

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:**

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,  
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG  
FORMAT, please email, mail, or fax the form below to  
HousingWorks. Include this page so we know who the  
application is from! We will 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*





For office use only

**LELAND HOUSE**  
21 NEWTON STREET, WALTHAM, MA 02453  
(617) 912-8491 | Voice Relay 711

## LOTTERY APPLICATION

Thank you for your interest in 2Life Communities. Please complete and return this application by mail to 2Life Communities, 30 Wallingford Road, Brighton, MA 02135 **(do not send or leave at 21 Newton Street)**, or fax to 617- 912-8429, or email to [Leasing@2lifecommunities.org](mailto:Leasing@2lifecommunities.org)

AT LEAST ONE MEMBER OF THE APPLICANT HOUSEHOLD MUST BE 62 YEARS OR OLDER AT MOVE IN

## GENERAL INFORMATION

The following information is required for each person who will be living in your apartment at 2Life Communities.

### Head of household

\_\_\_\_\_  
Last name First name SSN Date of birth

Gender (optional): M or F

### Second occupant

\_\_\_\_\_  
Last name First name SSN Date of birth

Gender (optional): M F ☐ Spouse / Partner ☐ Relative ☐ Unrelated

**What is your current address?** (This must be the address where you are living now.)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Do we have your permission to conduct business with you via email? ☐ Yes ☐ No

**Whom may we contact if we are unable to reach you?**

Name \_\_\_\_\_

☐ Child ☐ Sister or brother ☐ Family or friend ☐ Social worker ☐ Attorney ☐ Other \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Cell \_\_\_\_\_

**Which address should we use to mail a reconfirmation form each year, so that you may indicate your continued interest in 2Life Communities?**

☐ Applicant ☐ Contact person

## INCOME ELIGIBILITY

This worksheet will assist you in estimating your **total gross annual income**. Please include financial information for all applicants. List the total annual GROSS income from every source. For example, gross monthly payments, such as social security, should be multiplied by 12, and entered in the "per year" column.

**Note:** A minimum annual gross income limit applies to 42 apartments at 60% AMI. The minimum income limit for a 1BR is \$33,000, and \$37,000 for a 2BR. A minimum income requirement does not apply to households with access to a mobile voucher (such as Section 8, MRVP, VASH).

### Total estimated annual income

Source of income	Total per year
Social Security (before Medicare deductions)	
Supplemental Security Income (S.S.I.) and State Supplementary Payments (S.S.P.)	
Pension (include foreign pension, if any)	
Gross annual salary/wages (before taxes and other deductions)	
Required Minimum Distribution, or regular withdrawals, from retirement accounts	
Other income (such as family contributions)	
Total income from assets (see below to calculate this amount)	**
<b>Total estimated gross annual income</b>	\$

### Income from assets

Source of income	Total worth	Interest rate	Interest of income received annually
Bank account, debit card, balances (specify accounts)			
		%	
		%	
		%	
Current value of investments, including stocks, bonds, CDs, money market accounts, etc.			
		%	
		%	
		%	
Value of real estate owned (current assessed value less mortgage balance and closing costs)			
		0.40% imputed	
<b>Total income from assets</b>	\$		\$
			(Place this amount in the ** box above as "Total income from assets")

## Unit type and subsidy information

# of units	Bedrooms	Rent*	Program subsidizing rent	Income category
7	1 BR	30% of income	Section 8 Project Based Vouchers (PBV)	30% AMI
1	2 BR	30% of income	Section 8 PBV	30% AMI
9	1 BR	30% of income	Massachusetts Rental Voucher Program (MRVP)	30% AMI
7	1 BR	30% of income	MRVP	50% AMI
41	1 BR	\$1,250	Low Income Housing Tax Credits (LIHTC)	60% AMI
1	2 BR	\$1,400	LIHTC	60% AMI

\* Includes utilities and access to programs. Current LIHTC rents are subject to change, and may increase about 2% annually.

## Area median income limits (AMI 2024)

Annual gross maximum income limits			
Income category	1-person household	2-person household	3-person household
30% AMI	\$34,260	\$39,180	\$44,070
50% AMI	\$57,100	\$65,300	\$73,450
60% AMI*	\$68,520	\$78,360	\$88,140

\* A minimum annual gross income limit applies to 42 apartments at 60% AMI. The minimum income limit for a 1BR is \$33,000, and \$37,000 for a 2BR. A minimum income requirement does not apply to households with access to a mobile voucher (such as Section 8, MRVP, VASH).

## APARTMENT SELECTION

Please check off all housing you wish to apply for. A separate waiting list is maintained for each choice.

☐ **1-BEDROOM UNIT** or ☐ **2-BEDROOM UNIT**

☐ **1-BEDROOM MOBILITY ACCESSIBLE UNIT** or ☐ **2-BEDROOM MOBILITY ACCESSIBLE UNIT**

At least one person with mobility impairment in need of features for units built out for accessibility. Applicants for accessible apartments may also apply for a standard apartment.

☐ **1-BEDROOM SENSORY ADAPTED UNIT**

At least one person with visual and/or hearing impairment in need of features that are built out for sensory accessibility. Applicants for a sensory unit may also apply for a standard apartment.

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing. Does any member of your household have a request for any accessibility or reasonable accommodation, require changes in a unit or development, or have alternative requirements for receiving communication from us? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## HOUSING INFORMATION

What is your current living situation? (Please check all that apply.)

- ☐ I live with another person(s). Who do you live with? \_\_\_\_\_
- ☐ I live in a home that I own.
- ☐ I rent an apartment. What is your current monthly rent? \_\_\_\_\_
- ☐ I live in project-based government-subsidized housing.
- ☐ I have a Mobile Housing Voucher. Circle one: MRVP   Housing Choice Voucher (S8)   VASH   Other \_\_\_\_\_
- ☐ I have other living arrangements. Please describe: \_\_\_\_\_

Present landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at your present address? From \_\_\_\_\_ To \_\_\_\_\_

Add additional landlord addresses if you have lived at the above residence for less than seven years.

Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Please provide a list of all states in which any household member has resided: \_\_\_\_\_

Have you ever been evicted from your home? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? ☐ Yes ☐ No

### How did you hear about Leland House?

- |  |   |
|--|---|
| <input type="checkbox"/> Housing Navigator website   | <input type="checkbox"/> Housing Authority        |
| <input type="checkbox"/> Metrolist                   | <input type="checkbox"/> Waltham Senior Center    |
| <input type="checkbox"/> 2Life Communities email     | <input type="checkbox"/> Live in the neighborhood |
| <input type="checkbox"/> Family or friends           | <input type="checkbox"/> Newspaper ad             |
| <input type="checkbox"/> Housing Advocate/Caseworker | <input type="checkbox"/> Social media             |
| <input type="checkbox"/> Flyer                       |   |
| <input type="checkbox"/> Online search engine        | <input type="checkbox"/> Other: _____             |

## OPTIONAL INFORMATION

It would be helpful to us in performing our responsibilities under Fair Housing Laws if you identify yourself by one of the following designations (check one in each category):

**Race:** ☐ White ☐ Black ☐ Asian ☐ American Indian / Alaskan Native ☐ Other: \_\_\_\_\_

**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Why do you want to move to Leland House? \_\_\_\_\_

## INFORMATION THAT MAY IMPROVE YOUR RANKING IN THE LOTTERY

Certain circumstances may qualify you for a preference. Lottery applicants with preferences will rank higher than those who do not. 2Life shall use the following preference categories in descending order; kindly check off any situation that applies to you:

### 1. Homelessness

- ☐ 1st priority: homelessness due to displacement by natural forces (such as a fire, flood, earthquake)
- ☐ 2nd priority: homelessness due to displacement by public action (urban renewal)
- ☐ 3rd priority: homelessness due to displacement by public action (sanitary code violations)

### 2. Domestic violence

Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

### 3. Accessibility (owner adopted preference)

- ☐ Those applicants that require the features of a mobility accessible unit will have preference for these four units.
- ☐ Those applicants that require the features of a visual/sensory accessible unit will have preference for these two units.

### 4. City of Waltham Residency Preference during initial lease-up only

Are you currently a resident of the City of Waltham, employed by the City of Waltham, or employed by a local business within the City, or have a valid offer of employment within the City? ☐ Yes ☐ No

*2Life Communities Services, Inc., acting as management agent for Leland House (the "Development"), does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, marital status, veteran status, sexual orientation, gender identity, age, familial status, or physical or mental disability, and/or the recipient of public assistance/voucher holders, in the access or admission to the Development, its employment, or in its programs, activities, functions or services.*

*2Life Communities is a faith-based organization receiving federal monies providing non-sectarian housing. We may not discriminate against you on the basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. We may not require you to attend or participate in any explicitly religious activities that are offered by us and any participation by you in these activities must be purely voluntary. We must separate, in time or location, any privately funded explicitly religious activities from activities supported by direct Federal financial assistance. If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternative provider to which you have no such objection. You may report an organization's violations of these protections, including any denial of services or benefits, by contacting or filing a written complaint to HUD [or the intermediary, if applicable].*

## CONFLICT OF INTEREST DISCLOSURE

Please state if you have a relationship with the owner, developer, or sponsor of Leland House, including its officers, employees, agents, elected or appointed officials, or consultants. ☐ Yes ☐ No

## RELEASE

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize 2Life Communities Services, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

**I hereby expressly release 2Life Communities Services, Inc., and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.**

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Head of household / Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



All 2Life Communities are non-smoking.



2Life Communities provides people whose primary language is not English, and as a result have limited English proficiency, the opportunity to request free language interpretation assistance by calling (617) 912-8491 in order to apply to or participate in its programs and activities.

2Life社區為主要語言不是英語和英語水平有限的人提供申請免費語言口譯服務的機會，讓他們可以申請或參與社區的課程和活動。如果您需要語言協助，請致電 617-912-8491

2Life Communities ofrece servicios gratuitos de traducción e interpretación a personas que no hablan el idioma Inglés, para que puedan participar en eventos y actividades que ofrecemos. Si necesita de estos servicios favor de llamar al (617) 912-8491 y pedirlos en nuestra administración.

2Life Communities bay moun ke Anglè pa lang prensipal yo a, kidonk ki gen konpetans limite nan lang Anglè, opòtinite pou yo mande asistans gratis pou sèvis entèpretasyon lengwistik lè yo rele nan (617) 912-8491 pou yo aplike oswa patisipe nan pwogram ak aktivite li yo