

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



| | |
|---|---------------------------------|
| ○ | Head of Household's FIRST Name |
| | Head of Household's MIDDLE Name |
| | Head of Household's LAST Name |

| | | | |
|------------------------------|--|--------|---------------------|
| HoH's SOCIAL SECURITY NUMBER | | GENDER | HoH's DATE OF BIRTH |
| ○ | | ○ | |

| | |
|---|---|
| ETHNICITY Also provide your race at right! | RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country! |
| ○ | ○ |

| |
|-----------------------------|
| ○ YOUR MOTHER'S MAIDEN NAME |
|-----------------------------|

| | |
|---------------------|------------------|
| YOUR HOME TELEPHONE | SECOND TELEPHONE |
| ○ | |
| YOUR EMAIL ADDRESS | |
| ○ | |

| |
|---|
| CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| |
|------------------------|
| SECOND CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| | | |
|-------------------------------|------------|--|
| TOTAL HOUSEHOLD SIZE | # BEDROOMS | How much money does your family receive in a year? |
| ○ # Adults # Children Total # | ○ | ○ .0 0 |

| |
|----------------|
| INCOME SOURCES |
| ○ |

| |
|----------------------------------|
| MOBILE RENTAL ASSISTANCE, if any |
| ○ |

| |
|--------------------------|
| REQUESTED ACCOMMODATIONS |
| ○ |

| |
|--|
| SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE |
| ○ |

ROXBURY CROSSING SENIOR BUILDING
30 GURNEY STREET
MISSION HILL, MA 02120
P 617-445-8700/US Relay: 711 F 617-445-8701

1(A)

The information requested in this form is required by the gov't. agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property

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.

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other
(specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. ***This application includes a copy of our Reasonable Accommodation Policy.***

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

Application

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2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No If yes, please

explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

| 1. | Name | Relationship to head of household | Birth Date | Age (optional) | Social Security# | Student Status (F1) (Must Circle as Applicable to EACH Member) |
|------|------|-----------------------------------|------------|----------------|------------------|--|
| Head | | | | | | Full-time / Part-time / Not Student |
| Co-T | | | | | | Full-time / Part-time / Not Student |
| 3. | | | | | | Full-time / Part-time / Not Student |
| 4. | | | | | | Full-time / Part-time / Not Student |
| 5. | | | | | | Full-time / Part-time / Not Student |
| 6. | | | | | | Full-time / Part-time / Not Student |
| 7. | | | | | | Full-time / Part-time / Not Student |
| 8. | | | | | | Full-time / Part-time / Not Student |

2. Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain

3. Will all 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 or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state? (F1)

☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS “a” THROUGH “e”:

| | | |
|---|------------------------------|-----------------------------|
| a. Is/Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is/Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or other similar federal, state or local law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are all full-time student(s) married (not necessarily to one another) and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are all of the full-time student(s) a single parent living with his/her minor child/children and not a Dependent on another individual’s tax return and the child/children aren’t a dependent of another person other than a parent of the child/children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has any full-time student previously been under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn’t apply, cross out or write N/A over that source name.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|----------------------|
| 1. | Social Security F12 | \$ |
| | Social Security F12 | \$ |
| | | |
| 2. | SSI Benefits F12 | \$ |
| | SSI Benefits F12 | \$ |
| | | |
| 3. | SSP (State Supplement Program) Payments F9a&b | |
| | | |
| 4. | Pension F13 List source: | \$ |
| | | |
| 5. | Veteran’s Benefits F8 List claim #: | \$ |
| | | \$ |
| 6. | Unemployment Compensation F11 | \$ |
| | Unemployment Compensation F11 | \$ |
| | | |
| 7. | Worker’s Compensation F11 | \$ |
| | | |
| 8. | Title IV/TANF/TAFDC/Public Assistance F9 | \$ |

| | | |
|-----|--|----|
| 9. | Interest Income F19 List source: | \$ |
| 10. | Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source: | \$ |
| 11. | *Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source: | |

*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc): Only counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.

| Household Member Name | Source of Income | Monthly Amount |
|-----------------------|--|--|
| 11. | Employment Income F5 | \$ |
| | Employer: | |
| | Employer Address: | |
| | Employer Phone: | |
| | Position Held: | How long employed: |
| 12. | Employment Income F5 | \$ |
| | Employer: | |
| | Employer Address: | |
| | Employer Phone: | |
| | Position Held: | How long employed: |
| 13. | Employment Income F5 | \$ |
| | Employer: | |
| | Employer Address: | |
| | Employer Phone: | |
| | Position Held: | How long employed: |
| 14. | Alimony F15, F16 | |
| | a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | b. Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| 15. | Child Support F15, F16 | |
| | a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | b. Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |

| | | | | |
|--|---------------------------------|----------------|--|---------------|
| 16. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | | \$ | |
| 19. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year) | | | \$ | |
| 20. Do you anticipate any changes in this income in the next 12 months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, explain: | | | | |
| | | | | |
| 21. Do you file income tax returns? (If yes, please provide a copy with this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| D. ASSETS | | | | |
| If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A. | | | | |
| Household Member Name: | | | | |
| 1. Checking Accts F19 | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| | | | | |
| 2. Savings Accts F19 | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| | | | | |
| 3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt | Member: _____ | | | Balance: \$ |
| | Member: _____ | | | Balance: \$ |
| | Member: _____ | | | Balance: \$ |
| 4. Other Debit Acct Cards Current Stmt/ATM receipt | Member: _____ | | | Balance: \$ |
| | Member: _____ | | | Balance: \$ |
| | Member: _____ | | | Balance: \$ |
| 5. Cash on Hand F30 | | | | Amount \$ |
| 6. Trust Account F22 | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| 7. Certificates of Deposit F19 | | Bank: | Acct: | Balance \$ |
| | | Bank: | Acct: | Balance \$ |
| 8. Savings Bonds F19 | | Maturity Date | | Value \$ |
| | | Maturity Date | | Value \$ |
| 9. Life Insurance Policy F20 | Ins. Co: _____ Acct: _____ | | | Cash Value \$ |
| 10. Life Insurance Policy F20 | Ins. Co: _____ Acct: _____ | | | Cash Value \$ |
| 11. Mutual Funds F19 | Name: _____ Bank Name: _____ | #Shares: _____ | Annual Interest or Dividend \$ | Value \$ |
| 12. Stocks F19 | Name: _____ Bank Name: _____ | #Shares: _____ | Annual Interest or Dividend \$ | Value \$ |

Application

| | | | | |
|--|---------------------|-----------------------|--------------------------------|--|
| 13. Bonds F19 | Name: Bank Name: | #Shares: | Annual Interest or Dividend \$ | Value \$ |
| 14. Annuities, 401(k), IRA, Keogh F21 | Name: Source: | Value \$ | | |
| 15. Investment Property F23 | Name: Source: | Appraised Value \$ | | |
| 16. Real Estate Property: <i>Does any household member own any property?</i> F24, F25 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. <i>If yes</i> , Name of Household Member: | | b. Type of property: | | |
| c. Location of property: | | | | |
| d. Appraised Market Value: | | | | \$ |
| e. Mortgage or outstanding loans balance due: | | | | \$ |
| f. Amount of annual insurance premium: | | | | \$ |
| g. Amount of most recent tax bill: | | | | \$ |
| | | | | |
| 17. <i>Has any household member sold/dispensed of any property in the last 2 years?</i> F17 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Name of Household Member: | | Type of property: | | |
| Market value when sold/dispensed | | | | \$ |
| Amount sold/dispensed for | | | | \$ |
| Date of transaction | | | | |

| | | |
|--|------------------------|--|
| 18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F22 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. <i>If yes</i> , Name of Household Member: | b. Describe Asset: | |
| c. Date of disposition: | | |
| d. Amount disposed | \$ | |
| e. Does any member have any other assets not listed above (excluding personal property)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | Household Member Name: | Type of Asset: |

| E. ADDITIONAL INFORMATION | | |
|---|------------------------------|-----------------------------|
| 1. How were you referred to this property? | | |
| Notice for the following two questions: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher. | | |
| 2. Do you currently have a mobile Section 8 Voucher/Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you anticipate receiving a mobile Section 8 Voucher/Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| 4. Are you or any member of your family currently illegally using a controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:</i> | | |
| | | |
| 6. Provide a <u>complete list of ALL States</u> in which any applicant household member has ever resided: | | |
| 7. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, please describe:</i> | | |
| | | |
| 9. Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |
| 10. Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Briefly describe your reasons for applying:</i> | | |

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

| | | |
|---------------------|-------------------------|---|
| 1. Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | Address You Resided At: | |
| | How Long? | From: _____ To: <u>the present time</u> |
| 2. Prior Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | Address You Resided At: | |
| | How Long? | From: _____ To: _____ |

| | |
|---------------------------------|----------|
| 3. Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| 4. Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| 5. Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |
| 6. In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |
| 7. In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

G. CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another 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 for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

| | |
|-----------------------------------|---------------|
| _____ (Signature of Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |

Attachments: Application Cover Letter, as applicable, based on program,(s) at property
Application Attachments, as applicable, based on program(s) at property

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation
and Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for
HUD Assisted Housing Applicants

Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent

Attachment D: DHCD Resident Notice and Consent Form (or other State Agency
Reporting Form, as required)

Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

Attachment F: Family Summary Sheet & Citizenship Declaration(s) for each Applicant



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't 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. 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 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.