

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.

Applying for:

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

If yes, name the agency providing the voucher:

- ☐ 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 _____

Instructions for Completing Rental Application
Please Read These Instructions in Full Before Completing Your Application

1. You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this application will be treated as confidential.
3. Your household can file only one application and no household member can appear on more than one application.
4. You intend to reside in the development as your primary residence.
5. You may apply for more than one unit type however. your household size and composition must be appropriate for the unit size.
6. Information for all adults over the age of 18 planning to reside in the apartment must be provided.
7. Social Security numbers are required for all adult household members in order to obtain credit and criminal background history for all housing types and required for all household members for properties with HUD Programs, with the following exceptions:
 - household members who do not contend eligible immigration status, and;
 - applicants who were 62 years of age or older as of January 31, 2010 if they were receiving HUD rental assistance at a different property.
8. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
9. Your total household income and assets must be within the required limits:
Include as income: income of all household members 18 years of age and older, including gross income from employment, including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.
Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property).
10. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
11. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent, or have assets equal to at least two years of rent.
12. Credit/Criminal background checks and rental references will be obtained for all adult household members over 18 years of age.
13. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
14. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
15. Priority for the accessible units will be for families which require physical accommodations.
16. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
17. Completed applications may be mailed or returned in person to the management office at the property.
18. For more information, please call the management office.

It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law.





RESIDENCES AT LINCOLN PARK
1 Midway Park Drive, Dartmouth MA 02747
P: 508.938.5139 | F: 508.938.5259
MA TTY: Dial 711 or 800.439.2370
E: lincoln@peabodyproperties.com

MANAGEMENT USE ONLY

Date/Time Application Received: _____

Lottery Number: _____

RENTAL APPLICATION

SITE RESIDENCES AT LINCOLN PARK

APPLYING FOR: 1BR ☐ 2BR ☐ 3BR

NAME 1: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

NAME 2: _____
FIRST MI LAST SOCIAL SECURITY NUMBER

ADDRESS: _____
STREET APT # TOWN OR CITY STATE ZIP CODE

ADDRESS: _____
STREET APT # TOWN OR CITY STATE ZIP CODE

RESIDED SINCE: _____, _____

(1) HOME TEL.: _____ MOBILE: _____ OTHER: _____ EMAIL: _____

(2) HOME TEL.: _____ MOBILE: _____ OTHER: _____ EMAIL: _____

Reason for applying at this development?

How did you hear about this development? **via the HousingWorks.net website**

PRESENT LANDLORD

_____ TEL.#: _____ FAX #: _____

ADDRESS: _____
STREET APT # TOWN OR CITY STATE ZIP CODE

Is apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? _____

Reason for leaving: _____

Amount of rent per month \$ _____ No. of Bedrooms: _____ No. of Occupants: _____

Do you usually pay rent in a timely manner? _____

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

PREVIOUS LANDLORD

_____ TEL.#: _____ FAX #: _____

LANDLORD ADDRESS: _____
STREET APT # TOWN OR CITY STATE ZIP CODE

APPLICANT'S ADDRESS: _____
STREET APT # TOWN OR CITY STATE ZIP CODE

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

Length of tenancy: from _____ to _____ Amount of rent per month \$ _____

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

The reason for your leaving: _____



Please provide list of all states in which any household member has resided: _____

Previous Apartment Address: _____

Landlord Name: _____ Landlord Address: _____

Why did you leave this apartment? _____

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: _____

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	SEX*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY NUMBER

*The information provided under the column 'sex' is for demographic purposes and is optional.

EMPLOYMENT (for each household member aged 18 or over):

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: FROM _____ TO _____

Gross Wages / Salary \$ _____ PER YEAR TEL. #: _____

Contact Person / Supervisor: _____ FAX #: _____

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: FROM _____ TO _____

Gross Wages / Salary \$ _____ PER YEAR TEL. #: _____

Contact Person / Supervisor: _____ FAX #: _____

OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Other Income (<i>please specify</i>)	\$	
Rental Assistance ((i.e. Sec. 8 mobile voucher, MRVP (Mass Rental Voucher)	\$	



RELATIVES (Please list two relatives not living with you):

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

ASSETS Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (**Include** Checking, Savings, IRA, Money Market Account, and Term Certificates; and Real Estate, Stocks, Bonds, and Certificates.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

CREDIT HISTORY (**Include** payments, loans, credit cards, etc.):

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you pay for utilities? YES ☐ NO ☐ If yes, \$ _____ per month.Do you pay child support? YES ☐ NO ☐ If yes, \$ _____ per month.Do you pay alimony? YES ☐ NO ☐ If yes, \$ _____ per month.Do you pay child care? YES ☐ NO ☐ If yes, \$ _____ per month.**ADDITIONAL INFORMATION:**Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? _____

How many cars will be parked at the premises? _____ (copies of registration must be provided)

Year: _____ Registration #: _____ Make/Model: _____

Year: _____ Registration #: _____ Make/Model: _____

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?
YES ☐ NO ☐; if YES, *please explain*: _____Have you or any household members on Federal Assistance ever been terminated for fraud?
YES ☐ NO ☐; if YES, *please explain*: _____

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.

ETHNIC CATEGORIES

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

RACE CATEGORIES

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

_____ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: _____ Signature: _____

Signature: _____

Signatures and proof of identification will be required of all those who sign lease.

FOR MARKET USE ONLY

A deposit is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial;

Amount of Deposit \$ _____ Check # _____ Occupancy Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please fill out application and save to your desktop. Options:

1. Email pdf application to the community email address: bixby@peabodyproperties.com
2. Print application and mail to the community address.



Peabody Properties, Inc.
Rental Application Attachment
(for all affordable housing programs)

This community may have certain preference criteria in place or a housing programs whereby certain deductions or considerations may apply. Upon request to management, you may receive a copy of the Tenant Selection Plan which describes the occupancy requirements, the application process and resident selection criteria including eligibility and screening requirements for residency at the property.

If you would like to be considered for a preference, deduction or special consideration should they apply to the property for which you are submitting this application, please respond to the following questions. Documentation will be required to verify eligibility for a preference, deduction or other special consideration.

-
1. Are you homeless due to displacement by natural forces such as fire, earthquake, flood, natural cause or declared disaster? ☐ Yes ☐ No
If yes, please describe: _____

2. Are you or are you about to be homeless due to displacement by Urban Renewal? ☐ Yes ☐ No
If yes, please describe: _____

3. Are you or are you about to be homeless due to overcrowding in housing that is too small for your family? ☐ Yes ☐ No
4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? ☐ Yes ☐ No
(If yes, household member will be requested to complete form HUD-5382)
5. Are you displaced as a result of government action or a presidentially declared disaster? ☐ Yes ☐ No If yes, please describe: _____

6. Are you a local resident who lives or works in the town where this property is located? ☐ Yes ☐ No
7. Are you or any member of your household a veteran? ☐ Yes ☐ No
8. Are you currently seeking housing through CBH or DMH? ☐ Yes ☐ No
9. Are you or any member of your household a person with a disability? ☐ Yes ☐ No
If yes, please provide name(s) of the household members: _____

9. Does any member of your household require an apartment with accessible features? ☐ Yes ☐ No
If yes, please indicate type:
☐ Wheelchair Adapted ☐ Hearing/Visually Adapted

DHCD Program Applicant Conflict of Interest Statement (Attachment to Application)

Pursuant to DHCD Regulations "No Owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) may occupy a DHCD-assisted unit affordable housing unit in a project."

I am applying for a unit in this development assisted with DHCD funds - I certify that I am not an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor); OR

☐ I am applying for a unit in this development assisted with DHCD funds - I certify that I am an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) but claim the following exemptions and request the following factors to be considered:

Factors to be considered for exceptions:

In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements of the above threshold, HUD will consider the cumulative effect of the following factors, where applicable:

- ☐ The exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- ☐ I am a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity and the exception will permit me to receive generally the same interests or benefits as are being made available or provided to the group or class;
I have withdrawn from functions or responsibilities or the decision-making process with respect to the specific assisted activity in question;
The interest or benefit was present before I was in a position as described in 24 CFR Part 92.356 (c);
- ☐ Undue hardship will result either to the participating jurisdiction or the applicant when weighed against the public interest served by avoiding the prohibited conflict; and
- ☐ Any other relevant considerations

Signature

Date



THE RESIDENCES AT LINCOLN PARK

LIMITED ENGLISH PROFICIENCY (LEP) SERVICES

For sites subject to Executive Order 13166, HUD's guidance requires that property owner's translate all vital documents into the foreign languages that are prevalent in that property owner's community.

Agent/Management shall determine, as part of its obligation, to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Tenant Selection Plan.

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English can be Limited English Proficient, or "LEP," are entitled to language assistance with respect to a particular type of service, benefit, or encounter.

The below notice is included as part of all Letters and Notices:

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោភម្មត ចាំបាច់ត្រូវបានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenta muhiim ah. Haddii aad rabto tarjumaad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone: 781-794-1000





CBH Screening

In order to qualify for one of the Community Based Housing (CBH) units, an applicant must provide the Management Agent with a certificate from the Massachusetts Rehabilitation Commission (MRC) or its designee(s) which reliably establishes that a member of the applicant's household:

1. Has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency; **and**
2. Is institutionalized or is at risk of institutionalization in a nursing facility, hospital, or long term rehabilitation; **and**
3. Is **not** currently a client of DMH or DMR who is eligible for the Facilities Consolidation Fund.

A sample of the certification form that MRC or its designee(s) will use is attached. The Management Agent will provide a blank form to any potentially eligible applicant along with the contact list for MRC and other designees. The contact list is updated regularly and can be found on DHCD's web site at:

<http://mass.gov/dhcd/components/housdev/want/CBH.htm>



Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by **MRC** as a certifier.

Applicant's Name: _____

☐ Yes ☐ No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

☐ Yes ☐ No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

☐ Yes ☐ No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

I certify that the foregoing information is true and accurate to the best of my knowledge.

Signature)

(Date)

Name: _____

Phone: _____

Address: _____

If you have no access to email, please print
application and mail to the community of your choice.

