

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



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 designed for Environmental Allergies | |

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Peter Faneuil House



Dear Applicant;

Thank you for your interest in Peter Faneuil House. This beautiful community located at 60 Joy Street on Beacon Hill, is in the heart of Boston. Our residents enjoy easy access to all major MBTA transit lines, Charles MGH Hospital, downtown shopping district and Faneuil Hall.

The Peter Faneuil House is a high rise building comprised of 48 units. The building is handicap accessible, offers coin operated washers and dryers; a community room, basketball court, and garden! Rent includes heat, hot water, central A/C, residents are responsible for their own electric, telephone and cable.

Peter Faneuil House is an affordable housing community and you must meet specific income guidelines in order to qualify for housing. The income guidelines for the SRO and Studio apartments are based on one person; the two and three bedroom apartments include income limits based on the number of persons in your household.

| <i>Apartment size</i> | <i>Minimum</i> | <i>Maximum</i> |
|-----------------------------|----------------|----------------|
| Single Room Occupancy (SRO) | \$27,030 | \$37,750 |
| Studio | \$32,280 | \$45,300 |
| Two or Three Bedroom | | |
| 2 persons | \$40,830 | \$51,780 |
| 3 persons | \$40,830 | \$58,260 |
| 4 persons | \$40,830 | \$64,680 |

Section 8 voucher holders are encouraged to apply even if gross household income is less than the above minimums. There are also restrictions that apply to FULL-TIME students, so please call 617-723-4856 for details. The first month rent and security deposit are due upon move in. *Applicants must pass a Credit and Criminal background, and other requirements as outlined in the tenant selection plan. We will also be verifying income at the time of your interview.*



Equal Housing Opportunity

ACKNOWLEDGEMENT OF SMOKE-FREE HOUSING POLICY

Peter Faneuil House is a “Smoke-Free” community. This means that smoking is prohibited in **all areas of the building including common areas, individual units, and services areas**. This Non-Smoking policy was developed to mitigate (i) the irritation and known health risks from secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; and (iii) the increased risk of fire from smoking.

Definition of Smoking: The term “smoking” means inhaling, exhaling, breathing, or carrying any lighted cigar; cigarette; e-cigarette; pipe; tobacco product or similar lighted product in any manner; marijuana including medical marijuana; herbal smoking products “Legal Weed” or products known as “bath Salts” or other legal or illegal substances in any other form.

- Resident agrees and acknowledges that the premises to be occupied by Resident and Resident’s household have been designated as a smoke-free environment. Resident and members of Resident’s household shall not smoke anywhere in the apartment rented by the Resident, within any of the common areas of the building, building entryways, or areas near any exterior window or door. Resident shall not permit any guests, visitors or invitees under the control of the Resident to do so, and shall be responsible to inform their guests of the non-smoking policy.
- Resident shall promptly notify the Owner/Property Manager in writing of any incident where tobacco smoke is migrating into the Resident’s apartment from sources outside of the Resident’s apartment.
- Resident acknowledges that Owner/Property Manager adoption of a smoke-free living environment, and the efforts to designate the rental complex as smoke-free, does not in any way change the standard of care that the Owner/Property Manager would have to a Resident household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. Owner/Property Manager specifically disclaims any implied or express warranties that the building, common areas, or Resident premises will have any higher or improved air quality standards than any other rental property.
- Resident acknowledges that Owner’s adoption of a smoke –free building does not make the Owner or any of its managing agents the guarantor of Resident’s health or of the smoke-free condition of the Resident’s apartment and the common areas. However, Owner shall take reasonable steps to enforce the smoke-free terms of the Lease. Owner is not required to take steps in response to smoking unless Owner is put on notice of the presence of cigarette smoke, via agent, personal knowledge, and/or written notice by Resident.

- Resident acknowledges that Owners ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by Resident and Resident's guests or invitees.
- Resident acknowledges that non-compliance with the non-smoking requirements may result in termination of tenancy.

Failure to comply with the Smoke-Free Housing Policy will be considered a material lease violation.

Nothing in the rules above shall be construed to restrict the power of any county, parish, city, municipality, town or village to adopt and enforce additional local laws, ordinances, or regulations that comply with at least the minimum applicable standards to establish smoke-free public places.

The resident agrees that the owner/agent and/or property staff will have immediate access to the unit if the owner/agent and/or property staff suspects a violation of the smoke-free policy.

*By signing this form, I acknowledge that I have read and understand the new Smoke-Free policy that is now in effect at **PETER FANEUIL HOUSE**. I wish to apply for housing and agree to abide by this rule if, and when, I am offered residency.*

Applicant

Date

Applicant

Date

Please be advised your application will be considered incomplete or ineligible unless a signed SMOKE FREE acknowledgement is included with your returned application.



EQUAL HOUSING
OPPORTUNITY



PETER FANEUIL HOUSE

617-427-0110 (VOICE) 617-469-5800 (TDD) 617-427-0188 (FAX)

RENTAL APPLICATION

MANAGED BY ROGERSON COMMUNITIES
PROVIDER OF HOUSING & SERVICES SINCE 1860

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

References: _____

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification under the provisions of Section 42 of the Internal Revenue Code as mention, and the, Land Restriction Agreement (if applicable), to live in a unit in this project.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Type and Size of Apartment Desired: _____ Desired Move-In Date: _____

Email: _____ Telephone: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____

Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

| NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SOCIAL SECURITY NUMBER | PLACE OF BIRTH | DATE OF BIRTH | FULL-TIME STUDENT |
|---|--------------------------------------|---------------------------|-------------------|------------------|----------------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Do you expect any additions to the household within the next twelve months?

Yes: _____ No: _____

DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
3. Do you require any accommodation for any disability? Yes: _____ No: _____
4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____
- If so, please list the specific modifications needed: _____
- _____
- _____

5. Do you have any handicap assistance expenses you incur due to disability? Yes: _____ No: _____

STUDENT STATUS:

Are you or anyone in your household currently a full-time student or planning to be one within the next 12 months?

Yes _____ No _____ If yes, please explain: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy? Yes: _____ No: _____
2. Been evicted from any residence? Yes: _____ No: _____
3. Willfully or intentionally refused to pay rent? Yes: _____ No: _____
4. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____

If yes, please explain: _____

5. Been arrested for possession, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____

If yes, please explain: _____

6. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes: _____ No: _____

_____ If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required)? _____

7. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: _____ No: _____

8. Do you have any pets? Yes: _____ No: _____

If yes, please describe (include breed and weight): _____

9. How did you hear about our apartment community: _____ Sec 8 Voucher Yes: _____ No: _____

10. Are you Homeless due to Displacement by Domestic Violence? (Applies only to households with one or more children under the age of 18)? Yes: _____ No: _____ If yes, please explain the circumstances. _____

VEHICLES: List any cars, trucks, or other vehicles owned.

Type of Vehicle _____ Yr./Make: _____ Color: _____

License Plate #: _____ Monthly Payment: _____ Loan Payable To: _____

REFERENCES:

Local Credit Reference: _____ Account #: _____ Type of Acct _____

Bank/Credit Union: _____ Account #: _____ Type of Account _____

Personal Reference: _____ Relationship: _____ Telephone: _____

Personal Reference: _____ Relationship: _____ Telephone: _____

EMERGENCY CONTACT (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____



INCOME:

Tax Credit, Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this Tax Credit, property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided. Should you need assistance completing this form, feel free to ask your Property Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. (You must place a "0" in each column describing each source from which no income is received)

| INCOME SOURCES | HOUSEHOLD MEMBER WHO RECEIVES THE INCOME | MONTHLY GROSS AMT. RECEIVED (An "0" must be marked in each column in which you do not receive income from that source.) | PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide) |
|--|--|--|--|
| Salary / Wages / Employment Tips / Bonuses | | | |
| Self Employment / Unearned Income Workers Compensation | | | |
| Social Security Benefits | | | |
| SSI | | | |
| Disability Pension / Death Benefits | | | |
| Pension / Retirement Funds | | | |
| Welfare | | | |
| AFDC / TANF | | | |
| Rental Income | | | |
| Child Support / Unearned income from a family member under 17 years of age | | | |
| Alimony | | | |
| Military Payments / GI Bill / VA | | | |
| Unemployment | | | |
| Net Farm/Business Income | | | |
| Payment Rec'd on Real Est. / Rental Income or Income from a Contract sale of Real Estate | | | |
| Interest on Check/Savings Acct. | | | |
| Interest on Bonds/CD's | | | |
| Investment Dividends | | | |
| Stock Dividends / Annuities / Trusts | | | |
| Recurring gifts/monetary or not | | | |
| Other | | | |

Do you anticipate any changes in income during the next 12 months?

Yes _____ No _____

Explanation: _____

CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor

Are you or any member of your household **entitled** to receive child support payments?

Yes _____ No _____

If yes, are you **currently** receiving any child support payments?

Yes _____ No _____

If yes, are your child support payments court ordered?

Yes _____ No _____

If money is not actually received, are you taking legal action to remedy?

Yes _____ No _____

Explanation: _____



ASSETS: (You must place an "0" in each column describing each source from which no income is received)

| Type of Assets | Value | Account # | Organization Name, Phone & Address | FOR OFFICE USE ONLY |
|---|-------|-----------|------------------------------------|---------------------|
| Checking Accounts | | | | |
| Checking Accounts | | | | |
| Savings Accounts | | | | |
| Cash on Hand/At Home | | | | |
| Trust Accounts/Revocable or Irrevocable | | | | |
| CD's | | | | |
| C D's | | | | |
| Credit Union | | | | |
| IRA's/Pensions/401K/Mutual funds | | | | |
| Stocks/Bonds/Money Mkt. | | | | |
| Whole Life | | | | |
| Money in a safety deposit box | | | | |
| Savings bonds | | | | |
| Personal property held as an investment | | | | |
| Other (Describe) | | | | |

REAL ESTATE:

Do you own any property? Yes_____ No _____

If yes, type of property:_____ Location_____

Appraise Market Value: \$ _____

Do you have any land contracts? Yes_____ No _____

If yes, type of property:_____ Location_____

Terms of Contract: _____

Do you receive any rent from your property? Yes_____ No _____

If yes, type of property:_____ Location_____

Amount received per month: \$ _____

ASSETS DISPOSED OF: Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes_____ No _____

If yes, did you dispose of any assets for less than fair market value? Yes_____ No _____

Please list assets disposed of:

| ASSET | MARKET VALUE | AMOUNT RECEIVED | DATE DISPOSED OF |
|-------|--------------|-----------------|------------------|
| | | | |
| | | | |



NOTE: In considering this application from you, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage and data to Carleton House and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Date: _____ Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

Please review the statement below and provide the requested information, if you are willing:

STATUS:
"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Tax Credit Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

ETHNICITY: Please check one of the following: Hispanic or Latino _____
Not Hispanic or Latino _____

RACE: Please check one of the following: American Indian/Alaska Native _____
Asian _____
Black or African American _____
Native Hawaiian or Other Pacific Islander _____
White _____

GENDER: Please check one of the following: Male _____ Female _____

For Landlord Use Only:



CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income
Self-Employment Income
Pension Income
Assets of Any Kind
Family Composition
Federal, State, Tribal, and Local
Benefits
Credit References

Social Security Income
Disability Income
Other Sources of Income
Landlord References
Personal References
Student Status
Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

