

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

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

○ Fully Accessible Wheelchair Unit

○ Blind Accessible Unit

○ Need an Interpreter

○ No-Steps unit (elevator to any floor)

○ Deaf Accessible Unit

○ Domestic Violence Victim

○ First-Floor unit only

○ unit designed for Environmental Allergies

HoH's CAREER STAGE

○ Employed

○ Unemployed

○ Retired

○ FT Student

○ PT Student

MOBILE RENTAL ASSISTANCE

○ I do not have mobile rental assistance

○ Mobile Section 8 voucher

○ MRVP

○ AHVP

○ VASH or similar

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

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?

○

←# Adults

←# Children

←Total #

○

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*

○ Disability

○ Elder

○ Veteran

○ Fleeing Domestic Violence

○ Displaced by: \_\_\_\_\_

○ Rent-burdened

○ Other



**South Boston Neighborhood Development Corporation**  
**365 West Broadway**  
**South Boston, MA 02127**  
**617-464-2483**

Dear Applicant to Patriot Homes:

Thank you for your interest in the housing opportunity at 273 "D" Street, South Boston, MA. The property offers studios, one bedroom and two bedroom units for rent. This is an affordable housing opportunity for veterans. Applicants will need to demonstrate their status as a veteran (form DD214, honorably discharged, general discharge) and that their income is consistent with the income eligibility guidelines listed below.

**Unit Description:** 11 - Studios, 2 – One Bedrooms, 10 – Two Bedroom units and Common laundry is available on site.

**Income Eligibility:** There is a mix of available units based on different income restrictions as listed below;

**23 Affordable Units**

# of Units	Type	Price	Income Limit
3	Studios*	Rent will be 30% of household income	30%
6	Studios*	Up to \$862	50%
2	Studios*	Up to \$1,034	60%
2**/****	One Bedroom**	Up to \$869	60%
3	Two Bedrooms**	Rent will be 30% of household income	30%
2****	Two Bedrooms**	Up to \$1,054	50%
5***	Two Bedrooms**	Up to \$1,276	60%

\*All utilities included/ \*\* Rent includes heat and hot water only/

\*\*\*Includes ADA accessible unit/\*\*\*\*Includes 1 ADA adaptable

**Maximum Income per Household Size**

Household Size	Up to 30%	Up to 50%	Up to 60%
1	\$20,650	\$34,350	\$41,220
2	\$23,600	\$39,250	\$47,100
3	\$26,550	\$44,150	\$52,980
4	\$29,450	\$49,050	\$58,860

**Operating Subsidy:** All vouchers will be accepted as rental subsidies for this project. Applicants must show the financial ability to pay the rent if they have no voucher.



**Application Process:** Applications will be accepted during the application intake period from August 15, 2016 to September 9, 2016 only. The hours for the distribution of applications will be 9:00am to 4:00pm with the exception of Friday, August 26, 2016, 9:00am to 8:00pm and Friday, September 2, 2016, 9:00am to 8:00pm. In addition, Saturday, August 27, 2016, 12:00pm – 4:00pm @ Patriot Homes, 273 “D” Street, South Boston. Completed applications may be returned in person, email or mailed and postmarked by Friday, September 16, 2016, 5:00pm.

**Application Processing:** Applications will be screened for eligibility and completeness. The accompanying application and Information Release Waiver must be completed in order to be processed.

**Lottery:** All qualifying applications will be entered in a lottery and units will be assigned as drawn providing that applicants meet the income eligibility requirements for the available units. A waiting list will be kept for those who are not offered a unit.

**Informational Meetings:** There will be informational meetings as follows;

August 22, 2016 @ 6:00pm at the South Boston Branch Library, 646 East Broadway, South Boston

September 1, 2016 @ 6:00pm at West End Library, 151 Cambridge Street, Boston

**Questions:** If you have any questions, please call Michelle Zenga at 617-464-2483.

### **Affirmative Marketing Statement**

South Boston Neighborhood Development Corporation does not discriminate in the leasing of housing because of race, color, national origin, sex, assertion of fair housing rights, religion, familial status, sexual orientation, gender identity, genetic information, marital status, children, disability, ancestry, receipt of public assistance or any other prohibited criteria.



**South Boston Neighborhood Development Corporation**  
**365 West Broadway**  
**South Boston, MA 02127**  
**Telephone: 617-464-2483**  
**Email: patriothomes@sbndc.org**

**A Non-Profit Housing Agency**

**This is an important document. If you require interpretation, please call the telephone number above or come to our office.**

**Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono arriba o venir a nuestra oficina.**

**這是一個重要的文件。如果您需要解釋，請撥打以上電話號碼或來到我們的辦公室。**

**TENANT APPLICATION – All questions MUST be answered completely. If the question is not applicable – please write N/A. If accepted for tenancy, you will be required to recertify your income to South Boston NDC on an annual basis including documentation of your income and your assets, including bank account information on forms provided by the Landlord.**

**Please check the appropriate box for the apartment you are applying for:**

**Studio ☐**

**One Bedroom ☐**

**Two Bedrooms ☐**

**A. APPLICANT INFORMATION**

Applicant Name:

Social Security #

Address:

Phone:

Date of Birth:

Age:

Cell Phone:

Best Way to Reach You?

Email:

How did you hear about the Patriot Homes units? (Please be specific)

Through the HousingWorks.net website . It lets me search based on my desired location and eligibility, and then helps my advocates generate the correct application pre-typed. It boosts the ADA compliance of all subsidized and affordable housing programs without cost to those programs.

**“Boston Resident”** shall mean any individual whose permanent principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Are you seeking preference as a resident of the City of Boston?

- ☐ Yes  
☐ No

If yes, attach proof of residency – copy of two (2) utility bills 1 from each utility company in your name dated within the last 60 days; e.g. (1) electric, (1) oil, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation must be provided: current signed lease AND EITHER proof of voter registration from City of Boston Election Department OR proof of automobile insurance (showing the address where the car is garaged). An official letter from a shelter may also be accepted in lieu of a current signed lease.

#### **B. STUDENT STATUS**

Will you be or have you been a full-time student during five calendar months of this year or plan to be in the next calendar year at an educational institution? ☐Yes ☐No

#### **C. LANDLORD REFERENCES**

##### **CURRENT LANDLORD**

Name:

Address:

##### **PRIOR LANDLORD**

Name:

Address:

#### **D. EMPLOYER REFERENCES**

##### **Current Employer:**

Name:

Salary

\$

Address:

Overtime/Bonuses

Supervisor:

Position Held:

Phone:

Dates Employed:

##### **Former Employer: (If less than 3 years at current position)**

**Monthly Amount**

Name:

Salary

\$

Address:

Overtime/Bonuses

Supervisor:

Position Held:

Phone:

Dates Employed:

E. INCOME		
Source	Gross Monthly Income	Do you anticipate a change in income in the next 12 months? If so, explain.
Employment	\$	
SSI/SSDI Benefits	\$	
Pension (List Source)	\$	
DET (Unemployment) Benefits	\$	
Veteran's Benefits	\$	
Unemployment Compensation	\$	
Title IV/TANF	\$	
Interest Income (list source)	\$	
Other Source of Income (IRA,etc)	\$	

F. ASSETS		
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Account#
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Account#

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any assets, including real estate property in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (use other side if necessary)	
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list (use other side if necessary)	

G. ADDITIONAL INFORMATION	
Are you a convicted Sex Offender? Circle Level/Status 1 2 3 Pending Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: (use other side if necessary)	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: (use other side if necessary)	
Have you ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: (use other side if necessary)	
Are you currently homeless or have you been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution.</i></p> <p><i>People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.</i></p> <p><i>Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.</i></p> <p><i>People who are fleeing or attempting to flee domestic violence, dating violence, sexual</i></p>	

assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.	
Are you a Veteran? <i>"Veteran" shall mean (1) any person, (a) whose last discharge or release from his wartime service as defined herein, was under honorable conditions and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States, or on full time national guard duty under Titles 10 or 32 of the United States Code or under sections 38, 40 and 41 of chapter 33 for not less than 90 days active service, at least 1 day of which was for wartime service; provided, however, than any person who so served in wartime and was awarded a service-connected disability or a Purple Heart, or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 90 days of active service; (2) a member of the American merchant Marine who served in armed conflict between December 7, 1941 and December 31, 1946, and who has received honorable discharges from the United States Coast Guard, Army, or Navy; (3) any person (a) whose last discharge from active service was under honorable conditions, and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States for not less than 180 days active service; provided, however, that any person who so served and was awarded a service-connected disability or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 180 days of active service.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please be certain to provide a copy of your DD214 form	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

**If you are homeless and do not have a current landlord, you will be required to obtain a letter from the shelter or organization where you are currently residing.**

Please describe your race/ethnicity: **(Optional)**

- ☐ Black or African American   
 ☐ Asian   
 ☐ Native American or Alaska Native  
☐ Native Hawaiian or Pacific Islander   
☐ Other (Not White)   
☐ Hispanic or Latino   
☐ White



### **CERTIFICATION**

I understand I must pay a security deposit for this room prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false statements or information constitutes an act of fraud. False, misleading or incomplete information will lead to cancellation of this application or termination of a lease agreement after occupancy. I agree to comply with income recertification requirements, including the annual submission of information regarding all sources of income from employers and government programs, including income from assets such as bank accounts, CD's, & 401 K's.

SIGNATURE OF APPLICANT:

DATE SIGNED

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**If a reasonable accommodation is needed, please contact our office at 617-464-2483.**

**If you believe you have been discriminated against in seeking housing, you should contact one of the following agencies:**

**Boston Fair Housing Commission: (617)635-2500**

**Massachusetts Commission Against Discrimination: (617)727-3990**

**U.S. Dept. of Housing and Urban Development: (617) 994-8300**



**South Boston Neighborhood Development Corporation**

**365 West Broadway**

**South Boston, MA 02127**

**Telephone: 617-464-2483**

**Email: patriothomes@sbndc.org**

**A Non-Profit Housing Agency**

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Name

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Address

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City, State, Zip

**INFORMATION RELEASE WAIVER**

EXPLANATION: YOUR SIGNATURE ON THIS INFORMATION RELEASE WAIVER IS NECESSARY FOR THE PROCESSING OF YOUR CERTIFICATION/RECERTIFICATION. YOU SHOULD BE AWARE THAT A CREDIT REPORT WILL BE ORDERED INITIALLY AND MAY BE REPEATED IF NECESSARY. THIS RELEASE AUTHORIZES VERIFICATION OF INFORMATION REGARDING YOU FROM SOURCES SUCH AS, BUT NOT LIMITED TO: LANDLORDS, SOCIAL SECURITY, ADMINISTRATION, DEPARTMENT OF WELFARE, DEPARTMENT OF EMPLOYMENT & TRAINING, YOUR EMPLOYER, ETC.

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I AUTHORIZE YOU TO RELEASE TO SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT CORPORATION, MANAGING AGENT, ALL INFORMATION SPECIFICALLY REQUESTED BY SAME FROM YOU TO VERIFY MY INCOME AS WELL AS CREDIT, LANDLORD AND OTHER REFERENCES AS MAY BE NECESSARY. IT IS UNDERSTOOD THAT ALL INFORMATION RELEASED WILL BE KEPT AS CONFIDENTIAL AS POSSIBLE. HOWEVER, YOU SHOULD BE AWARE, THE INFORMATION REPORTED MAY BE REVIEWED BY SOMEONE OTHER THAN A SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT CORPORATION, STAFF PERSON (I.E. ATTORNEY, AUDITOR, ETC.).

CONDITIONS:

I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE WITH THE MANAGEMENT OFFICE AND WILL STAY IN EFFECT FOR A YEAR AND A MONTH FROM THE DATE SIGNED. AS A CONDITION OF CONTINUED OCCUPANCY I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO SIGN THIS INFORMATION RELEASE WAIVER EACH YEAR AT RECERTIFICATION TIME.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

The Residences at St. Augustine's

225 Dorchester Street, South Boston, MA 02127

**Name of Property****Project No.****Address of Property****Oranmore Enterprises, LLC**

Inclusionary Development Program

**Name of Owner/Managing Agent****Type of Assistance or Program Title:****Name of Head of Household****Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.****Signature****Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.