

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 _____



THE FOLEY

SENIOR RESIDENCES

Thank you for your expression of interest in residency at The Foley Senior Residences.

Please note that The Foley offers both independent and assisted living options for seniors 62 and older.

General Information

I am applying for: Independent Senior Living _____ OR Assisted Living _____

Applicant Name _____ Social Security # _____

Co-Applicant Name _____ Social Security # _____

Address _____ Town / City _____

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

Telephone where applicant can be reached _____

Birth Date _____ Birth Place _____ Gender _____

If someone is assisting you in considering The Foley, please give us contact information:

Name _____ Relationship _____

Address _____ Town / City _____

State _____ Zip _____ Telephone _____

How did you hear about The Foley? _____

What is your anticipated move-in date? _____

What is your preferred apartment? ___ Studio ___ One Bedroom ___ Wheelchair accessible

___ First available Unit (either studio or one-bedroom)

Current Living Situation

Do you rent or own your home? ___ Rent ___ Own is home listed in applicant's name? ___

What type of housing do you live in? ___ Apartment ___ Single Family ___ Multi Family

___ Condo ___ Other (please describe) _____

Name of Landlord/Owner/Manager _____

Address _____ Town / City _____

State _____ Zip _____ Telephone _____

If you have lived at your current address for fewer than five years, please list previous address

Name of Landlord/Owner/Manager _____

Address _____ Town / City _____

State _____ Zip _____ Telephone _____

Do you own a car? ____ (yes/no) Will you have a care if you move to The Foley? ____ (yes/no)

Daily Living

Are there any problems or concerns that our staff should know about, or any special support you might need to live at The Foley? _____

Do you currently need someone (friend, relative, or other person) to live with you? ____ (yes/no)

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

Do you currently need someone to assist you during the day? ____ (yes/no)

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

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

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

Health Care Information

(optional for Independent Living Applicants)

Physician's Name _____

Address _____ Telephone _____

Hospital Affiliation _____

How would you describe your current health? ____ Excellent ____ Good ____ Fair

Medical Insurance Information (optional for Independent Living Applicants)

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

Do you use a cane, wheelchair or walker? _____ (yes/no) Type _____

Are you on a special or restricted diet? _____ (yes/no) Please describe _____

Do you smoke? ____ (yes/no)

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

Name of Carrier/Type of Insurance	Your Subscriber Number	Co-Applicant Subscriber Number

Financial Information

Please provide the following financial information. If there are two applicants, please give the total for both persons. This information will be kept confidential:

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

What are your assets/savings? _____

If you own your own home, what is its approximate value _____

Is there any other information we should know about when reviving your income & assets.

I understand and agree that this application is neither is neither a contract, nor a reservation for residency Nothing contained in this document is legally binding on The Foley Senior Residences or me unless and until all parties involved have signed a Residency Agreement.

Signature of Application

Date of Application

Signature of Co-Applicant

RACE/NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or on whether or not the information is furnished.

_____ White (not of Hispanic Origin) _____ Hispanic _____ Asian or Pacific Islander
_____ Black/African American not of Hispanic Origin) _____ Native American or Alaskan Native
_____ Unknown / Other _____ I do not wish to furnish the above information.

This application is confidential.



EOEA CERTIFICATION PENDING

