

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!
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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a 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 _____

Father Bill's & MainSpring
Montello Welcome Home II

Property Address:

682 N Main Street, Brockton, MA

Available Units:

- 23 studio apartments with rental subsidies (12 homeless veterans preference and 11 chronically homeless preference)
- Rent Subsidized (15 MRVP units, 8 Section 8 units) – tenants pay 30% of income
- Case management services available
- Newly constructed, off-street parking, close to bus stop

Eligibility Requirements:

- Must meet all income and CORI eligibility requirements under the applicable rental subsidy program. The maximum allowable household size is 1 person based on 105 CMR 410.400 and the specific unit sizes.

Eligibility Preference:

- All units - preference for households in homeless shelters or transitional programs for homeless. Preference for individuals living in a place not meant for human habitation, streets, tents, vehicles, etc. Preference for individuals living in any of the above places, but is spending a short time (up to 90 consecutive days) in a hospital, treatment facility or other institution.
- A signed letter from the relevant homeless service provider must be included with the application in order to receive this preference. Individuals living in places not meant for human habitation may self-certify if no current involvement with homeless service provider. Instructions are included in the application.
- 12 OBR units - preference for single person homeless households who have experienced military service. Copies of DD214 military discharge papers or copy of current VA medical card must be included with the application in order to receive this preference. Instructions are included in the application.
- 11 OBR units – preference for single person chronically homeless households
- Wheelchair Accessible 2 OBR units – preference for households in need of a mobility impaired unit
- Sensory Impaired 1 OBR units – preference for households in need of sensory impaired unit.

Application Process:

- Applications available Mondays, Tuesdays, Wednesdays, Thursdays, Fridays 8:00AM – 4:00PM
- Only fully completed forms with all necessary documentation will be considered for eligibility. All preferences must be documented per application instructions in order to receive consideration. If necessary, a lottery will be conducted in accordance with State and Federal requirements.
- Landlord reference check interviews and CORI checks will be conducted in order of lottery number.
- Anticipated lease start date is December 2018.
- Reasonable accommodations will be made in compliance with Fair Housing regulations

Father Bill's & MainSpring is obligated not to discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipient, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

# of Units	Type	rent	Income Limit
23	0 br	30% adjusted income	30% median income

Maximum Income Limit by Median Income

Household Size	30% of median income
1 person	\$17,700

**Applications may be requested to be sent by mail/email by calling 508.208.7129
(TTY #508-427-0022)**

Applications may be picked up in person from

Father Bill's & MainSpring, 430 Belmont Street, Brockton, MA 02301 and 197 Quincy Ave., Suite 111, Braintree, MA 02184
8:00am-4:00pm

For more info or reasonable accommodations – call Kate Swope, Father Bill's & MainSpring
PH 508-208-7129; TTY #508-427-0022

OPTIONAL INFORMATION MEETING:



Equal Housing Opportunity



APPLICATION MATERIALS:

- 1. Tenant Application Form**
- 2. Non-discrimination Statement** (on application)
- 3. Disability Verification Form**
- 4. Reasonable Accommodations Information/Form**
- 5. Homeless Verification** (attach letter from provider documenting homelessness, if applicable)
- 6. Certification of Accurate Information**

Father Bill's & MainSpring APPLICATION FOR RENTAL ASSISTANCE

This application will be made available in Spanish, Creole and Portuguese. To access this, please call (508) 208-7129, kswope@helpfbms.org.

- Spanish - Esta solicitud estará disponible en español, criollo y portugués. Para acceder a esto, llame al (508) 208-7129, kswope@helpfbms.org
- Portuguese - Esta aplicação estará disponível em espanhol, crioulo e português. Para acessar isso, ligue para (508) 208-7129, kswope@helpfbms.org
- Haitian Creole - Aplikasyon sa a ap disponib nan lang panyòl, kreyòl ak Pòtigè. Pou jwenn aksè a, tanpri rele (508) 208-7129, kswope@helpfbms.org

APPLICANT NAME:

CURRENT ADDRESS AND LENGTH OF TIME AT THIS ADDRESS:

CITY, STATE, ZIP CODE:

SINCE:

HOME PHONE:

ALTERNATE PHONE:

HOUSEHOLD COMPOSITION

(LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.)

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.

RACE OF HEAD OF HOUSEHOLD (CHECK ONE) - OPTIONAL

(THIS INFORMATION IS BEING COLLECTED TO ASSURE COMPLIANCE WITH FAIR HOUSING AND EQUAL OPPORTUNITY RULES.)

- ☐ WHITE ☐ BLACK ☐ ASIAN/PACIFIC ISLANDER
☐ NATIVE AMERICAN/ALASKAN NATIVE ☐ HISPANIC
___ MORE THAN ONE RACIAL BACKGROUND

PREFERENCE INFORMATION. YOU MAY QUALIFY FOR A PREFERENCE FOR HOUSING ASSISTANCE IF ANY OF THE FOLLOWING CIRCUMSTANCES CAN BE VERIFIED FOR YOUR FAMILY. PLEASE CHECK ANY THAT APPLY TO YOU.

- ☐ ARE YOU CURRENTLY HOMELESS AND LIVING IN AN EMERGENCY SHELTER, TRANSITIONAL PROGRAM, HOTEL/MOTEL OR SCATTERED SITE TEMPORARY APARTMENT OR ARE YOU LIVING IN THESE LOCATIONS, BUT TEMPORARILLY IN A HOSPITAL OR TREATMENT FACILITY FOR LESS THAN 90 DAYS?

IF YES, PLEASE PROVIDE NAME OF SHELTER AND/OR HOMELESS SERVICE PROVIDER AND A LETTER WRITTEN, DATED AND SIGNED BY THE PROVIDER ON AGENCY LETTERHEAD VERIFYING HOMELESS STATUS AND DATE

OF INITIAL HOMELESSNESS. LETTER MUST INCLUDE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON.

☐ ARE YOU HOMELESS AND LIVING IN A PLACE NOT MEANT FOR HUMAN HABITATION?
IF YES, PROVIDE A SIGNED CERTIFICATION EXPLAINING WHERE YOU ARE STAYING AND DATES.

☐ HAVE YOU BEEN CONTINUOUSLY HOMELESS FOR AT LEAST ONE YEAR OR HAVE EXPERIENCED 4 EPISODES OF HOMELESSNESS IN THE PAST 3 YEARS? IF YES, PLEASE PROVIDE DOCUMENTATION OF LENGTH OR EPISODES OF HOMELESSNESS.

IF YOU MEET THE PRIOR CRITERIA FOR LENGTH OR FREQUENCY OF HOMELESSNESS AND ALSO HAVE A DISABLING CONDITION, YOU MAY BE ELIGIBLE FOR ADDITIONAL PREFERENCES FOR CHRONIC HOMELESSNESS.

☐ DO YOU HAVE A DISABILITY AS DEFINED BELOW?

(i) (I) is expected to be long-continuing or of indefinite duration; (II) substantially impedes the individual's ability to live independently; (III) could be improved by the provision of more suitable housing conditions; and (IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury;

(ii) is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

(iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

☐ HAVE YOU EXPERIENCED U.S. MILITARY SERVICE?

IF YES, PLEASE PROVIDE A COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.

DO YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD REQUIRE A WHEELCHAIR ACCESSIBLE UNIT?

- ☐ YES
☐ NO

DO YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD REQUIRE A UNIT EQUIPPED FOR SENSORY IMPAIRMENT?

- ☐ YES
☐ NO

INCOME INFORMATION

WHAT IS THE TOTAL ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS? (INCLUDE WAGES, SALARIES AND TIPS; OTHER INCOME SUCH AS ALIMONY, CHILD SUPPORT; AND SOCIAL SECURITY, VA DISABILITY, AFDC OR OTHER BENEFITS)

MEMBER'S FULL NAME	SOURCE OF INCOME	ANNUAL AMOUNT	PAYMENT BASIS (WEEKLY, MONTHLY, ETC.)

EXPENSE INFORMATION

- ☐ YES ☐ NO DOES YOUR HOUSEHOLD HAVE UN-REIMBURSED MEDICAL EXPENSES IN EXCESS OF 3 PERCENT OF ANNUAL INCOME?
- ☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CHILD CARE EXPENSES FOR CHILDREN UNDER THE AGE OF 13 THAT ENABLE A FAMILY MEMBER TO WORK OR GO TO SCHOOL?
- ☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CARE EXPENSES FOR THE CARE OF A FAMILY MEMBER WITH DISABILITIES THAT ENABLE A FAMILY MEMBER TO WORK?

APPLICATION CERTIFICATION: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE RENTAL ASSISTANCE. I/WE AUTHORIZE THE [PROGRAM ADMINISTRATOR] TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT A CORI CHECK WILL BE PERFORMED IF I/WE ARE DETERMINED TO BE OTHERWISE ELIGIBLE FOR THIS HOUSING.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
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Father Bill's & MainSpring is obligated not to discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipient, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

MANDATORY ATTACHMENTS:

1. Reasonable Accommodation notice,
2. Certification of Accurate Information.

DOCUMENTATION OF INCOME:

- LETTER FROM EMPLOYER STATING GROSS INCOME AND SPECIFYING PAY PERIOD AND LAST MONTH OF PAYSTUBS
- LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR SSI, SSDI, DTA, VA OR OTHER BENEFIT SOURCE
- LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR UNEMPLOYMENT BENEFITS
- LETTER OR COURT ORDER DOCUMENTING ANY OTHER SOURCE OF INCOME, INCLUDING BUT NOT LIMITED TO CHILD SUPPORT PAYMENTS

DOCUMENTATION OF HOMELESSNESS – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE HOMELESS PREFERENCE:

- LETTER OR FORM SIGNED AND DATED BY EMERGENCY SHELTER OR TRANSITIONAL PROGRAM OR OTHER HOMELESS SERVICE PROVIDER VERIFYING HOMELESS STATUS, LETTER MUST INCLUDE NAME AND PHONE NUMBER OF CONTACT PERSON.
- VERIFICATION OF HOMELESSNESS PROVIDED IN APPLICATION
- DOCUMENTATION OF DISABILITY FOR CHRONIC HOMELESS PREFERENCE, which MAY INCLUDE SSI ELIGIBILITY DETERMINATION LETTER or LETTER FROM LICENSED PRACTITIONER.

DOCUMENTATION OF U.S. MILITARY SERVICE – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE VETERANS PREFERENCE:

- COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.



Equal Housing Opportunity



VERIFICATION OF HANDICAP/DISABILITY
FOR APPLICANT SEEKING CHRONIC HOMELESS PREFERENCE

To applicant: If you are a recipient of SSDI or SSI, you do not need to complete this form. All other applicants seeking a chronic homeless preference must have this form completed by a physician or other individual who is qualified to make the requested certifications.

Name of Applicant

Current Street Address

City or Town, State, Zip

Signature of Applicant

The above named applicant has applied for housing and has authorized Father Bills & MainSpring to obtain the following information to determine his/her eligibility for the specific preference for which he/she has applied. The eligibility for a disability preference is defined below:

(i) (I) is expected to be long-continuing or of indefinite duration; (II) substantially impedes the individual's ability to live independently; (III) could be improved by the provision of more suitable housing conditions; and (IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury;

(ii) is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

(iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

CERTIFICATION

I certify that the applicant referenced above meets the criteria defined above for the disability preference. This information represents my best professional judgment and is true and correct to the best of my knowledge.

Signature/Name: _____

Qualification/Title/Position: _____

Relationship to Applicant: _____

Agency Affiliation: _____

Address: _____

Please return to:

Kate Swope, Leased Housing Manager
Father Bills & MainSpring,

197 Quincy Ave Suite 111 Braintree MA 02184 or 430 Belmont Street, Brockton, MA 02301

REASONABLE ACCOMMODATION

Applicable fair housing law enables individuals with disabilities to request a “reasonable accommodation” in rules, policies, practices, or services, or a reasonable modification to the housing, in order to participate fully in a program and have an equal opportunity to use and enjoy the housing

Requests may be submitted either verbally or in writing to Father Bill’s & MainSpring.

A written request for a reasonable accommodation/modification must include reliable disability-related information that:

Verifies that the individual has a disability that falls under the Fair Housing Act **and**

Describes the needed accommodation/modification **and**

Shows an identifiable relationship between the requested accommodation/modification and the individual’s disability.

Depending upon circumstances, this information may be provided by the applicant/tenant, a doctor or medical professional, a social service provider, or other reliable source.

Father Bill’s & MainSpring will evaluate whether a reasonable accommodation/modification request meets the above-referenced requirements and/or if providing the accommodation would constitute an undue financial and administrative burden or fundamental alteration of the providers’ housing program or operations.

Applicant/Tenant Signature to verify receipt

Date

Father Bill's & MainSpring

APPLICANT/TENANT

STATEMENT /CERTIFICATION OF ACCURATE INFORMATION

I/We certify that the information given to Father Bill's & MainSpring on household composition, income, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements are punishable under Federal law. I/we also understand that false statements or information are grounds for termination of housing assistance.

Head of Household

Date

