings Bonds <b>F19</b>		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
Life Insurance Policy <b>F20</b>		Ins. Co:	Acct:	Cash Value \$
Life Insurance Policy <b>F20</b>		Ins. Co:	Acct:	Cash Value \$
<b>Mutual Funds F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
<b>Stocks F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$

<b>Bonds F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
<b>Annuities, 401(K), IRA, Keogh F21</b>	Name: Source:			Appraised Value \$
<b>Investment Property F23</b>	Name: Source:			Appraised Value \$
Real Estate Property: <b><i>Do any household member own any property? F24, F25</i></b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>				
Location of property				
Appraised Market Value				\$
Mortgage or outstanding loans balance due				\$
Amount of annual insurance premium				\$
Amount of most recent tax bill				\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>				
Do they have access to the asset(s)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years? <b>F17</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>				
Market value when sold/disposed				\$
Amount sold/disposed for				\$
Date of transaction:				
Have you disposed of any other assets in the last 2 years <b>F17, F22</b> Example: Given away money to relatives, set up Irrevocable Trust Accounts				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe the asset:</i></b>				
Date of disposition:				
Amount disposed:				\$
Do you have any other assets not listed above (excluding personal property)? <b>F17</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>				

**E. ADDITIONAL INFORMATION**

How were you referred to this property?

Are you or any member of your family currently using an illegal substance?

☐ Yes☐ No

Have you or any member of your family ever been convicted of a felony?

☐ Yes☐ No*If yes, describe:*

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

☐ Yes☐ No*If yes, describe:*

Have you ever filed for bankruptcy?

☐ Yes☐ No*If yes, describe:*

Will you take an apartment when one is available?

☐ Yes☐ No

Briefly describe your reasons for applying:

**F. REFERENCE INFORMATION**

You must provide all full addresses resided at in the past five years and the names, address and phone number of all landlords, if applicable. (Please attach a separate sheet if necessary.)

Current Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Prior Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Prior Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Prior Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:

**G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pet(s). <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

_____ (Signature of Tenant)	_____ Date	_____
_____ (Signature of Co-Tenant)	_____ Date	_____





# GENEVA AVENUE ELDERLY HOUSING

22 Beechwood Street  
Dorchester, MA 02121

Dear Applicant:

Thank you for your interest in Geneva Avenue Elderly Housing. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed; therefore, if you should need assistance filling anything out, please contact the management office and we will be happy to assist you. Listed below you will find a brief description of all forms that are required by the Department of Housing and Urban Development (HUD) for its subsidized properties. If the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

Also included in this application package is a Notice of Non-Discrimination and a Right to Reasonable Accommodation for Persons with Disabilities.

Please complete the following forms and submit the required information as applicable:

## Race and Ethnic Data Reporting Form

Maloney Properties, Inc. is required by the Department of Housing and Urban Development to provide applicants/tenants the opportunity to complete a form titled Race and Ethnic Data Reporting (Form HUD-27061-H for the sole purpose of gathering race and ethnic data in assisted housing. A separate form must be completed for each household member. Parents or guardians are to complete the form for children under the age of 18. There is no penalty for persons who do not complete the form; however, if you choose not to fill out this form you must fill in the top section of the form, write "refuse" across the data reporting table, sign and date the form and send it back with your application.

Disclosure of Social Security Numbers (SSN): The head of household/spouse/co-head must disclose SSNs for all family members at least six years of age and older.

If SSN has been assigned, you must provide documentation of SSNs for all family members. Please submit one of the following: (1) the original SS card to management at application submission to be copied; \*(2) driver's license with SSN to be copied; \*(3) ID card issued by a federal, State or local agency to be copied;

\*(4) earnings statements on payroll stubs; \*(5) bank statement; \*(6) Form 1099;

\*(7) Benefit award letter; \*(8) retirement benefit letter; \*(9) life insurance records;

\*(10) court records; \*(11) letter from Dept of Homeland Security indicating that a social security number has been assigned.

\*If you are submitting documentation (2) through (11) above, you MUST ALSO submit the attached certification stating that the SSN on the document is accurate.

*If SSN has been assigned but you do not have documentation, you may submit the SSN and the attached certification specifying that the number is accurate but that acceptable documentation can not be provided; and*

- o Management will continue to process your application without documentation for up to 60 days from the date of your certification; however, failure to supply the documentation prior to the 60-day deadline will result in an ineligibility determination and your application will be removed from the waiting list.
- o For those applicants 62 years of age and older, management will extend the time frame for an additional 60 days for a total of 120 days from the date of certification at application.
- *If no SSN has been assigned to a particular family member, the applicant must sign and date the attached certification stating so.*

Consent and Verification Forms: All adult family members who are at least 18 years of age and each family head, spouse and co-head regardless of age, must sign the HUD-required consent forms:

- Form HUD-9887, "Notice and Consent for the Release of Information to HUD and to a PHA"; and
- Form HUD-9887-A, "Applicant's/Tenant's Consent to the Release of Information Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance".
- Individual Verification Forms — Head, Spouse, Co-head, and all adult members of the family must sign individual verification forms authorizing management to verify family income, assets, expenses and other eligibility factors throughout the application process. These individual forms may or may not be included in your application package but will be required prior to move-in.

Within 21 days of receiving a complete application submission, Management will send written notification informing you as to the status of your application, i.e., the approximate wait for an apartment as well as your placement on the waiting list, if applicable.

Please mail your application to Maloney Properties, 27 Mica Lane, Wellesley, MA 02481. (Do not mail them to Geneva Avenue Elderly Housing.)

Please feel free to contact Diane Mulcahy if you have any questions. You may contact the management office in-person, by phone (781) 943-0200, ext. 150, or by TDD (800) 439.2370.

Sincerely,

Julie Littlefield  
Regional Manager  
Geneva Avenue Elderly Housing  
Maloney Properties Inc.

Geneva Avenue Elderly Housing does not discriminate on the basis of handicap/disability status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. We also do business in accordance with Federal and State Fair Housing Laws.



Addendum to the Application  
Geneva Avenue Elderly Housing



Do you meet the following eligibility requirements?

1. Is the head of household 62 years of age or older? \_\_\_\_\_
2. Is your income below \$28,950 for one person or below \$33,100 for two people? \_\_\_\_\_
3. Is your household size comprised of one or two people? \_\_\_\_\_
4. If you were to move into Geneva Avenue Elderly Housing, would this be your sole residence? \_\_\_\_\_

Preferences:

1. Are you a resident of the City of Boston? \_\_\_\_\_
2. Are you currently homeless? \_\_\_\_\_

## 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