

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
○



Council Tower

2875 Washington St. Roxbury, MA 02119

Managed by Rogerson Communities

VOICE: (617) 427-8194 TDD: (617) 469.5800

COUNCIL TOWER RENTAL APPLICATION

Council Tower has been developed specifically for elderly individuals (62 years of age and older), or individuals requiring the special design features of a wheelchair adapted unit. For this reason, questions related to age are permissible and do not violate fair housing provisions.

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.

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY

DATE: _____

Your Full Name _____ Sex (M/F) _____ Date of Birth _____

2nd Occupant Name _____ Sex (M/F) _____ Relationship _____ Date of Birth _____

Present Address _____
Street and Address City State Zip Phone

SIZE OF APARTMENT NEEDED:

0 BR Only [] **1 BR Only** [] **No Preference**, I wish to apply to all waiting list and will accept first available []

Noted: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary that outlines the application process, including eligibility and screening requirements, for occupancy in the Development.

PART A FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name _____ Phone _____

Address _____

Years There _____ to present day Monthly Rent _____

Does Rent Include Heat? Yes No Does Rent Include Electricity? Yes No

Estimated Cost of Heat Per Year _____ Estimated Cost of Electric Per Year _____

Below List Names, Addresses, Dates of Previous Tenancies and Phone Numbers of Previous Landlords

1. _____
2. _____

PART B FILL IN ONLY IF YOU OWN YOUR OWN HOME

1. Monthly Mortgage _____ Present Balance on Mortgage _____

2. Real Estate Tax Per Year _____

3. Insurance Premium Per Year _____

4. Utilities (Gas, Oil, Electricity) Per Month _____

5. Other Expenses: _____

PART C NEED FOR SPECIALLY ADAPTED UNIT

Council Tower has available eight (8) units specially adapted for wheelchair use. The entry is by means of an accessible path; the doors have levered handles; and, the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower level storage. The path includes special grab bars, a hand held shower, and mirrors set at a lower level. The halls and doorways are extra wide.

Do you have a handicap or disability which requires that you occupy the above described wheelchair adapted unit? yes ____ no ____

PART D EMPLOYMENT

1. Employer Name _____ Phone _____
Address _____
Position _____ How Long There _____
Gross Salary (Before Taxes) _____ Per **week** **month** **year** (circle one)
2. If Second Household Member is Employed Give Same Information Below:
- _____
- _____

PART E INCOME (OTHER THAN EMPLOYMENT)

Please provide the following information for each person, including yourself, who will be residing in the apartment. ALL sources of income must be stated. These include salary, social security, pension, SSI, interest, dividends, trust income, rent from other properties, allowances from family, and any other income. Please give gross income amounts (before deductions have been taken out, for example, for health insurance or taxes.)

PLEASE NOTE: In order to be eligible for Council Tower your annual income can not exceed \$34,350 for a one person household and \$39,250 for a two person household. The extremely low income limit is \$20,650 for a one person household and \$23,600 for a two person household. These limits change slightly each year.

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
			TOTAL FOR PART E:	
			Plus Employment Income from Part D	
			Total Gross Income	

PART F - ASSETS

List all checking and savings accounts, IRA's, Keoughs, and Certificates of Deposit below.

Family Member Name	Account Type	Bank Name	Account Number	Current Balance	Interest Rate

List other assets:

Trust Fund \$ _____ Mutual Funds \$ _____ Bonds or Stocks \$ _____ Other Assets \$ _____
Whole Life Insurance Policy (agency) _____ Cash Surrender Value \$ _____

1. Do you own a home or other real estate? Yes _____ No _____
If yes, what is its market value? \$ _____
2. Have you given away or sold any property or other assets in the past two years? Yes _____ No _____
If yes, what is the current market value of the asset(s)? \$ _____

PART G — MEDICAL EXPENSES (OPTIONAL, for determining medical allowances in determination of monthly rent)

1. Name of Insurance _____ Premium Amount \$ _____

Name of Insurance _____ Premium Amount \$ _____

2. List any special expenses for care of household members who are disabled or handicapped:

3. Do you have any medical expenses not covered by insurance? _____

If yes, describe briefly: _____

PART H - CURRENT HOUSING CONDITION

1. Are you Homeless due to Displacement by Natural Forces (i.e.: a fire not due to negligence or intentional act of applicant or a household member; earthquake; flood or other natural cause; a disaster declared under disaster relief laws)? **Yes** ____ **No** ____

If yes, please explain the circumstances: _____

2. Are you Homeless due to Displacement by Public Action (i.e.: Urban Renewal or other public improvement)? **Yes** ____ **No** ____

If yes, please explain the circumstances. _____

3. Are you Homeless due to Displacement by Public Action (i.e.: Sanitary Code Violations not caused by you or your household members)? **Yes** ____ **No** ____

If yes, please note which items you believe are unsafe or unhealthy: _____

4. Are you Homeless due to Displacement by Domestic Violence? (Applies only to households with one or more children under the age of 18)? **Yes** ____ **No** ____

If yes, please explain the circumstances. _____

5. Are you now living in government subsidized housing? (For example, section 8, section 236, Public Housing) **Yes** ____ **No** ____

6. Do you plan to have anyone living with you who is not listed on this application? **Yes** ____ **No** ____

If yes, please explain: _____

PART I - OTHER INFORMATION

1. When could you accept occupancy if you were selected as a resident? _____

2. Do you have a car? **Yes** ____ **No** ____ Year. make, model: _____

3. Do you have a pet or pets? **Yes** ____ **No** ____ Please describe: _____

4. Are you a United States Citizen? **Yes** ____ **No** ____ Or, do you have legal alien status which you can verify? **Yes** ____ **No** ____

PART J — 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 person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required) _____

Have you or any member of your household resided outside of Massachusetts? _____. If yes, please list all the states of residence for each household member. _____

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

FAIR HOUSING AND 504 INFORMATION

FAIR HOUSING POLICY

Rogerson Communities offers all units on an open occupancy basis. Rogerson Communities does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, veteran history, or public assistance reciprocity.

TDD RELAY

TDD relay service is available to all applicants and residents through the use of a NYNEX TDD relay operator. For TDD assistance, please call 1-(800) 439-2370.

504 COORDINATOR

Rogerson Communities' 504 Coordinator may be reached by calling (617) 363-2300 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Ms. Jo-Anne Dwyer, 504 Coordinator, Rogerson Communities, One Florence St., Roslindale, MA 02131.

REASONABLE ACCOMMODATIONS

Rogerson Communities is committed to offering reasonable accommodations to applicants, residents and employees who have physical, developmental, or mental limitations or challenges. Requests for units adapted for the physically challenged, or other accommodations in policy or procedures, require confirmation of the limitation which will be accommodated by the change. A description of the "qualifying handicap" may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation. Reasonable accommodations are also limited by the financial ability of the development to make any needed changes. Changes in policy, procedures, and design may be governed by the following considerations: 1) The requested accommodation will not result in an undue administrative burden 2) The requested accommodation will not result in an undue financial burden and/or 3) The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application, and the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing.
Additional information may be necessary to complete the application process.
3. I hereby give Rogerson Communities Management authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application.

APPLICANTS SIGNATURE: _____ DATE: _____

SECOND APPLICANT'S SIGNATURE: _____ DATE: _____

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

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished

_____ White/Non-Minority
_____ Am, Indian/Native American
_____ Other

_____ African American
_____ Asian
_____ I do not wish to furnish the above information

This Housing is available on an equal opportunity basis. If you feel that you have been discriminated against in the application process contact:

Boston Fair Housing Commission, City Hall-9th Floor, 1 City Hall Plaza, Boston, MA 02201

Dear Resident:

This letter is being distributed to every head of household upon recertification as required by HUD. This letter is not meant to imply that you, or other members in your household, have not complied with the requirement to provide proof of your social security number, we are simply notifying everyone of this new rule.

New HUD Social Security Number Requirement

Effective January 31, 2010, all household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a Federal, State or local agency, a medical provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statements
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

For eligibility purposes, applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on a waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they 1) can be screened, 2) can participate in the eligibility interview or 3) can be housed.

Exceptions to Disclosure of Social Security Number

The Social Security Number requirements do not apply to:

- 1) Individuals who do not content eligible immigration status.
 - When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file- whereby the individual did not content eligible immigration status —to support exception to the requirements to disclose and provide verification of a Social Security Number.
- 2) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
 - The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.
 - Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. This documentation must be retained in the resident file. An owner/agent cannot accept a certification from the applicant (a self-certification) stating they qualify for the exemption.
 - The exception status for these individuals is retained if the individual moves to-a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

If all non-exempt household members have not disclosed and/or provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the day they are first offered an available unit to disclose/verify the Social Security Numbers.

During this 90 day period, the applicant may retain their place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers for all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Secondary Verification of the Social Security Number

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. (Optional) If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

Signature

Date



Equal Housing Opportunity