

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F

M

T-MTF

T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$

.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

# BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





## Island Creek Village North Age Restricted "A 55+ Community"

### STABILIZED PROPERTY APPLICATION

(Affordable Programs)

#### THIS COMMUNITY HAS AGE-RESTRICTED APARTMENTS

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

**This community is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means "No Smoking" not "No Smokers". Everyone is welcome to apply.**

Instructions for Head of Household:

1. This community is age-restricted. For eligible applicant households, all members must be aged 55 or older. Note: The MRVP program (for 8 apartments) requires that just one (1) person in the household be aged 55 or older.
2. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
3. All household members (aged 18 or older) must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household's application to be declined.**
4. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
5. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
6. Filling out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់ព្រមអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ  
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទាល់។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه،  
أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (781) 934-6714 or TTY 711

# Rental Application for Island Creek Village North Age Restricted

Date/Time Stamp

24 Post Road, Duxbury MA 02332 ■ Tel (781) 934-6714 ■ Fax 781.846.5818 ■ TTY: 711  
Email : IslandCreekEmail@BeaconCommunitiesLLC.com

**This form must be filled out in English. Please print neatly in ink. All fields are required.  
Read the instructions on the cover page before completing each item.**

## 1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apt. #

City State Zip Code

( ) -- ☐ Home ☐ Cell ☐ Work

Area Code Telephone Number

Email Address

**2. Bedroom size requested?** ☐ 1-BR ☐ 2-BR ☐ Handicap Accessible

**3. How many children under 18 in your household?** \_\_\_\_\_

**4. List all the States where all household members have lived:**

**5a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense?** ☐ Yes ☐ No

**5b. Are you or any household member required to register as a Sex Offender for any duration?** ☐ Yes ☐ No

*If "Yes", for which States:* \_\_\_\_\_

**6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice Voucher, MRVP, HUD-VASH, etc.)?** ☐ Yes ☐ No

*If Yes, list Agency:* \_\_\_\_\_

**7. Do you or does any member of your household need any specific features or unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?** ☐ Yes ☐ No

*If "Yes", please describe:* \_\_\_\_\_

**10. Income and assets for all household members. Provide gross (not net) amounts for all questions.**

10a. Total monthly income \$ \_\_\_\_\_  
Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Value of household assets. \$ \_\_\_\_\_  
Assets include bank accounts, investments, and real estate of all household members.

10c. Income Source(s): *Check all that apply.*

- ☐ Wages                      ☐ SSA                      ☐ SSI – Federal                      ☐ SSI – State
- ☐ Child support                      ☐ Pension                      ☐ Unemployment                      ☐ Public Assistance
- ☐ Interest/annuity income   ☐ Worker's Compensation   ☐ Someone pays my bills/gives me money
- ☐ Other income source: \_\_\_\_\_                      ☐ Household has no income

**11. Do you anticipate a change in your household income in the next 12 months?**

☐ Yes   ☐ No

If "Yes", please explain: \_\_\_\_\_

**12. How did you hear about us?**

- ☐ Advertising: \_\_\_\_\_
- ☐ Website: \_\_\_\_\_
- ☐ Social Media: \_\_\_\_\_
- ☐ Friend: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**13. Smoke-Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. \_\_\_\_\_ (Initial here)

**14. What is your current housing situation?**   ☐ Own      ☐ Rent      ☐ Other

If "Other", please describe: \_\_\_\_\_

**15. What is the current monthly rent or mortgage payment:** \$ \_\_\_\_\_

**16. Check utilities paid by you:** ☐ Heat   ☐ Electricity   ☐ Gas      ☐ Other \_\_\_\_\_  
(List Type)

**17. What is the approximate cost of utilities paid by you? (excluding phone, cable TV & Internet):**

\$ \_\_\_\_\_



m:111

8. List yourself and all others who will live with you. Include unborn children and live-in aides.							
#	Relation	Last Name	First Name + Middle Initial	Social Security Number	Birthdate (mm / dd / yyyy)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

If you do not have a Social Security Number, were you 62 years old as of 1/31/2010 and living in affordable housing? ☐ Yes ☐ No

9. Optional Information: Gender, Ethnicity, Race and Disability Status of household members				
#	Gender (Male/Female/ Decline)	Ethnicity (Hispanic/Non-Hispanic/ Decline)	Race (White/Black or African American/Asian/American Indian or Alaska Native/Native Hawaiian or Other Pacific Islander/ Other or Decline)	Disabled? (Yes/No)
1-Head of Household				
2				
3				
4				
5				
6				
7				
8				

### 15. Landlord history of past 5 years

Current Landlord		Prior Landlord
Address		Address
Phone Number		Phone Number
Duration		Duration

**If you need additional space, please check this box ☐ and use a blank sheet of paper.**

**Certification of applicant:** 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. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

<input checked="" type="checkbox"/> Signature of head of household	<input checked="" type="checkbox"/> Signature of spouse or co-head of household
Date	Date
<input checked="" type="checkbox"/> Signature of co-head of household	<input checked="" type="checkbox"/> Signature of co-head of household
Date	Date

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR PRIORITY STATUS.  
PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION.**

**MassHousing Preferences:**

**1<sup>st</sup> Priority: Are you "Homelessness Due to Displacement by Natural Forces"?**

An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) Fire not due to the negligence or intentional act of applicant or a household member;
- (ii) Earthquake, flood, or other natural cause; or
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

Yes ☐ No ☐

**2<sup>nd</sup> Priority: Are you "Homelessness Due to Displacement by Public Action (Urban Renewal)"?**

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application by:

- (i) Any low rent housing project as defined in M.G.L. c. 1218 § 1; or
- (ii) A public slum clearance or urban renewal project indicated after January 1, 1947; or
- (iii) Other public improvement.

Yes ☐ No ☐

**3<sup>rd</sup> Priority: Are you "Homelessness Due to Displacement by Public Action (Sanitary Code Violations)"?**

An applicant, otherwise eligible and qualified, who is being displaced, or has 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:

- (i) Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Yes ☐ No ☐

**4<sup>th</sup> Priority: Are you "Involuntary Displaced by Domestic Violence"?**

"Domestic Violence" as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or
- (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

Yes ☐ No ☐

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature. Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

Head of Household must initial verifying the Preference status selection here: \_\_\_\_\_

(initial above)



TTY:711

**Application Addendum for Island Creek Village North Age Restricted**

According to Procedures for Housing Lottery (Attachment 7) of the Tenant Selection Plan dated May 4, 2015, this "Initial Information Lease Up Package" (a/k/a Lottery Package) provides that current residents of Island Creek Village West (ICVW) may be eligible for a preference in the lottery ranking if they have a 50% or more rent burden. These residents will be given preference to transfer to Island Creek Village North Age Restricted. This preference only applies to existing ICVW residents that resided in the development as of June 21, 2013 which was the expiration of the Equivalent Affordability Restriction, Book 42795, Page 42 Plymouth County Registry of Deeds.

Please complete the questions below to determine if your household is eligible to be considered for this preference.

**RESIDENCY STATUS:**

Are you a resident of Island Creek Village West?      Yes ☐ No ☐

If Yes, please complete and sign below.

If No, this Application Addendum does not apply to your household.

**MONTHLY INCOME:**

Please list monthly household income as noted on the attached application. Please be sure to include all sources of income including but not limited to employment, social security benefits, pensions, unemployment, worker compensation, public assistance (cash benefits), recurring gifts, etc.:

Monthly income for all household members:      \$ \_\_\_\_\_

**MONTHLY RENT:**

Please list your currently monthly rent. Note if you have a rental subsidy, please note the source below.

Monthly rent at Island Creek Village West:      \$ \_\_\_\_\_

If you have rental assistance, please list the housing authority or provider: \_\_\_\_\_

MONTHLY RENT divided by MONTHLY INCOME = \$ \_\_\_\_\_

(if assistance is needed for this calculation, please see a leasing representative).

If this amount is greater than 0.50 then you may be eligible for a preference in the lottery ranking. Further documentation of income and rent amounts may be requested to confirm that your household is rent burdened.

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or application.**

\_\_\_\_\_  
Resident signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident signature

\_\_\_\_\_  
Date

## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

---

Applicant/Resident Signature

---

Date



## **Attachment A**

### **Island Creek Village North Age Restricted Affordable Housing Application Checklist Please return all of the following documents to Beacon Residential Management**

**Incomplete application will not be reviewed and  
will be returned to applicant.**

---

- \_\_\_\_\_ Completed and Signed Application Form
- \_\_\_\_\_ Completed and Signed Landlord Reference Form
- \_\_\_\_\_ Previous years tax returns with W2 Form for each member who files tax returns
- \_\_\_\_\_ 4 most recent pay stubs for all members of the household who are working
- \_\_\_\_\_ 3 most recent bank statements and other materials necessary to verify income or assets

#### **NOTE**

**To ascertain if an Applicant is eligible for:**

- \* **Priority/Preference Status per MassHousing - refer to page 7 of the Application**
- \* **Local Preference Status - refer to page 8 of the Application**
- \* **Preference for Island Creek Village West residents - refer to page 9 of the Application**

**Note: Beacon Residential Management reserves the right to request  
additional Information as may be necessary to verify eligibility.**