

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

**For Landlords Only!**  
**[support@housingworks.net](mailto: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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 \_\_\_\_\_

## FLORENCE HOUSE RENTAL APPLICATION

*Florence House has been developed specifically for elderly individuals (55 years of age and older) and is owned by a Cooperative Association, which is comprised of the residents. Each resident is a stockholder in the corporation and a tenant under the Occupancy Agreement members are often referred to as "stockholder".*

**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) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and Address

City \_\_\_\_\_ Home Phone \_\_\_\_\_

### PART A FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Years There \_\_\_\_\_ 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 COST ISSUES

**PURCHASE:** The total amount of the purchase price is refunded to the buyer (or his or her estate) when occupancy ends. Purchasers may finance all or part of the cost of the share by obtaining a residential mortgage from a bank or mortgage company.

**MONTHLY CHARGES:** The monthly carrying charges are paid by each tenant stockholder, which provides the funds necessary to operate the apartments, including expenses that the tenants would normally have to arrange for themselves if they were living in rental housing or a condominium. Heat and Air Conditioning, Repairs, Grounds Keeping, Snow Removal and Taxes. These charges do not include separately metered electrical service, telephone or cable TV.

## 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: There are no income limits for Florence House residents. The only guideline which is used is an individual's ability to be able to purchase a share of stock and pay the monthly carrying fees.**

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, Keoghs, 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	\$ _____
Paid Life Insurance	\$ _____	Cash	\$ _____

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 C .CURRENT HOUSING CONDITION**

1. Do you wish to move? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, why? \_\_\_\_\_  
\_\_\_\_\_
2. How many people live in your house? \_\_\_\_\_ How many bedrooms in your home? \_\_\_\_\_
3. Are you being displaced from your current housing? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_
4. Are you without or about to be without housing? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain the circumstances.
5. Are you living in substandard housing, which affects your health or safety? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, please note which items you believe are unsafe or unhealthy: \_\_\_\_\_
6. Are you now living in government subsidized housing? (For example, section 8, section 236, Public Housing) yes \_\_\_\_\_ no \_\_\_\_\_
7. 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? \_\_\_\_\_ Year, make, model: \_\_\_\_\_
3. Do you have a pet or pets? Please describe: \_\_\_\_\_
4. How did you hear about these apartments? **via the HousingWorks.net website**
5. Are you a United States Citizen? yes \_\_\_\_\_ no \_\_\_\_\_ Or, do you have legal alien status which you can verify? yes \_\_\_\_\_ no \_\_\_\_\_
6. Please list the names, addresses, and phone numbers of two relatives or friends who know how to contact you, and who could be contacted if we cannot reach you, or in an emergency.

a. Name: _____	b. Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship to you: _____	Relationship to you: _____

## **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. Sandra McWhirter, 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.

*Evidence of any of the following will be deemed a failure to meet minimum eligibility standards.*

1. History of failure to meet rent and/or other financial obligations on a timely basis. Reasonable accommodation will be made in cases where problematic history can be shown to be a consequence of disability, and applicant and Roslindale House agree to provide a mechanism approved by Roslindale House to guarantee timely payment of rent.
2. A history of behavior or criminal activity by any member of the applicant household which might interfere with the health, safety, security, or peaceful enjoyment of other residents. Examples of activity which could lead to rejection include, without limitation, the possession, distribution and/or use or sale of illegal drugs, illegal sale of or public drinking of alcohol, crimes of physical violence to person or property, rape, prostitution, assault or breaking and entering. Court and/or probation records, where applicable, must be provided by each occupant; in accordance with Massachusetts General Laws.
3. Any previously displayed behavior by any member of the applicant household, which would severely impinge upon the safety, health, peace, or well being of the other residents. Documented physical destruction of property or vandalism would also be grounds for disqualification.

4. Previously evicted due to problems caused by any applicant or member of the applicant household or their guests. Reasonable accommodation will be made if such problems can be shown to be a consequence of disability and these problems have appropriately been resolved.
5. False information on the application (determined upon verification of information).
6. Demonstrated inability to live in a residential setting without using illegal drugs and without abusing controlled drugs or alcohol.
7. Demonstrated inability to be able to meet the obligations of the lease.
8. An incomplete application.

## **PART J . 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 18B 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**

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

\_\_\_\_ African American

\_\_\_\_ Am. Indian/Native American

\_\_\_\_ Asian

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ 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  
Tel: (617) 635-4408*

Title 18, Section 1001 of the U.S. Codes 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 HOD, the PHA and any owner (or any employee of MUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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 the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are coiiitaixied in the Social Security Act of 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (1), (g)and(h).



Equal Housing Opportunity