

Click this button to access the online Ready Renter Application. The deadline for this lottery is August 15th, 2019.

1. If you don't see the application, scroll to the bottom of the page, find the blue stripe and click the word [here](#).
2. If you are applying to one of the three 1BR CBH units, you must also provide a signed copy of the [Mass Rehabilitation Commission Certificate on Application for Community-Based Housing](#). We've included that form as page 2 of this document (scroll down). You will need to mail this form after completing the online application, unless the online application provides a way to upload a signed copy of this form.

Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the

community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological, allied mental health and human services professional who has knowledge of the individual for some duration; or a person designated by MRC as a certifier.

Applicant's Name: _____

- ☐ Yes ☐ No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.
- ☐ Yes ☐ No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Developmental Services. (A "Yes" answer confirms the applicant is NOT eligible for FCF).
- ☐ Yes ☐ No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long-term rehabilitation center or hospital.

Explanation (please state if the individual is currently institutionalized)

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature) (Date)

Name: _____

Address: _____

Phone: _____