

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!

support@housingworks.net

HousingWorks

P.O. Box 231104

Boston, MA 02123

617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? ***If "Yes" you must provide the full SSN!***

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

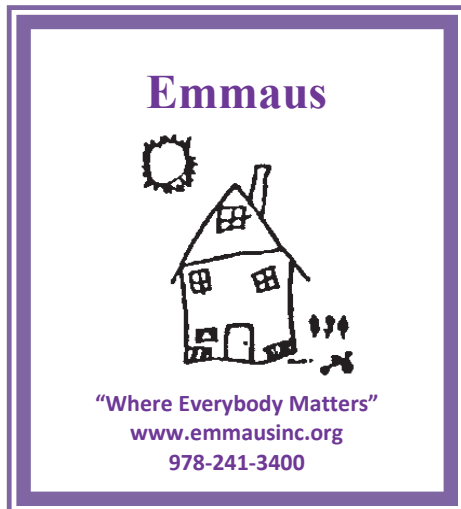
City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



Emmaus Inc.

EMMAUS MRVP PERMANENT SUPPORTIVE
HOUSING PROGRAM for FAMILIES with
CHILDREN
(HPSTF Funding Round)

Application

**This is an important document.
Please contact Emmaus Inc. at 978 241-3418 for free language assistance.**

Este documento es muy importante. Favor de comunicarse con el Emmaus Inc. en 978 241-3418 para ayuda gratis con el idioma.

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Это весьма важный документ. Свяжитесь с сотрудником Emmaus Inc. на предмет оказания бесплатной помощи по переводу на иностранный язык. (978-241-3418).

Đây là một tài liệu quan trọng. Vui lòng liên hệ Emmaus Inc. tại 978 241-3418 để được hỗ trợ ngôn ngữ miễn phí.

Kani waa dukumentiyu muhiim ah. Fadlan Emmaus Inc. kala soo xiriir 978 241-3418 si aad u hesho gargaar xagga luqadda oo bilaash ah.

Ce document est très important. Veuillez contacter le Emmaus Inc. au 978 241-3418 afin d'obtenir une assistance linguistique gratuite.

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Το παρόν έγγραφο είναι σημαντικό. Παρακαλώ επικοινωνήστε με την Emmaus Inc. στο τηλέφωνο 978 241-3418 για δωρεάν γλωσσική βοήθεια.

Jest to ważny dokument. Proszę skontaktować się z Emmaus Inc. pod numerem 978 241-3418 aby uzyskać bezpłatną pomoc językową.

이것은 중요 문서입니다. 무료 언어 지원을 위해서는 978 241-3418 Emmaus Inc. 에 연락하십시오.

これは重要な文書です。無料の言語サービスについては、978 241-3418 の Emmaus Inc. までご連絡ください。

Uwaga! Proszę pamiętać: Aby uzyskać bezpłatną pomoc językową, należy skontaktować się z Emmaus Inc. pod numerem 978 241-3418.

ນີ້ແມ່ນເອກະສານທີ່ສໍາຄັນຫຼາຍ. ຖ້າທ່ານຕ້ອງການໂທ Emmaus Inc. ທີ່ 978 241-3418 ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອທາງດ້ານການແປພາສາໂດຍບໍ່ໄດ້ເສຍຄ່າ.

Ovo je važan dokumenat. Za besplatnu pomoć vezanu za jezik, molimo vas kontaktirajte Emmaus Inc. na 978-241-3418

ہ ایک اہم دستاویز ہے۔ زبان سے متعلق مفت مدد کیلئے براہ کرم 978 241-3418 میں Emmaus Inc. -

978 241-3418 Emmaus Inc..

เอกสารนี้มีความสำคัญ โปรดติดต่อ Emmaus Inc. ที่ 978 241-3418 สำหรับบริการช่วยเหลือด้านภาษาได้ฟรี

این سند مهمی است. لطفا جهت دریافت خدمات رایگان زبان با Emmaus Inc. از طریق [978-241-3418] تماس حاصل فرمایید.

Dear Applicant,

Thank you for your interest in Emmaus Inc.'s Permanent Supportive Housing program for Families with Children. The program provides homeless and low income families with the opportunity to lease a project based, subsidized unit with the support of an in-house stabilization case manager to assist tenants in obtaining needed resources, services and supports. **Priority for available housing openings in this program is given to families residing in Emergency Shelters and Hotels paid for through the Massachusetts' Emergency Assistance Program.**

Emmaus is currently seeking applicants for an opening in this program. This is a two (2) bedroom apartment on the second floor of Emmaus' Columbia Park Apartments in Haverhill, MA. It is close to public transportation, schools, shopping, social services, and recreation. There is no elevator in this building. Access to the building and to this apartment requires the ability to climb stairs.

The selection of families for the vacant unit will be through an application, preference and lottery process with first priority given to homeless families residing in Massachusetts state-funded shelters and hotels. All other eligible households will be assigned second priority for this unit.

To apply:

- If you are interested in being considered for this program, contact Emmaus' Housing Department at 978 241-3418 to request an application packet.
- Application packets are also available on Emmaus' website at www.emmausinc.org or can be picked up in the lobby of Emmaus' Administrative Offices daily between the hours of 8 am and 7 pm at 127 How Street, Haverhill, MA starting **9/4/2020 through 9/17/2020**.
- Applicants must submit a completed application **post marked on or before Friday, September 18, 2020** and sent to Emmaus Permanent Family Housing Lottery, Emmaus Inc, P.O. Box 568, Haverhill, MA 01831.
- A lottery will be held on **September 24, 2020**, to select households for the available units out of the pool eligible applicants who have met the lottery eligibility requirements.

There will be two information conference calls for applicants interested in learning more about this new housing program and the application procedures.

- **Both calls will be held on Thursday, September 10, 2020 one at 8 am and one at 12 noon.**
- To join this call **dial (605) 468-8003** at the appropriate day and time and enter access code **150197 and then press the “#” sign** after the access code to be

connected.

- **Please RSVP to 978 241-3418** if you plan to participate in one or the other of these conference calls).
- **If you need language interpreter services or other reasonable accommodations, please call (978) 241-3418 by 10 am on Wednesday, September 9th** to let us know so we can make appropriate arrangements.

Please call us at (978) 241-3418 if you have any questions or need additional help.

**Emmaus Inc.
Permanent
Supportive
Housing
Application for Families
with Children**



**Complete and return to
Emmaus Lottery, Emmaus
Inc., P.O. Box 568,
Haverhill, MA 01831**

**Must be post marked on or
before September 18,
2020**

**For agency use only:
Date Stamp/ Control Number**

This Box is for Office Use Only

Date of Receipt _____

Time of Receipt _____

Control# _____

Language _____

of BRs _____

Priority Status _____

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applications are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing.

APPLICATION FORM

**Emmaus (aka Bethel) Permanent Supportive Housing Program
for Families with Children**

This is not a housing offer, it is only an offer to submit an application and participate in a lottery through which applicants will be selected and offered the opportunity to continue with the eligibility determination process. .

INSTRUCTIONS: Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page, or your application will not be processed. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail application to Emmaus Inc. PO Box 568, Haverhill, MA 01831.

STATEMENT OF NON-DISCRIMINATION: Emmaus Inc. will not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, generic information, marital status, public



assistance reciprocity, religion, or any other basis prohibited by law.

PART 1: APPLICANT INFORMATION

Head of Household Information

First Name	Middle Name	Last Name
Current Address (address, Apt #, city, zip code) :		
Mailing Address (if different from above):		
Home Phone (include area code)	Cell Phone (include area code)	

Overview of Household Composition and Income:

How many people will live in the unit? (Including yourself).	0
Number of adults (including yourself)?	_____
Number of children	_____ Ages of children _____
Gross annual household income \$	_____
(Your family's gross (before taxes) annual income. Include all sources for all family members.)	

Housing Situation:

Are you currently living in a homeless shelter, hotel or motel paid for by the Department of Housing and Community Development's (DHCD's) Emergency Assistance Program?

Yes _____ No _____ If yes, please list the name and address of the shelter/hotel or motel

Name of Shelter, Hotel, Motel _____

Address of Shelter, Hotel, Motel _____

(MUST submit verification from Shelter or Housing Advocate with this application.)

Special Accommodation:

Do you or any member of your household require a special accommodation?

Yes _____ No _____

If yes, please describe:

PART II: FAMILY INFORMATION

The family includes the following members: (List all family members included in the household)

	First & Last Name	Relationship to Head of Household	Social Security Number*	Race	Ethnicity **	Sex M/F	Date of Birth	Occupation: Employed At home Disabled Student
1		Head of Household						
2								
3								
4								
5								
6								

* This information will be used to verify income, assets, and criminal record information

** Hispanic/Latino or Non-Hispanic/Latino

1. Number of bedrooms needed.

1 2 3 4

2. Has the number of household members changed in the last 12 months?

Yes No

If yes, why? _____

3. Do you expect the household members change in the next 12 months

Yes No

If yes, why?

4. Are any household members currently absent?

Yes No

If yes, explain?

5. Does anyone in your household own a car?

Yes No

Make of Car: _____ Year: _____ Reg. Number: _____

Make of Car: _____ Year: _____ Reg. Number: _____

6. Do you or any member of your household who will live in the unit smoke?

Yes No

7. Have you or any adult member of your household who will live in the unit ever lived in public or subsidized housing?

Yes No

If yes, were you or any adult member of your household evicted from public or subsidized housing?

Yes No

8. Have you or any member of your household who will live in the unit ever been arrested for a criminal offense or for the use/possession of controlled substances?

Yes ☐ No

If yes, please explain:

9. Have you or any member of your household who will live in the unit ever been convicted of a criminal offense?

Yes ☐ No ☐

If yes, please explain:

10. Do you or any member of your household who will live in the unit have any criminal matters pending?

☐ Yes

☐ No

If yes, please explain:

11. Have you or any member of your household who will live in the unit ever been in a drug treatment program?

Yes ☐

No ☐

If yes, are you or they currently receiving treatment services?

Yes ☐

No ☐

12. Have you or any member of your household who will live in the unit received mental health treatment services?

Yes ☐

No ☐

If yes, is the household member still receiving services?

Yes ☐

No ☐

PART III: HOUSEHOLD FINANCES

13. Income: List income before deductions. Estimate the Gross Income (before taxes) anticipated for **ALL household members** from all sources for the next 12 months. Specify all sources.

Household Member Name(s)	Form of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime and Tips		\$
	Salaries, Wages, including Overtime and Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/ or SSI		\$
	TAFDC or Public Assistance		\$
	Regular Alimony or Child Support Payments		\$
	Other Income		\$

Total gross Income: _____

14. List Expenses/Debt

DEBT	Owed To	Amount (Balance Owed)	Current Monthly Payment, If Applicable	Able to Pay Current Monthly Payment? (Please circle one)	
Rental Arrearage				y	N
Utility Arrearage 1				y	N
Utility Arrearage 2				y	N
Utility Arrearage 3				y	N
Court/Probation Fees for Open Cases				y	N
Bank				y	N
Bank				y	N
Student Loans				y	N
Car Loan for Car you are Currently Driving				y	N
Telephone Service/ Cell Phone				y	N
Credit Card				y	N
Cable Service				y	N
Medical Debts				y	N
Car Loan for Car you are No Longer Driving				y	N
Money owed to Family or Friends				y	N
Other				y	N

PART IV: HOUSING HISTORY

List addresses for each Adult Household Member (age 18 or older) for the ***Last Five Years in Reverse Order***. Please list Primary Lease holder (Head of Household) if someone other than yourself. Please attach additional sheet(s) if necessary.

#1

Name of Primary Leaseholder: _____

Address: _____ Apt#: _____

City/Town: _____ State: ____ Zip: _____

Dates: From: _____ To: Present Day

Landlord Name _____ Telephone# _____

Landlord Address _____ Apt# _____

City/Town: _____ State: ____ Zip: _____

Did this landlord bring any court action against the leaseholder or you?

Must circle one: ____ Yes ____ No

Did this landlord return your security deposit?

Must circle one: ____ Yes ____ No

#2

Name of Primary Leaseholder: _____

Address: _____ Apt#: _____

City/Town: _____ State: ____ .Zip: _____

Dates: From: _____ To: _____

Landlord Name _____ Telephone# _____

Landlord Address _____ Apt# _____

City/Town: _____ State: ____ Zip: _____

Did this landlord bring any court action against the leaseholder or you?

Must circle one: ____ Yes ____ No

Did this landlord return your security deposit?

Must circle one: ____ Yes ____ No

#3

Name of Primary Leaseholder: _____

Address: _____ Apt#: _____

City/Town: _____ State: _____ Zip: _____

Dates: From: _____ To: _____

Landlord Name _____ Telephone# _____

Landlord Address _____ Apt# _____

City/Town: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you?

Must circle one: _____ Yes _____ No

Did this landlord return your security deposit?

Must circle one: _____ Yes _____ No

Add additional pages if needed to complete 5 year housing history and attach to your application.

PART V: ELIGIBILITY DOCUMENTS REQUIRED & REFERENCES

Please review the “***Emmaus Permanent Supportive Housing Application Checklist***” enclosed with this application. If you are requesting a homeless priority based on being a resident of an emergency shelter or hotel paid for by the state’s Emergency Assistance program, **verification of this status must be included in the application at the time your application is submitted.** Failure to provide homeless verification when submitting the application will automatically result in your placement in the second priority category depending on your household composition. For all other verifications, the application may be accepted with self-certifying statements. Third party verifications of the information needed to determine an applicant’s eligibility **MUST be provided prior to the final approval of the tenancy.** .

In addition, we require references from landlords in the last five years or from the last two successive tenancies, whichever is more inclusive. If you are currently residing in a shelter or motel, we require references from your shelter and/or housing advocate.

Please provide the contact information below.

Landlord References: References should NOT be relatives or household members.

#1 Name: _____ Telephone # _____
Address: _____
City _____ State _____ Zip Code: _____

Landlord References Continued:

#2 Name: _____ Telephone # _____
Address: _____
City _____ State _____ Zip Code: _____

Shelter Advocate or Housing Worker References (if applicable):

#1 Name: _____ Telephone # _____
Address: _____
City _____ State _____ Zip Code: _____

#2 Name: _____ Telephone # _____
Address: _____
City _____ State _____ Zip Code: _____

PART VI: TERMS OF AGREEMENT

Emmaus Inc. is committed to assisting all participant households in maintaining a safe, healthy and successful tenancy. To that end, stabilization case managers are available to work with each tenant household to set individual goals, to determine the steps necessary to attain those goals, and to provide on-going case management to assist tenant families in achieving their goals. Supportive services may include, but are not limited to, assistance with: lease compliance, employment search, career advancement, child care access, budgeting, asset development, public benefit access, short term counseling, parenting skills, emotional and physical wellness. All services are voluntary.

The following Terms of Agreement are mandatory for the Participant and any members of the Household 18 years or older to meet the terms of participation.

1. Agree to adhere to the terms of lease and lease addendum.
2. Agree to submit all required documentation of income, homeless status, and disability (if applicable) to complete this application and annual certifications for lease renewal.

PART VII: SIGNATURES OF AGREEMENT

All tenants over 18 years of age must sign the application.

I declare under penalty of perjury that the foregoing is true and correct. All information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I agree to inform this agency of any changes in my address, household members, or income. I understand that these changes may affect my eligibility of housing benefits. I acknowledge the right of this agency to adjust my position on the wait list based upon these changes.

I understand that the information attested to in this application may be independently verified for the purpose of determining eligibility.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Application Check List

INITIAL APPLICATION: Documents Needed When You Submit Your Application:

- Application for the Emmaus Permanent Supportive Housing Program for Families with Children
- If applying for homeless priority - Homeless Certification Form or Letter From Shelter or HomeBASE Provider (verifying that you are homeless and residing in a DHCD funded shelter, hotel , motel.)

IF SELECTED IN LOTTERY: To Complete the Application Process You Will Need to Provide the Following Documents:

- ☐ Photo ID for All Household Members 18 Years or Older
- ☐ Birth Certificates for All Family Members
- ☐ Copies of Social Security Cards for All Household Members (If they have one. This information will be used to verify income, assets, and criminal record information)
- ☐ Proof of income (i.e. copies of pay stubs, Welfare letter, Social Security letter, Child Support etc)
NOTE: Proof must be dated within 60 days of the submission date. Proof of wages must be within 30 days and include 8 consecutive pay stubs starting with the most recent.
- ☐ Asset information – 6 months of statements (i.e. copies of bank statements, bonds or other assets you may have) or certification of no assets.
- Emmaus Release of Information (**one for each adult**)
- ☐ References from Two Landlords Within the Last Five Years.
- ☐ References from Shelter/Housing Advocate (if applicable)
- ☐ CORI, SORI and Credit Releases/Consent Forms
- ☐ Completed Community Teamwork – MRVP Application
 - Division of Housing and Homeless Services General Authorization for Release of information (**one for each adult**)
 - Certification Relative To Drug and/or Violent Crime Activity
 - Massachusetts Fair Information Practices Act Statement of Rights (**one for each adult**)
 - Section 8 Repayment Policy
 - Family Certification and Application Form (**Leave Date Blank** Next To Signature)
 - Asset Distribution Form (**one for each adult**)
 - No Asset Verification Form (**one for each adult if applicable.**)
 - CTI MRVP Family Certification Form
 - Watch Out For Lead Poisoning Information
 - MRVP Family Responsibilities

NOTE: All information concerning your household's eligibility for the Emmaus (aka Bethel) Permanent Supportive Housing program must be verified and documented. Final approval is based on the information and documentation provided in the completed application. A visit to applicant's current residence will be conducted to assess housekeeping habits for all applicants chosen through the lottery.

Return completed application forms and verifications to: Emmaus Permanent Supportive Housing Program for Families, Emmaus Inc. PO Box 568, Haverhill, MA 01831



Applicants will not be discriminated against on the basis of race, color, age, sex, sexual orientation, national origin, ethnicity, religion, familial or marital status or handicap/disability, or any other basis prohibited by local, state or federal law.

Rev.2-28-18



P.O. Box 568, Haverhill, Massachusetts 01831 • Phone: 978-241-3400 • Fax: 978-241-3422 • www.Emmausinc.org

Emmaus Permanent Supportive Housing for Families with Children Applicant Information Packet

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Rev.2-28-18



Emmaus Permanent Supportive Housing for Families with Children Applicant Information Packet

Program Overview:

The Emmaus Permanent Supportive Housing for Families with Children program combines subsidized housing with support services for low income families to assist them in maintaining long term housing stability.

Priority for available housing openings in this program is given to families residing in Emergency Shelters and Hotels paid for through the Massachusetts' Emergency Assistance Program.

Emmaus' **Permanent Supportive Housing Program for Families with Children** consists of a total of 16 apartments including two (2) one-bedroom units, nine (9) two-bedroom apartments, four (4) three bedroom apartments and one (1) four bedroom apartment in Haverhill, Massachusetts sited in two housing developments. All of these properties are owned and managed by Emmaus. All properties are non-smoking.

To be eligible for this unit, Applicants must have annual incomes at or below 50% of the area median income for their household size (See income chart included in this packet) and meet the other requirements of the Massachusetts Rental Voucher Program (MRVP).

The selection of families for this unit will be through an application, priority and lottery process. Applicants are selected from the waiting list based on their priority status. For example, Households with first priority will receive an opportunity for an available unit earlier than those with second priority. Priority status only affects the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible.

Subsidy Description:

The subsidized housing available through Emmaus' Permanent Supportive Housing for Families with Children is "Project-based" rental assistance. This means that the Massachusetts Rental Voucher Program (MRVP) **subsidy is tied to the specific apartment** and may not be transferred to another unit. If for some reason the tenant needs to leave a unit, he or she will NOT be able to take the subsidy with them when they

leave. Tenants will pay 30% of their income toward rent; the Massachusetts Rental Voucher covers the rest of the housing costs. Heat and hot water are included in the rent. **Tenants are responsible for the electricity.**

If your application is incomplete, you are over-income, or you are otherwise not eligible for these units your application will be rejected and will not be included in the lottery. If your application is rejected, you will get a written notice and instructions on the appeal process.

Applicants will be sent notification of their selection in the lottery. Households not chosen in the lottery to proceed with the application process will be sent a letter notifying them about the lottery outcome and that they are welcome to reapply in response to future vacancies.

Applicants selected through the lottery and will be offered an opportunity to complete the application process for the Massachusetts Rental Voucher Program with Community Teamwork Inc (CTI) in Lowell. Applicants to move forward with the application must meet specific guidelines and income limits to be considered for tenancy. Emmaus will require a criminal background check, 3rd party verification of income and assets, and require landlord and personal references. Incomplete applications/applications will not be processed.

Good Cause or Reasonable Accommodation:

Emmaus is committed to making our housing and services accessible to people with disabilities. If you have a disability and/or need assistance in completing this application or special consideration regarding your housing placement please contact the program at 978 241-3418.

Eligibility Requirements:

To be considered for selection, in this program, applicants must submit a completed application including relevant documentation and consent forms by the date specified on the notice of housing availability.

If the applicant is requesting a homeless priority, a letter from the family's shelter or housing case manager must be included in the application at the time it is submitted in order to verify that the family is a resident of an emergency shelter or hotel paid for by the state's Emergency Assistance program. Failure to provide this

verification when submitting the application will automatically result in the household's placement in the Second priority.

With the exception of homeless status, third party verification shall not be required until final screening for occupancy. Verifications of the information needed to determine an applicant's eligibility must be provided prior to the final approval of the tenancy.

Note: Eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.

To be eligible for these units:

1. You must have an annual income at or below 50% of Area Median Income based on your family composition. See the limits listed below.

**Max Allowable Income - Annually
By Household Size**

# of Persons	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Household Income	\$30,750	\$40,850	\$45,950	\$50,050	\$55,150	\$59,250	\$63,350	\$67,400

** As of 4/24/2019 Income limits are subject to change.*

2. Your assets cannot exceed 1.5 times your gross household income or \$15,000 whichever is higher.

Your household's characteristics, such as the number, age, relationship and gender of family members, must be appropriate to the size of the unit. (See "Occupancy Standards" chart below).

Occupancy Standards:

<i>Number of Bedrooms</i>	<i>Min. Persons/Apt.</i>	<i>Max. Persons/Apt*</i>
2B	2	4

* Based on Maximum number of people permissible under the State Sanitary Code.

Appropriate Unit Size:

The size of a unit is appropriate for a household if the unit meets all the following criteria:

1. Household members of the opposite sex, excepting husband and wife (or those in a similar living arrangement), do not have to share a bedroom, provided that children of the opposite sex under the age of eight shall share a bedroom and provided that other household members of the opposite sex may elect to share a bedroom.
2. Persons of the same sex shall share a bedroom, provided that a household member, age 21 or over, may elect not to share a bedroom with his or her child, grandchild, or legal ward and provided that a household member does not have to share a bedroom if a consequence of sharing is or would be a severe adverse impact on his or her mental or physical health and if the LHA receives reliable medical documentation as to such impact of sharing.
3. Each bedroom shall contain at least 50 square feet of floor space for each occupant and a minimum of 70 square feet and shall meet all other applicable requirements of the State Sanitary Code (105 CMR 410.000) for a room occupied for sleeping purposes. No bedroom shall be shared by more persons than the number permissible under 760 CMR 5.03.
4. Only bedrooms may be used for sleeping purposes by household members; the living room, kitchen, bathroom and hallways shall not be used for sleeping purposes by any household member.

Screening for Suitability:

In selecting tenants, Emmaus shall consider the essential requirements of tenancy and whether an applicant should be rejected for failing to meet such requirements.

An applicant will be rejected if there is a reasonable basis to

believe that he or she cannot meet the essential requirements of tenancy, which are:

- a. to pay rent and other charges under the lease in a timely manner;
- b. to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to not create health or safety hazards;
- c. not to interfere with the rights and enjoyment of others and not to damage the property of others;
- d. not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons, and not to engage in any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises; and
- e. to comply with necessary and reasonable housing rules.

The factors which create the presumption that an applicant is not suitable for tenancy are listed in Attachment 2 and is the criteria by which applicants shall be screened (the “Tenant Rejection Criteria”). Emmaus Inc will apply the Screening Criteria uniformly to all applicants.

Emmaus will consider mitigating factors to the presumption that an applicant shall be unable to meet the requirements of tenancy. Mitigating factors may include a showing of rehabilitation or rehabilitating efforts and must be balanced against the potentially disqualifying behavior or circumstances. In considering both the disqualifying behavior and mitigating factors, Emmaus will determine if there is a reasonable risk that the applicant shall be unable to meet the essential requirements of tenancy.

Tenant Selection Procedures:

Application and Lottery: Emmaus’ permanent supportive family housing units will be distributed through an application, preference and lottery process to determine the ranking of applicants who have met the program’s eligibility requirements. (The rules guiding the lottery process and selection of applicants are outlined in Attachment 1.)

Preferences, Priorities and Targeting:

Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible. Emmaus shall inform each applicant about available preferences, and provide an opportunity for each applicant to show that they qualify for available preferences. In applying such preferences, the Emmaus shall use the following priority categories in descending order and shall document the sources of information obtained to verify qualification for preferences:

1st Priority Homeless families currently residing in state funded Emergency Shelters and Hotels paid for through the Emergency Assistance Program and who are otherwise eligible and qualified for the Massachusetts Rental Voucher Program.

2nd Priority Other low income family households with dependent children under 21 years of age who are otherwise eligible and qualified for the Massachusetts Rental Voucher Program.

3rd Priority All other low income households who are otherwise eligible and qualified for the Massachusetts Rental Voucher Program.

Two exceptions to these priorities are permitted, which give limited preference to existing tenants seeking post occupancy transfers within the Development:

1. Overhoused tenants currently in the Emmaus Permanent Supportive Housing For Families With Children shall be listed on the waiting list for overhoused households.
2. Current tenants living in overcrowded units within the Emmaus Permanent Supportive Housing For Families With Children shall be listed on the waiting list for such households.

For a current tenant to receive a project-based MRVP subsidy in accordance with the above stated procedures, the manager must refer the tenant to the local administrative agency (CTI) for processing which reserves the right to determine applicant eligibility and the right of continued occupancy by the tenant. Such determination shall be consistent with the appropriate DHCD regulations.

Final determination of eligibility for the program will be made by CTI

(the subsidy administrator) based a final review of the application and documentation submitted. All information concerning an Applicant household's composition, income, housing status, request for Good Cause or reasonable accommodation and ability to reside in the Emmaus Permanent Supportive Housing for Families with Children under the terms of the Emmaus' Lease must be verified and documented. The determination of eligibility will be made in accordance with all state and federal fair housing laws.

Unit Assignment:

When assigned an apartment, an Applicant will be offered only one apartment. The assignment of an apartment will be based on family composition and size and the units available at the time of assignment. An Applicant must accept an apartment offered within five (5) calendar days of the date the offer is communicated by Emmaus (by phone and mail). Failure to accept an apartment offer will result in removal of the Applicant from the applicant pool for the program.

Applicants must meet the specific guidelines and income limits that apply to Emmaus' Permanent Supportive Housing for Families with Children program and the Massachusetts Rental Voucher Program to be considered for placement. Emmaus requires criminal background checks, 3rd party verifications of income and assets, and landlord and personal references. Final approval is based on the information and documentation provided on the completed application and through a face to face screening interview with Emmaus staff.

Notification of Ineligibility and Right to Appeal:

All Applicants who are determined ineligible for the program or denied Reasonable Accommodation by Emmaus will be sent a notice and the reason(s) for this decision.

The Applicant has the right to an administrative hearing to appeal this decision if a request for a hearing is received within 10 calendar days of the date the Notice of Adverse Action is issued. The request for an administrative hearing must be in writing and must state clearly the reasons for requesting the hearing. This must be sent to the address provided on the notice.

The Applicant has the right to be represented by an attorney or other

individual at the administrative hearing, review the contents of their file in advance of the hearing, the right to submit additional documents and evidence and to testify at the hearing, and the right to request reconsideration.

The Applicant also has the right to appeal or grieve a decision by the MRVP administering agency (CTI) as outlined in the “REGULATION GOVERNING THE MASSACHUSETTS RENTAL VOUCHER PROGRAM” 760 CMR 49.00 and the “OCCUPANCY STANDARDS AND TENANT PARTICIPATION FOR STATE-AIDED HOUSING” Regulations 760 CMR 6.00.

Lottery Guidelines for Emmaus MRVP Permanent Supportive Housing for Families with Children

Prior to the Lottery:

1. The Emmaus Inc will collect applications from eligible households for a 20-day period. Any application postmarked on or before the stated deadline will be eligible for the lottery.
2. Once the applications have been received, each application will be assigned a registration number.

On the Day of the Lottery:

3. The Emmaus Inc. will make one index card (3"x5") for each registration number (using blue or black ink) and place it in a receptacle.
4. A manual lottery is held to determine each applicant's rank order for selection.
5. As each card is drawn from the receptacle, the number of the draw is announced and written in blue or black ink on a master list, as well as on the index card. For example, the first card drawn will be indicated as #1 on the master list; and the index card will be marked with a #1. Beside the number will be the approved bedroom size of the household (in accordance with Public Housing regulations 760 CMR 5.03) and the priority status assigned to the household based on their application (#1- Participants in Bethel Transitional Housing Program, #2- Families residing in state funded Emergency Shelters or Hotels, #3-Other MRVP Eligible Family Household)
6. The master list will include the date the lottery was held and it must also be signed by a witness who indicates his or her name and affiliation as having been present at the lottery drawing.

After the Lottery:

7. The Emmaus Inc. will use the master list to allocate the number of units available for occupancy in their Emmaus MRVP Permanent Supportive Housing Program. The bedroom size of the unit being filled will be announced and the housing provider will use the master list to select a household that is approved for the same bedroom size starting with all priority 1 households in order of their placement on master list, then priority 2 households in order of their placement on the list and finally priority 3 households in order of their placement on the list until all units have been assigned.

8. The Emmaus will notify the Household who has been selected to move forward in the MRVP process and begin collected the necessary documentation required in accordance with the MRVP regulations.

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Attachment 2

Addendum to Emmaus Permanent Supportive Housing Program for Families with Children Tenant Selection and Occupancy Policies

Rejection Standards

An applicant and the applicant household shall be disqualified for a unit in the Emmaus Inc.'s (aka Bethel) Permanent Supportive Housing Program for Families with Children for any of the following reasons:

- a) The applicant or a household member has disturbed a neighbor or neighbors in a prior residence by behavior, which, if repeated by a tenant in Emmaus administered housing would substantially interfere with the rights of other tenants to peaceful enjoyment of their units.
- b) The applicant or a household member has caused damage or destruction of property at a prior residence, and such damage or destruction of property, if repeated by a tenant in Emmaus administered housing, would have a material adverse effect on the housing development or any unit in such development.
- c) The applicant or a household member has displayed living habits or poor housekeeping at a prior residence, and such living habits or poor housekeeping, if repeated by a tenant in Emmaus administered housing, would pose a substantial threat to the health or safety of the tenant or other tenants or would adversely affect the decent, safe and sanitary condition of all or part of the housing.
- d) The applicant or a household member in the past has engaged in criminal activity, or activity in violation of M.G.L. c. 151B, §4, which, if repeated by a tenant in Emmaus administered housing, would interfere with or threaten the rights of other tenants to be secure in their persons or in their property or with the rights of other tenants to the peaceful enjoyment of their units and the common areas of the housing development or would threaten the health and safety of any employee, contractor, subcontractor or agent of Emmaus Inc. who is involved in the housing development. Notwithstanding the foregoing, and pursuant to the Violence Against Women Act (42 U.S.C. 1437f and 42 U.S.C. 1437d) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence or stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission.

- e) The applicant or any household member who will be assuming part of the rent obligation has a history of non-payment of rent and such non-payment, if repeated by a tenant in Emmaus administered housing, would cause monetary loss; provided, however, that if the applicant or household member paid at least 50% of his/her household's monthly income for rent each month during a tenancy but was unable to pay the full rent, an eviction for non-payment of the balance shall not disqualify such individual from housing pursuant to this paragraph. If the applicant or household members assuming part of the rent obligation are unable to provide a favorable prior landlord reference, the credit report of the applicant or household member may be used to determine the applicant's ability to pay rent. In such circumstances, a bad credit history may be used as the basis of rejection, but the applicant may provide evidence of mitigating circumstances, which may include (i) a representative payee or reliable third party who would take responsibility for payment; (ii) evidence that such poor credit was a result of a disability that is now under control; or (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that the applicant will now pay the rent promptly and in full. Lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant.
- f) The applicant or a household member has a history of failure to meet material lease terms or the equivalent at one or more prior residences, and such failure if repeated by a tenant of Emmaus administered housing, would be detrimental to the housing development or to the health, safety, security or peaceful enjoyment of other tenants.
- g) The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.
- h) The applicant has misrepresented or falsified any information submitted as part of the applicant's application or a prior application submitted within the last three years, and the applicant fails to establish that the misrepresentation or falsification was unintentional.
- i) The applicant or a household member has directed abusive or threatening behavior which was unreasonable and unwarranted towards a management employee during the application process or any prior application process within three (3) years.
- j) The applicant does not intend to occupy housing, if offered, as his/her primary residence.

- k) The applicant or household member has been evicted from Federally Assisted Housing for drug-related criminal activity, for three years from the date of eviction; provided, however, that if the evicted applicant or household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for example, the criminal household member has died or is imprisoned), the owner may, but is not required to, admit the household.
- l) The applicant or household member is a current illegal user of one or more controlled substances as defined in M.G.L. c. 94C §1. A person's illegal use or possession of a controlled substance within the preceding twelve months shall create a presumption that such person is a current illegal user of a controlled substance, but the presumption may be overcome by a convincing showing that the person has permanently ceased all illegal use of controlled substances. This disqualification of current illegal users of controlled substances shall not apply to applicants for housing provided through a treatment program for illegal users of controlled substances.
- m) There is reasonable cause to believe that the applicant or household member's illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)
- n) The applicant or household member is subject to registration with the Massachusetts Sex Offender Registry Board pursuant to M.G.L. c. 6 Section 178C et seq, or a lifetime registration requirement under any state sex offender registration program.
- o) There is reasonable cause to believe that the applicant or household member's abuse or pattern of abuse of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.