

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](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*

**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 \_\_\_\_\_

The information requested in this form is required by the government agency regulating this project.

# Conifer Hill Commons

121 Conifer Hill Drive  
Danvers MA 01923

Tel: 978-624-7936 Fax 978-624-7938 MA Relay 711

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed-out information.

## PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

This is a preliminary application for housing at:	Conifer Hill Commons
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Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

Please complete all sections of this preliminary application and return to: **121 Conifer Hill Drive, Danvers, MA 01923**. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion, and as such, will not be placed on the waiting list. Everyone ages 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign. Thank you for your assistance.

Head of Household Name:					
Address:					
	Street	Apt. #	City	State	ZIP
Daytime Phone:	Evening Phone:		Email Address		
BR's in current unit:	Do you ___ RENT or ___ OWN (check one)				
Do you own any property?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a wheelchair accessible unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accessible features (i.e. first floor unit, grab bars, etc.) in your unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Bedroom Size Requested: \_\_\_ One \_\_\_ Two \_\_\_ Three

### PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		SELF			
2.					
3.					
4.					
5.					
6.					



Will <b>all</b> of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>If you answered yes to the above question, please complete the following:</u></b>	
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all sources of income for each household member. **NOTE: "Income" refers to all money received because of Employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, Child Support, Self-Employment, Alimony and interest earned from assets.** Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member receiving income	Source of Income (see list from above)	Annual Amount

Please be informed that during the screening process all household members' assets must be disclosed. **NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.**

<b>How were you referred to this property?</b>	
Do you have a Section 8 Voucher/Certificate, or do you currently receive rental assistance? (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining ability to pay rent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	



**Please Answer the following questions:**

1. Do you understand that if it is discovered during the application verification process that persons not listed above will be living with you, that is grounds for cancellation or rejection of your application?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you understand that if you become a tenant at Conifer Hill Commons, additional members (who are not listed above) may not be added to your lease without prior management approval, during at least the first year of tenancy other than for the birth or adoption of a child? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you understand that Conifer Hill Commons has a no-pet policy, and pets will not be permitted?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you understand that Conifer Hill Commons is a “non-smoking” property? YES \_\_\_\_ NO \_\_\_\_

*\*Please be advised that all applicants will be subject to a credit and criminal record check\**

**Race/National Origin - Answering this question is completely optional and will be used for statistical purposes only. The answer will not affect the status or selection of applicants.**

☐ Asian    ☐ Black    ☐ Latino    ☐ Native American Indian    ☐ Caucasian    ☐ Other

**Briefly describe your reasons for applying at this location:**

I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's tenant selection plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household): \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Co Head / Spouse): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Conifer Hill Commons and Maloney Properties Inc. do not discriminate based on any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Conifer Hill Commons and Maloney Properties, Inc. provide persons with disabilities the opportunity to request a Reasonable Accommodation to apply to and participate in such programs and activities. Conifer Hill Commons and Maloney Properties, Inc. also provides people whose primary language isn't English and as a result has limited English proficiency the opportunity to request free language assistance to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x 255, Ma Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley MA



## **Conifer Hill Commons Income and Rent Guidelines**

**Effective June 2019**

Please see chart below for information about our rents, minimum and maximum income requirements in order to qualify. If you do not meet our minimum income requirement but do have a mobile section 8 voucher you are still welcome to apply.

<b>Unit Type</b>	<b>Monthly Rent</b>	<b>House Hold Size</b>	<b>Minimum Income Limit to qualify or have a sec 8 voucher</b>	<b>Max income limit at 60% of Area Median income</b>
<b>1 bed room</b>	\$1,210	1-2	\$41,485	1 Person \$49,800 2 People \$56,880
<b>2 bed rooms</b>	\$1,435	2-4	\$49,200	2 People \$56,880 3 People \$64,020 4 People \$71,100
<b>3 bed rooms</b>	\$1,645	3-6	\$56,400	3 People \$64,020 4 People \$71,100 5 People \$76,800 6 People \$82,500

**Please be informed that Conifer Hill is a Non-Smoking Building.**

