

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:

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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



2Life
COMMUNITIES

Age affordably. Live well.

Formerly Jewish Community Housing for the Elderly (JCHE)

30 Wallingford Road, Brighton, MA 02135-4753

Tel. 617- 912-8421, TDD 711

Fax 617-912-8429



WEINBERG HOUSE RENTAL APPLICATION

For Office use Only

Thank you for your interest in 2Life Communities, formerly Jewish Community Housing for the Elderly (JCHE). This application may be used for apartments located at Weinberg House at 132 Chestnut Hill Avenue, Brighton, MA 02135. Please complete and return this application by mail to 2Life Communities, at the address above, or fax to 617-912-8429. You may also email this application to MSheyneberg@2lifecommunities.org

AT LEAST ONE APPLICANT MUST BE 62 YEARS OR OLDER

GENERAL INFORMATION

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

Please attach a copy of your Social Security card(s). *Note:* Social Security Numbers* must be verified

(* SSN information exception for applicants who were age 62 or older on 1-31-10, and who did not have a SSN and receiving HUD rental assistance at another location on 1-31-10).

Head of Household _____
Last Name First name Social Security No. Date of Birth

2nd Occupant ☐ Employed ☐ Unemployed ☐ Retired ☐ Male ☐ Female ☐ Prefer not to disclose
Employment Status Gender

☐ Spouse/Partner
☐ Relative Last Name First name Social Security No. Date of Birth
☐ Unrelated

3rd Occupant ☐ Employed ☐ Unemployed ☐ Retired ☐ Male ☐ Female ☐ Prefer not to disclose
Employment Status Gender

☐ Relative
☐ Unrelated Last Name First name Social Security No. Date of Birth

☐ Employed ☐ Unemployed ☐ Retired ☐ Male ☐ Female ☐ Prefer not to disclose
Employment Status Gender

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

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

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

Name _____

☐ Child ☐ Sister or Brother ☐ Family or Friend ☐ Social Worker ☐ Attorney ☐ Other

Street _____

City _____ State _____ Zip _____

Telephone (Home) _____

Cell: _____

Which address should we mail a reconfirmation form each year, so that you may indicate your continued interest in 2Life Communities? ☐ Applicant ☐ Contact Person

INCOME ELIGIBILITY

ANNUAL INCOME WORKSHEET

This worksheet will assist you in estimating your total **gross annual income**.

If this application is for more than one person, please include financial information for all applicants.

Determine the total annual GROSS income from every source. In the case of monthly payments, such as social security, multiply by 12, and enter that amount in the "per year" column. ("Income from assets" includes interest earned on bank accounts, income from stocks, bonds and mutual funds and value of whole life insurance.)

Total Estimate Annual Income:

SOURCE OF INCOME	TOTAL PER YEAR
Social Security (before Medicare deductions)	
S.S.I.	
Pension (include foreign pension if any)	
Salary (before taxes and other deductions)	
Other Income	
Income from Assets (see below to calculate this amount)	**
TOTAL ESTIMATED GROSS ANNUAL INCOME	

Income From Assets:

Source of Income	Total Worth	Interest Rate	Interest or Income Received Annually
Bank Account Balances (Specify Accounts) _____ _____	_____ _____	_____% _____%	_____ _____
Current value of Investments, Including stocks, bonds, cds, money Market accounts, etc. _____	_____ _____	_____% _____%	_____ _____
Value of Real Estate owned, current assessed value minus mortgage balance, closing costs, etc. _____ _____ _____	_____ _____ _____	0.06% Imputed _____	_____ _____ _____
TOTAL:			** _____ Place this amount in the box above "Income from Assets" _____

SUBSIDY INFORMATION:

Please note that Weinberg House is currently accepting applications for the LIHTC program only. This does include applicants with mobile housing vouchers. Please read the information below carefully.

Low Income Housing Tax Credit
Monthly Rent: One Bedroom - \$976. Includes utilities or Rent share determined by Mobile Housing Voucher provider.
Income Limits: \$45,300 (one person) \$51,780 (two persons)

HUD may adjust income limits for subsidized housing yearly. If you have questions about the subsidies, please call the Rental Office.

We take everyone on a first-come, first-served basis and our lists are quite long. The two variables in determining when you might be offered a unit are (1) turnover rates for occupied units; and (2) acceptance rates by applicants who come to the top of the list. Both of these factors can vary significantly from year to year. As a result, it is difficult to provide predictions of when we might be contacting you.

APARTMENT SELECTION:

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

	LIHTC
1 BEDROOM UNIT	Rent = \$976/month
1 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.	<input type="checkbox"/> Rent= \$976/month
1 BEDROOM SENSORY UNIT At least one person with visual impairment in need of features that are built out for sensory accessibility. Applicants for a sensory unit may also apply for a standard apartment.	<input type="checkbox"/> Rent= \$976/month

TO BE FILLED OUT BY ALL APPLICANTS:

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? _____

_____ 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 VASH Other

_____ I have other living arrangements. **Please describe:** _____

Present Landlord _____ Tel. _____

Address _____

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

Add a d d i t i o n a l L a n d l o r d address if you lived at the above residence for less than seven years:

Landlord _____ Tel. _____

Address _____

Please provide 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 Weinberg House? via the HousingWorks.net website

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 ☐ Amer. Indian/Alaskan Native ☐ Other

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Why do you want to move to Weinberg House? _____

2Life Communities does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, 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 its programs or 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].

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 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, 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

2Life Communities provides people whose primary language is not English, and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.



2Life Communities are all non-smoking

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.