

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

[support@housingworks.net](mailto: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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 \_\_\_\_\_

# POMEROY LANE COOPERATIVE

"An affordable housing community"

## Application Form

*The information requested below will remain confidential within the Cooperative. Please take your time in completing the form. You may find it helpful to use income tax forms, bank statements, etc. to answer the questions.*

### Household Information:

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Co-Applicant's Name

\_\_\_\_\_  
Current Street Address/P.O. Box

\_\_\_\_\_  
Current Street Address/P.O. Box

\_\_\_\_\_  
Town or City/State/Zip Code

\_\_\_\_\_  
Town or City/State/Zip Code

\_\_\_\_\_  
Day Phone                  Evening Phone

\_\_\_\_\_  
Day Phone                  Evening Phone

Number of Bedrooms Desired \_\_\_\_\_ Rental Program: "Market" \_\_\_\_\_

Subsidy Program (must have own subsidy): Section 8 \_\_\_\_\_ MRVP \_\_\_\_\_

Agency Issuing Subsidy & Location \_\_\_\_\_

Program Representative's Name \_\_\_\_\_

*List all persons (including the applicants) who will occupy the unit and fill in the following information for each:*

Name	Date of Birth	Sex	Social Security #	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Income Information:

Applicant:

Income expected for coming year: \$ \_\_\_\_\_. Source of income (name, address & phone number of employer or other source such as AFDC, Social Security, etc.) \_\_\_\_\_

Position/title \_\_\_\_\_ Length of time with company \_\_\_\_\_

Co-Applicant:

Income expected for coming year: \$ \_\_\_\_\_. Source of income (name, address & phone number of employer or other source as above) \_\_\_\_\_

Position/title \_\_\_\_\_ Length of time with company \_\_\_\_\_

In currently employed in more than one position: Name: \_\_\_\_\_ Annual income \$ \_\_\_\_\_

Source of income (name, address & phone number of employer) \_\_\_\_\_

Position/title \_\_\_\_\_ Length of time with company \_\_\_\_\_

Assets:

Do you own: a home or other property? \_\_\_\_\_, stocks or bonds? \_\_\_\_\_ your own business? \_\_\_\_\_ If you answered yes, please explain including the value and list any anticipated income \_\_\_\_\_

Bank Information (savings and checking accounts):

Bank Name & address \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank Name & address \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Balance \$ \_\_\_\_\_

How do you plan to pay for the Coop membership share of \$1,500? \_\_\_\_\_

Housing History:

Do you rent \_\_\_\_\_ or own \_\_\_\_\_? Monthly rent or mortgage \$ \_\_\_\_\_ Average monthly utility cost \$ \_\_\_\_\_. Length of time at your current address \_\_\_\_\_

Landlord's name, address & phone # \_\_\_\_\_

Previous address including street, town/city, state & zip code: \_\_\_\_\_  
\_\_\_\_\_

Former landlord's name, address & phone # \_\_\_\_\_  
\_\_\_\_\_

Dates at this address \_\_\_\_\_ to \_\_\_\_\_. Monthly rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Personal References: (not relatives)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Need Priorities:

Your responses to the following questions will enable the Cooperative Selection Committee to award points to qualifying applicants. The information will not be used to bias any applicant, but rather to increase their chance of recommendation. The Cooperative maintains a strict policy of nondiscrimination. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability.

1. Are you homeless due to displacement by natural forces?
  - a. fire not due to the negligence or intentional act of applicant or a household member?
  - b. earthquake, flood or other natural cause?
  - c. a disaster declared or otherwise formally recognized under disaster relief laws?
2. Are you homeless due to displacement by public action (urban renewal)? An applicant, who will be displaced within 90 days, or had been displaced within the 3 years prior to application, by:
  - a. any low rent housing project?
  - b. a public slum clearance or urban renewal project?
  - c. other public improvement?
3. Are you homeless due to displacement by public action (Sanitary Code Violation)? An applicant, who is being displaced, or had been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that
  - a. a neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
  - b. the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

4. Are you living in over-crowded conditions?
- number of bedrooms you currently have? \_\_\_\_\_
  - number of people living there \_\_\_\_\_
  - number of children under 16 years of age? \_\_\_\_\_
5. Do you or any member of your household qualify as a person with a cognitive disability? \_\_\_\_\_ or physical disability? Do you require an "accessible" unit? \_\_\_\_\_ or a "reasonable accommodation"? \_\_\_\_\_ Please explain \_\_\_\_\_

Note: Management will provide assistance in communication if it is requested due to a disability.

Miscellaneous Questions:

- Please list any household pets you intend to bring to Pomeroy Lane:  
\_\_\_\_\_
- Do you or any members of your household have a criminal record?  
Please explain in detail \_\_\_\_\_
- To assist with "Affirmative Action" policies, please state your ethnic origin (note, this question is optional) \_\_\_\_\_

Cooperative Questions:

- As a cooperative member, you will jointly be responsible for the Pomeroy Lane Cooperative community as a whole. Your relevant experience is important to us. Please describe any cooperative, community, neighborhood, or volunteer activities in which you or members of your household are now or have been involved with. Please include names of organizations, number of years involved, and what tasks or projects you did.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Residents of the Coop receive training material on how to make the coop work. Are you willing and able to become involved in the volunteer activities and committees of the Coop? \_\_\_\_\_ What are your areas of interest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills do you have that might be useful to the Coop? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Why do you want to join the Pomeroy Lane Cooperative? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How did you find out about this Coop? \_\_\_\_\_

5. Do you know any of the Coop members? \_\_\_\_\_ If so, who? \_\_\_\_\_

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE STATEMENT MADE KNOWINGLY AND WILLFULLY IS SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION. I HEREBY AUTHORIZE POMEROY LANE COOPERATIVE AGENTS AND DESIGNEES TO QUESTION INDIVIDUALS AND AGENCIES IN ORDER TO OBTAIN INFORMATION RELEVANT TO THIS APPLICATION FOR HOUSING. IT IS FURTHER UNDERSTOOD THAT ALL FAMILY MEMBERS AGREE TO A I I END AN INTERVIEW WITH THE SELECTION COMMITTEE. CERTAIN INFORMATION SUPPLIED IN THIS APPLICATION WILL BE SHARED WITH THE COMMITTEE MEMBERS N ORDER TO ASSIST THE MEMBERS N AWARDING POINTS FOR THE SELECTION OF NEW MEMBERS.

Applicant's Signature

Date

Applicant's Signature

Date

**HAP, Inc.**

322 Main St., Suite 1

Springfield, MA 01105-2403



## POMEROY LANE COOPERATIVE - QUESTIONS & ANSWERS

*What is the Pomeroy Lane Cooperative?*

The Pomeroy Lane Cooperative is an innovative, resident-controlled community of 25 modern units and a common building on a beautiful location in South Amherst. It includes people of mixed abilities and disabilities and people of all income levels.

The Co-ops costs are designed to be affordable to people of all incomes, and to stay affordable for many years.

*What does "resident-controlled" mean?*

Working together, the Co-op residents have the opportunity to mold the Co-op into exactly the type of community they would like. For example, they have a voice in selecting new residents, planning activities, and determining Co-op carrying charges ("rent") and expenses.

*How will this work?*

The residents of the 25 households together formed a Cooperative (a type of corporation) and became it's members. The residents own shares of stock in the C cooperative corporation and in return, get a vote in Co-op governances and a long term lease, called *an* Occupancy Agreement.

Members also elect a Board of Directors, and that Board has broad powers within the Coop. Will

*the Co-op own the housing?*

Not in the beginning. Members own shares of stock in the Co-op, and the Co-op leases the housing from it's owner. The owner is a partnership of local non-profit organizations and investors concerned about affordable housing.

After 15 years (year 2009), however, the Co-op will have the opportunity to buy the housing from the owners.

*How is this different from rental housing?*

Residents of the Co-op have direct control over their homes. They choose and monitor their management agent to see that they get the quality of service they deserve. They decide when the carrying charges ("rent") need to go up or down.



### *Who owns the Pomeroy Lane Cooperative?*

The Pomeroy Lane Limited Partnership is the owner of the property. The Pomeroy Lane Limited Partnership is made up of Pomeroy Housing, Inc., the developer and general partner, and the Limited Partners. Pomeroy Housing, Inc. is made up of two non-profit sponsor organizations, Abodes, Inc. and Housing Allowance Project (HAP). Abodes is a local non-profit organization and HAP is a regional provider of affordable housing.

### *Who may become a Co-op member?*

Membership is open to everyone, regardless of race, color, creed, nationality, religion, age, handicap, marital status, sex, or sexual orientation. Ten units are for low-income families (household income under 50% of the area median) who have government rental subsidies. Eight units are for low-moderate income families (household income below 60% of the area median). The remaining seven units have no income restrictions.

At least 5 of the units are designated for households led by individuals with physical or cognitive disabilities. Applicants may have to meet certain special income limits, family size standards, and credit approvals.

### *What do you pay to join this Co-op?*

To join this Co-op, you must purchase a share in the Cooperative. You are not buying an individual unit and are not taking out a mortgage. You must pay \$1,500 to purchase a share of stock in the Cooperative corporation.

### *What if I can not afford the share price?*

All applicants are expected to secure funds for share purchase prior to buying into the Cooperative. Low-income households may finance their stock purchase by paying 3800 upfront and adhering to a payment schedule for the remaining 3700. The exact payment schedule will be set on an individual basis by the Co-op in consultation with the borrower.

### *What will I pay monthly?*

In a Cooperative, you do not pay rent. Instead, you pay your proportional share of the budgeted monthly costs of operating the development. These payments are known as "carrying charges" and are due on the first of the month. Your monthly carrying charge will depend upon the size of the unit you occupy and your income.

*How will I learn to be a good Co-op member and learn to make decisions about Co-op operations?*

MI original adult residents attended training sessions to prepare themselves for Co-op residency and decision-making. New members will be given the same training materials and are encouraged to study them. The Board also received extensive training and that material is given to all new Board members.

*What do I need to do now?*

Fill out the enclosed application and return it to Meredith Management. *What will happen next?*

You will hear back from us once we have received your completed application. Most likely, you will be placed on a waiting list.

Once you are contacted about a vacancy, you will be required to supply income and asset verifications, references, etc. Finalists will be required to attend an informal interview with the Selection Committee; all family members must attend including children. Points are awarded on various topics such as credit history, references, community involvement, and volunteer activities and the interview meeting.

If you are selected for membership, you will be signing a Subscription Agreement to purchase your Co-op share, an Occupancy Agreement, and Income Verification Certifications. You will receive copies of all the training materials, the By-Laws, and the Articles of Organizations.

*FOR MORE INFORMATION CONTACT:*