

□□□□□□□□

□ddr□□□1□

□ddr□□□2□

□□□□□□□□□□

□□□□□

□□□□ M□□□□□□□□ □□□□□



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

□□□□ □□□□□□□□□□ ———

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

□□□□□□□□□□□□□□□□

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ 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 _____



This is an important document. If you require interpretation, please call the telephone number below.

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

這是一個重要文件。如果你需要解釋，請撥打下面的電話號碼。

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo.

Это важный документ. Если вам требуется толкование, пожалуйста, позвоните по указанному ниже телефону.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu giải thích, xin vui lòng gọi số điện thoại dưới đây.

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a.

أذناه الهاتف رقم على الاتصال يرجى، تفسير إلى تحتاج كنت إذا، هامة وثيقة هو هذا.

Αυτό είναι ένα σημαντικό έγγραφο. Αν χρειάζονται ερμηνεία, καλέστε τον αριθμό τηλεφώνου παρακάτω

Telephone: 617-282-9125

Enclosed please find the Rental Application you requested. Please note the following:

- ❖ Applications must be completed in full. Incomplete applications will be returned to the applicant. Do not leave any blank spaces. If a question does not apply to you, please mark it "N/A" or "None".
- ❖ Applicants must be determined eligible and qualified in accordance with the regulations of the HUD Section 8 Program. To qualify for housing, the head, spouse or sole member must be a person who is at least 62 years of age or disabled. HUD defines a person with a disability as having a physical, mental, or emotional impairment that: (A) substantially limits one or more major life activities (B) has a record of having such impairment or (C) is regarded as having such impairment
- ❖ The income eligibility requirements are as follows:

<u>Number of Persons</u>	<u>Maximum Annual Income</u>
1	\$56,800
2	\$64,900
3	\$73,000
4	\$81,100

- ❖ Please include information for all household members 18 years of age and older who are planning to reside in the apartment. All household members 18 years of age and older must sign and date the application.
- ❖ It is your responsibility to contact the Management Office in writing whenever there is a change in your address, phone number, income situation or household composition. Notification of such change must be in writing and mailed to:

**Keystone Apartments
Att: Waitlist Administration
151 Hallet Street, Dorchester, MA 02124**

- ❖ We update our waiting lists on an annual basis. Applicants who do not return a complete updated application within the specified timeframe will be removed from the waiting list.
- ❖ Applicants will be notified of their status once they are close to the top of the waiting list.





151 Hallett GfYYh
Dorchester, MA 02124
D. 617-282-9125
: "617-282-9140
TTY: 711
keystonecmj.com
cmjapts.com

Date/Time Stamp

RENTAL APPLICATION

Management 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.

Applicant: _____
First MI Last

Present Address: _____
Street Apt. # City State Zip

Previous Address: _____
Street Apt. # City State Zip

Home Tel: _____ Work Tel: _____ Mobile Tel: _____

Email Address: _____

How did you hear about this development? _____

Size of Apartment Needed: 0 BR 1 BR 2 BR

Do you, your spouse or sole member qualify for a person with a disability as defined by HUD on pg. 1?
Yes ☐ No ☐

Unit Type Requested: Wheelchair Adapted Unit: Yes ☐ No ☐
Hearing Adapted Unit: Yes ☐ No ☐
Visual Adapted Unit: Yes ☐ No ☐

REFERENCES: Provide the full name and address of landlords and other places you have lived over the last 5 years or past two residences (include shelters).

PRESENT LANDLORD:

Name: _____ Tel. # _____ Fax # _____

Landlord Address: _____
Street Apt. # City State Zip

Is apartment rented to you? Yes ☐ No ☐ If NO, explain: _____

Are you presently under lease? Yes ☐ No ☐ If YES, when does lease expire: _____

Length of tenancy: From _____ To the Present Day Amount of rent per month \$ _____



Including utilities? Yes ☐ No ☐ Do you pay rent in a timely manner? Yes ☐ No ☐

Reason for leaving: _____

PREVIOUS LANDLORD

Name: _____ Tel # _____ Fax # _____

Landlord Address: _____
Street Apt. # City State Zip

Applicant Address: _____
Street Apt. # City State Zip

Was apartment rented to you? Yes ☐ No ☐ If NO, explain: _____

Were you then under a lease? Yes ☐ No ☐ If YES, did you remain for its term? Yes ☐ No ☐

Length of tenancy: From _____ To _____ Amount of rent per month \$ _____

Including utilities? Yes ☐ No ☐ Did you pay rent in a timely manner? Yes ☐ No ☐

Reason for leaving: _____

FAMILY COMPOSITION – Complete the following information for all persons who will live with you (include unborn children and live-in aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

Please provide social security numbers for you and all household members, except those members who do not contend eligible immigration status.

As of January 31, 2010, were you 62 or older and receiving HUD rental assistance at another location? Yes ☐ No ☐
If yes, please provide information. This information is needed in order to verify whether you qualify for the exemption from disclosing and providing verification of a social security number.

	MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/yyyy)	SEX (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Y/N FT/PT		Disabled Y/N
1		Head of Household						
2								
3								
4								
5								
6								

*The information provided under the column 'sex' is for demographic purposes and is optional.

** The Management Agent will not discriminate based on disability status.



INCOME (for ALL household members)

What is the total annual income for all household members? Include wages, salaries, overtime pay, commissions, fees tips and bonuses, welfare assistance, social security, SSI, pensions, veteran's benefits, disability compensation, unemployment compensation, alimony, child support, annuities, dividends, income from real estate, net income from operation of business and military pay.

TOTAL \$ _____

SOURCES OF INCOME – Please list income sources for ALL household members.

MEMBER'S FULL NAME	SOURCE OF INCOME	GROSS ANNUAL AMOUNT
	Social Security	\$
	Social Security	\$
	Supplemental Security Income (SSI)	\$
	Supplemental Security Income (SSI)	\$
	Employment: Name of Employer_____	\$
	Employment Name of Employer_____	\$
	Employment: Name of Employer_____	\$
	Pension / Annuity / Trust	\$
	Pension / Annuity / Trust	\$
	Public Assistance (TANF / AFDC)	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Child Support	\$
	Alimony	\$
	Student Financial Assistance	\$
	Other (Please specify)	\$
	Other (Please specify)	\$

ASSETS - Please list the assets of ALL household members (include: checking, savings, IRAs, money market accounts, stocks, bonds, certificates, trusts and real estate).

MEMBER'S FULL NAME	TYPE OF ACCOUNT	SOURCE/BANK NAME	BALANCE	ANNUAL INTEREST, DIVIDENDS, ETC.
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

Have you disposed of any assets for less than fair market value in the preceding 24 months? Yes ☐ No ☐
 If yes, please describe below which assets were disposed of for less than fair market value:

ASSET DISPOSED OF	DATE OF DISPOSITION	FAIR MARKET VALUE	AMOUNT RECEIVED
		\$	\$
		\$	\$
		\$	\$



ADDITIONAL INFORMATION

Are you or any member of your household subject to a state lifetime sex offender registration requirement in any state? Yes ☐ No ☐ If YES, please list the name of the person(s) and the state(s): _____

Please provide list of all states in which you or any household member has resided: _____

Are you or any member of your household a military veteran? Yes ☐ No ☐ What Branch? _____

Do you currently have a household pet? Yes ☐ No ☐ If YES, what type? _____

Are you or any member of your household currently receiving Federal (HUD) or State Housing Assistance? Yes ☐ No ☐ If YES, list the household members and type of assistance being received: _____

Have you or any household members ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes ☐ No ☐ If YES, please explain: _____

Have you or any member of your household ever been convicted of a felony? Yes ☐ No ☐ If YES, please explain: _____

CITIZENSHIP DECLARATION

I declare I and each member of my household is (are):

1. ☐ A citizen or national of the U.S.
2. ☐ A noncitizen with eligible immigration status.

NOTE: You will be required to send verification of your eligible immigration status for each member of your household.

3. ☐ A noncitizen not claiming eligible immigration status.

NOTE: You may not be eligible for residency in federally-subsidized housing.

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Corcoran Jennison Companies (CJ) and its affiliates does not discriminate on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law in the access or admission to the Development, its employment, or in its programs, activities, functions, or services.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Marie Morreale
504/ADA Coordinator
Corcoran Jennison Companies
150 Mt. Vernon Street, Suite 520
Boston, MA 02125
mmorreale@cjmanagement.com

Phone: 617-822-7381 / Fax: 617-929-4302 / TTY: 711



Optional Section: Information will be used for fair housing programs only as required by State and Federal Laws.

Ethnicity: ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race: ☐ American Indian/Alaska Native

☐ Asian (☐ Asian Indian, ☐ Japanese, ☐ Chinese, ☐ Korean, ☐ Filipino, ☐ Vietnamese, ☐ Other Asian)

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander (☐ Native Hawaiian, ☐ Samoan, ☐ Guamanian
☐ Other Pacific Islander) ☐ Chamorro

☐ White

☐ Other

☐ I do not wish to furnish the above information.

RIGHT TO A REASONABLE ACCOMMODATION

Corcoran Jennison Companies (CJ) and its affiliates will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? Yes ☐ No ☐

If YES, please explain: _____

Certification of Applicant: (All applicants 18 years of age or older must sign this application.)

I/We understand that this is a preliminary application. I/We also understand that additional information may be requested at a later date to complete the processing.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. I/We understand and grant permission for all the above information to be verified by the owner/agent. I/We understand and grant permission to contact any references listed above and to obtain consumer reports, which may include credit history, rental payment history, criminal background information, and sex offender registration for me and any household member listed on this application.

I/We acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application and are punishable under applicable State and Federal law.

Signature of head of household

Date

Signature of spouse or co-head

Date

Signature of other adult

Date

Please return completed application to the Management Office at the
address above, fax to 617-282-9140 or email to
mleone@cjmanagement.com.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.