

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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 ☐ GENDER
Male, Female, etc.

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 _____

A BEACON rental community

LEASE-UP APPLICATION

(Affordable Programs)

Island Creek Village North Age Unrestricted

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Instructions for Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, including sections which do not apply to you. For instance, if a section asks for Social Security Income and you do not have Social Security Income, you may write "None" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Rental Application. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
3. As long as your application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
5. Filing out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.

THIS IS A SMOKE-FREE COMMUNITY. SMOKING WILL NOT BE ALLOWED ANYWHERE ON THE PROPERTY, INCLUDING BUT NOT LIMITED TO, APARTMENT HOMES, COMMON AREAS, PARKING LOTS, AND LANDSCAPED AREAS. THIS POLICY MEANS "NO SMOKING", NOT "NO SMOKERS". EVERYONE IS WELCOME TO APPLY FOR AN APARTMENT AT A BEACON COMMUNITY.

This is an important document, if you require interpretation, please call the telephone number below or come to our Leasing and Management Center.

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。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos 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.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់ព្រមអ្នកចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់
ប្រអប់ព្រឹត្តិទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

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 dokumenti muhiim ah. Haddii aad rabto tarjumaad, fadlan wac lambararka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه،
أو تفضل بزيارتنا في مكاتبنا.
این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: 781.934.6714

A BEACON | Rental Application
rental community
Name of Community Desired: Island Creek Village North Age Unrestricted



This form must be filled out in English. Please print neatly in ink. All fields are required. Read the instructions on the facing page before completing each item.

1. Name and address of head of household (HOH)

Last Name	First Name	Middle Initial	
Mailing Address			Apt. #
City	State	ZIP	
()	--	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Area Code	Telephone Number		
Email			

2. How many bedrooms does the household request?

3. How many children under 18 in your household?

4. Is a pet a member of your household?
☐ Yes ☐ No
Type: _____
Breed: _____

5. List all the states where all household members have lived

6a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense?
☐ Yes ☐ No

6b. Are you or any household member required to register as a Sex Offender for any duration?
☐ Yes ☐ No
If yes, for which states: _____

7. Do you have a vehicle? ☐ Yes ☐ No

Year: _____ Make: _____
Model: _____ Color: _____

8. Does the HOH have a Housing Choice Voucher? ☐ Yes ☐ No
Agency: _____

9. Disability Do you need any specific features or unit designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No
If yes, please describe: _____

10. List others who will live with you. Include unborn children and live-in-aides.

#	Relation	First Name + Middle Initial	Last Name	Social Security Number	Birthdate (mm / dd / yyyy)	Disabled? (Y/N)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Self							
2								
3								
4								
5								
6								
7								
8								

Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No If yes, please explain:

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. _____ (Initial here)



11. List the Gender, Ethnicity, and Race of household members		12. Income and assets Provide gross (not net) amounts for all questions.									
<div style="border: 1px solid black; padding: 5px;"> <p>14. How did you hear about us?</p> <p><input type="checkbox"/> Advertising:</p> <p><input type="checkbox"/> Website: via HousingWorks.net</p> <p><input type="checkbox"/> Social Media:</p> <p><input type="checkbox"/> Friend:</p> <p><input type="checkbox"/> Other:</p> </div>		<p>12a. Total monthly income Include income from all family members. You may estimate.</p> <p>\$ _____</p>	<p>12b. Value of household assets Assets include bank accounts, investments, and real estate of all household members.</p> <p>\$ _____</p>								
<div style="border: 1px solid black; padding: 5px;"> <p>15. Landlord history of past 5 years</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Current Landlord</th> <th style="width: 50%;">Prior Landlord</th> </tr> <tr> <td style="height: 40px; vertical-align: top;">Address</td> <td style="height: 40px; vertical-align: top;">Address</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">Phone Number</td> <td style="height: 40px; vertical-align: top;">Phone Number</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">Duration</td> <td style="height: 40px; vertical-align: top;">Duration</td> </tr> </table> <p><small>If you need additional space, please check this box <input type="checkbox"/> and use a blank sheet of paper.</small></p> </div>		Current Landlord	Prior Landlord	Address	Address	Phone Number	Phone Number	Duration	Duration	<p>12c. Income Source(s) Check all that apply.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Wages <input type="checkbox"/> SSI – State <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____/month </div> <div> <input type="checkbox"/> SSA <input type="checkbox"/> Child support <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other income: _____ </div> <div> <input type="checkbox"/> SSI – Federal <input type="checkbox"/> Pension <input type="checkbox"/> Interest/annuity income </div> </div> <p>Do you anticipate a change in your household income in the next 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If yes, please explain:</small></p>	
Current Landlord	Prior Landlord										
Address	Address										
Phone Number	Phone Number										
Duration	Duration										
<div style="border: 1px solid black; padding: 5px;"> <p>13. Violence Against Women Act</p> <p>Are you a victim of domestic violence?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>											

Certification of applicant I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

☒ Signature of head of household _____ Date _____

☒ Signature of co-head of household _____ Date _____

☒ Signature of spouse or co-head of household _____ Date _____

☒ Signature of co-head of household _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

(Affordable Programs)

OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR PRIORITY/PREFERENCE STATUS - PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION

1st Priority:

Are you "Homelessness Due to Displacement by Natural Forces"? An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) Fire not due to the negligence or intentional act of applicant or a household member;
- (ii) Earthquake, flood, or other natural cause; or
- (iii) A disaster declared or otherwise formally recognized under disaster relief laws.

Yes _____ No _____

2nd Priority:

Are you "Homelessness Due to Displacement by Public Action (Urban Renewal)"? An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application by:

- (i) Any low rent housing project as defined in M.G.L. c. 1218 § 1; or
- (ii) A public slum clearance or urban renewal project indicated after January 1, 1947; or
- (iii) Other public improvement.

Yes _____ No _____

3rd Priority:

Are you "Homelessness Due to Displacement by Public Action (Sanitary Code Violations)"? An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Yes _____ No _____

4th Priority:

Are you "Involuntary Displaced by Domestic Violence"? "Domestic Violence" as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or
- (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

Yes _____ No _____

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature. Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.



OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR LOCAL PREFERENCE STATUS - PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION.

Are you eligible for Local Preference status as defined below? YES _____ NO _____

If you answered "YES" above, please check the appropriate category below and provide documentation:

Current residents: A household in which one or more members is living in the Town of Duxbury at the time of the application. Evidence of residency in Duxbury. Examples of documentation would be rent receipts, utility bills, street listing or voter registration listing.

Municipal Employees: Employees of the Town of Duxbury, including persons hired but not yet employed by the Town of Duxbury. Evidence of employment by the Town of Duxbury. Examples of documentation would be the last 3 consecutive months' pay stubs from the Town of Duxbury. Or evidence of being hired but not yet employed by the Town of Duxbury.

Employees of Local Businesses: Employees of businesses located in the Town of Duxbury, including persons hired but not yet employed by businesses located in the Town of Duxbury, or persons who expect to live in the Town of Duxbury as the result of a bona fide offer to work in the Town of Duxbury. Evidence of employment by a business located in the Town of Duxbury. Examples of documentation would be the last 3 consecutive months' pay stubs from the business. Or evidence of being hired but not yet employed by the local business; or evidence for a person who expects to live in the Town of Duxbury as the result of a bona fide offer to work in the Town of Duxbury.

Households with children attending the Municipality's schools, such as METCO students.

CLARIFICATION for PBV and MRVP UNITS:

PBVs: There are eight (8) Project Based Voucher (PBV) units. There is no Local Preference for the eight (8) PBVs. The MassHousing Preferences apply to the PBV units. The MassHousing Preferences can be found on page 15 of the TSP. Residents of Island Creek Village West that are rent burdened as defined on page 19 of the TSP are eligible for a Rent Burden Preference if they apply for these units.

MRVPs: There are eight (8) MRVP units and all units at initial lease up can be filled with applicants that meet the definition of Local Preference as defined in Section E, Preferences, Priorities and Targeting, on page 17 of the TSP. The MassHousing Preferences apply to the MRVP units. The MassHousing Preferences can be found on page 15 of the TSP.

Head of Household must initial verifying the Local Preference status selection here: _____

(initial above)



Application Addendum for Island Creek Village North Age Unrestricted

According to Procedures for Housing Lottery (Attachment 7) of the Tenant Selection Plan dated August 25, 2015, this "Initial Information Lease Up Package" (a/k/a Lottery Package) provides that current residents of Island Creek Village West (ICVW) may be eligible for a preference in the lottery ranking if they have a 50% or more rent burden. These residents will be given preference to transfer to Island Creek Village North Age Unrestricted. This preference only applies to existing ICVW residents that resided in the development as of June 21, 2013 which was the expiration of the Equivalent Affordability Restriction, Book 42795, Page 42 Plymouth County Registry of Deeds.

Please complete the questions below to determine if your household is eligible to be considered for this preference.

RESIDENCY STATUS:

Are you a resident of Island Creek Village West?

☐ Yes ☐ No

If Yes, please complete and sign below.

If No, this Application Addendum does not apply to your household.

MONTHLY INCOME:

Please list monthly household income as noted on the attached application. Please be sure to include all sources of income including but not limited to employment, social security benefits, pensions, unemployment, worker compensation, public assistance (cash benefits), recurring gifts, etc.:

Monthly income for all household members: \$ _____

MONTHLY RENT:

Please list your currently monthly rent. Note if you have a rental subsidy, please note the source below.

Monthly rent at Island Creek Village West: \$ _____

If you have rental assistance, please list the housing authority or provider: _____

MONTHLY RENT divided by MONTHLY INCOME = _____ (if assistance is needed for this calculation, please see a leasing representative).

If this amount is greater than 0.50 then you may be eligible for a preference in the lottery ranking. Further documentation of income and rent amounts may be requested to confirm that your household is rent burdened.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or application.

Resident signature _____ Date _____

Resident signature _____ Date _____

