

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
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:

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

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> 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? ☒ = **X** ☐ I don't need any of the accommodations listed below

<input type="checkbox"/> Fully Accessible Wheelchair Unit	<input type="checkbox"/> Bathroom modifications	<input type="checkbox"/> Vision Impaired Unit	<input type="checkbox"/> Need an Interpreter
<input type="checkbox"/> No-Steps unit (elevator to any floor)	<input type="checkbox"/> Hearing Impaired Unit		<input type="checkbox"/> Domestic Violence Victim
<input type="checkbox"/> First-Floor unit only	<input type="checkbox"/> Unit designed for Environmental Allergies		<input type="checkbox"/> 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 ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Other HH 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 **Breed, Size, Weight,**

HOUSEHOLD SIZE AND COMPOSITION:			ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults	← # Children	← Total # in Household	\$.00	<input type="checkbox"/> Yes <input type="checkbox"/> 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:
			<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone

BEST EMAIL ADDRESS:

BEST 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:





Thank you for your expression of interest in residency at Neville Place.

Please complete and return this confidential application with a \$50 administrative health and wellness assessment fee. This fee is fully refundable if the application is withdrawn from consideration by you or Neville Place. The fee is not a deposit of any kind and is not applied toward residency charges at Neville Place. Thank you.

General Information

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 ____ Male ____ Female
Current or former occupation or profession _____
Contact information on the person assisting you as you consider Neville Place (if applicable) :
Name _____ Relationship _____
Address _____ Town/City _____
State _____ Zip _____ Phone _____
How did you hear about Neville Place? _____
What is your anticipated move-in date? _____
What is your preferred apartment? ____ Studio ____ One bedroom apartment

Current Living Situation

Do you rent or own your home? ____ Rent ____ Own Is home listed in applicant's name? ____ Yes ____ No
What type of housing do you live in? ____ Apartment ____ Single Family ____ Multi-Family ____ Condo
____ Other (please describe) _____
Current monthly rental rate _____
Name of Landlord/Owner/Manager _____ Telephone _____
Previous address: _____
Are you considering other housing alternatives? ____ Yes ____ No
If so, which ones? _____
Do you own an automobile? ____ Yes ____ No
Do you drive yourself regularly? ____ Yes ____ No Do you intend to maintain a car? ____ Yes ____ No

Daily Living

Are there any problems or concerns which our staff ought to be aware of, or any special support you might need to live in our community? _____

Do you require someone (friend, relative or other person) to live with you at the present time?

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

If not, do you require 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			
Medications Reminders			
Escort / Mobility			
Night Care			
Shaving / Grooming			

Health Care Information

Physician's Name _____

Address _____ Telephone Number _____

Hospital Affiliation _____

How would you describe your present state of health? ____ Excellent ____ Good ____ Fair

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

Do you use any assistance such as a cane, walker or wheelchair? ____ Yes ____ No Type _____

Are you on a special or restricted diet? ____ Yes ____ No Please Describe _____

Do you smoke? ____ Yes ____ No

Medication and Insurance Information

Are you on any medications at the present time? ____Yes ____ No

If yes, please list the medication(s) and condition(s) being treated:

Medication _____	Condition _____
_____	_____
_____	_____
_____	_____

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

Financial Information

Please provide the following financial information (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

What are your assets/savings? _____

What is the approximate value of your home? _____

Is there any additional information we should be aware of when reviewing your financial resources?

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or Neville Place unless and until a Residency Agreement has been signed by all parties involved.

Signature of Applicant

Date of Application

This application is confidential.



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