

Beacon House



Dear Applicant:

Thank you for your interest in Beacon House apartments. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed. Therefore, if you should need assistance understanding and/or filling anything out, please contact the management office and we will be happy to assist you. This property is partially subsidized by the Department of Housing and Urban Development (HUD). Listed below you will find a brief description of all forms that are required by HUD for its subsidized units as well as additional information regarding a different program offered here at the site not subsidized by HUD. Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

The Following two forms are included with this package. Please complete and return Form HUD-92006 with your application.

Attachment A – Form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants: Rogerson Communities is required by HUD to provide each applicant household member the opportunity to provide supplemental contact information to management. One form must be completed by each adult household member and returned with this application. For household members who choose to provide the information, complete the entire form, sign, date and return it with your application. For household members who DO NOT choose to provide supplemental contact information, fill in your name at the top, check the box at the bottom of the form directly above the signature area stating that you choose not to provide the contact information, sign, date and return the form with your application.

New HUD Social Security Number Requirement: Household members applying to receive assistance will be required to provide a social security number and adequate information documentation necessary to verify that number at time of interview.

There are three distinct Wait List categories for your consideration. Please read carefully.

(See next page)



Beacon House



Waitlist 1

Program:

Age Requirement:

Unit Type:

Income:

Subsidized

62 Years of Age or Older

STUDIOS ONLY

CANNOT EXCEED \$56,800 FOR ONE PERSON HOUSEHOLD

CANNOT EXCEED \$64,900 FOR TOW PERSON HOUSEHOLD

30% OF TOTAL INCOME

Waitlist 2

Program:

Age Requirement:

Unit Type:

Income:

Subsidized

NON-ELDERLY DISABLED - 18 Years of Age or Older

STUDIOS ONLY

CANNOT EXCEED \$56,800 FOR ONE PERSON HOUSEHOLD

CANNOT EXCEED \$64,900 FOR TOW PERSON HOUSEHOLD

30% OF TOTAL INCOME

Waitlist 3

Program:

Age Requirement:

Unit Type:

Income:

MARKET RATE

55 Years of Age or Older

Standard Studio - \$964.00

Large Studio - \$1150.00

One Bedroom - \$1324.00

MUST BE ABOVE #37,750 BUT NOT EXCEED

Household Size	Maximum Annual Income Limit
1 Person	\$56,800
2 People	\$64,900

Section 8 Vouchers Welcome
(Income limits DO NOT apply to Section 8 participants)



Beacon House



Personal Reference Request

Name of applicant: _____

Name of reference: _____ Phone: _____

Address: _____

How long have you know the applicant? _____

How did you come to know each other? _____

How would you describe the applicant as a person? _____

Have you ever seen the applicant's home? _____

How long ago? _____ What kind of a home would you say the applicant keeps? _____

Beacon House is primarily housing for the elderly. What do you think the applicant would bring to such a community? _____

When the applicant needs assistance for health or other reasons does he/she solve the problems? _____

Have you ever known the applicant to conduct themselves in a manner so as to damage property or disturb neighbors? _____

Would you recommended the applicant as a tenant at Beacon House? _____

Does the applicant follow fire and other safety procedures? _____

Would you like to add anything in the applicant's behalf? _____

Release From Applicant

I give Beacon House staff permission to ask the questions listed above of anyone I designate as a Personal Reference.

Applicant Signature

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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

Site Name: **Beacon House**
Address: **19 Myrtle Street**
City, State: **Boston, MA 02114**
Phone#: **617-523-8295**
Fax#: **617-523-9913**
TDD#: **617-469-5800**

PRELIMINARY RENTAL APPLICATION
Equal Housing Opportunity
Please print and fill in ALL information

Date: _____

APPLICATION FOR ADMISSION

Noe: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant:

Home Tel

Present Address

Street City State Zip

Mailing Address

(If Different) Street City State Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/ Alaskan Native

☐ Asian or Pacific Islander

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ White (not of Hispanic origin)

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

SIZE OF APARTMENT NEEDED:

UNIT TYPE REQUESTED:

OBR 1BR

☐ ☐

☐ Market Rent

Wheelchair

☐ Basic Rent

Adapted Unit

☐ Low Rent

☐ Yes ☐ No

Hearing/Visual

Adapted Unit

☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

[] Yes [] No If yes, please explain. _____

Present housing cost per month \$ _____ Including utilities? [] Yes [] No

How long have you lived at present address? _____ Years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	Age	Sex	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
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1 _____ Head of Household _____ Yes or No

Birth date (for head of household only): _____

2 _____ Yes or No

REFERENCES

Provide the full name and address of Landlord or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone _____

Address _____

Name of Present Landlord/Official _____ Telephone _____

Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? Yes or No If Yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] Weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] Weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	Per _____
_____	_____	Per _____
_____	_____	Per _____
		(week, month, year)

INCOME FROM ASSETS

Assets include Checking Accounts, Saving Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holding and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	Per _____
_____	_____	Per _____
_____	_____	Per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? Yes _____ No _____ If so, please explain. _____
2. Does your present apartment contain health code violations? Yes _____ No _____ If so, please describe. _____
3. Is your present apartment too small for your family? Yes _____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____ If so, please explain. _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, Please provide details. _____

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and the registration requirements (i.e place where registration needs to be filled, length of time for which registration is required). _____

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best for my/our knowledge and belief. **Inquires may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that. I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Co-Applicant

Date:

Date

Rogerson Communities, acting as management agent for **Beacon House** (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its program, activities, functions or services.

