

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.

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

- ☐ 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 \_\_\_\_\_



September 4, 2019

Dear Provider,

Father Bill's & MainSpring and NeighborWorks of Southern Massachusetts are pleased to announce one opening at the Weymouth Veteran's House. The Weymouth Veteran's House is located at 741 Main Street, Weymouth MA and has 1 second floor SRO unit opening with self-sufficiency services. The unit includes an individual kitchenette, shared bathrooms and full kitchen/dining area.

This unit has a preference for homeless individuals with U.S. military experience and other homeless individuals.

Amenities include: off street parking, laundry facilities, case management services and peer support for individuals with U.S. military experience. The site offers easy access to a nearby bus stop.

Eligibility:

- **Applicants must be homeless;** Homeless preference defined as meeting one of the following HUD criteria:
  - People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided (for less than 90 days).
  - People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
  - People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.
- **Income limit of 30% of area median income [SOME ADJUSTMENTS MAY APPLY]**
- **The household must be eligible for an SRO unit only**

Application Process:

- Applications will be accepted starting on **Monday, September 9, 2019**
- Completed applications must be post marked or returned no later than **4:00pm on Monday, September 23, 2019**
- Applications must be mailed or returned to: Father Bill's & MainSpring, 197 Quincy Ave, Suite 111, Braintree, MA 02184, Attn: Weymouth Veteran's House Application
- Please feel free to make copies of the attached application
- Blank applications are also available at Father Bill's & MainSpring, 197 Quincy Ave, Suite 111, Braintree, MA 02184 Monday through Friday from Monday, September 9, 2019 to Monday, September 23, 2019 9:00am-4:00pm
- If you are unable to drop by during office hours, please contact us for special arrangements.

Sincerely,

Kate Swope  
Leased Housing Manager  
Father Bill's & MainSpring  
[kswope@helpfbms.org](mailto:kswope@helpfbms.org)  
p: 508-208-7129

# **Weymouth Veteran's House**

## **APPLICATION MATERIALS:**

☐ Tenant Application form

Non-discrimination statement (on application form)

☐ Homeless Verification (please include third party verification with application)

☐ Income Verification (please include third party verification with application)

☐ Checklist for Preference Categories (if applicable)

☐ Reasonable Accommodation information

☐ Release of Liability and Information

**Weymouth Veterans House Application**  
**NeighborWorks Southern Massachusetts/Father Bill's & MainSpring**

**Application materials can be made available in other languages upon request.**

**Material de inscrição pode ser disponibilizado em Português, mediante solicitação.**

**Las solicitudes pueden estar disponibles en español a su solicitud.**

**APPLICANT NAME:**

**CURRENT ADDRESS AND LENGTH OF TIME AT THIS ADDRESS:**

**CITY, STATE, ZIP CODE:**

**Since:**

**HOME PHONE:**

**ALTERNATE PHONE:**

**HOUSEHOLD COMPOSITION**

**(LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.)**

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.

**RACE OF HEAD OF HOUSEHOLD (CHECK ONE) - OPTIONAL**

**(THIS INFORMATION IS BEING COLLECTED TO ASSURE COMPLIANCE WITH FAIR HOUSING AND EQUAL OPPORTUNITY RULES.)**

☐ **HISPANIC – CHECK IF YES**

**ALSO CHECK ONE OF THE FOLLOWING:**

☐ **WHITE**

☐ **BLACK**

☐ **ASIAN/PACIFIC ISLANDER**

☐ **NATIVE AMERICAN/ALASKAN NATIVE**

☐ **MORE THAN ONE RACIAL BACKGROUND**

**PREFERENCE INFORMATION. YOU MAY QUALIFY FOR A PREFERENCE FOR HOUSING ASSISTANCE IF ANY OF THE FOLLOWING CIRCUMSTANCES CAN BE VERIFIED FOR YOUR FAMILY. PLEASE CHECK ANY THAT APPLY TO YOU.**

- ☐ **ARE YOU CURRENTLY HOMELESS AND LIVING IN AN EMERGENCY SHELTER, TRANSITIONAL PROGRAM, HOTEL/MOTEL OR SCATTERED SITE TEMPORARY APARTMENT OR ARE YOU LIVING IN THESE LOCATIONS, BUT TEMPORARILY IN A HOSPITAL OR TREATMENT FACILITY FOR LESS THAN 90 DAYS?**

**IF YES, PLEASE PROVIDE NAME OF SHELTER AND/OR HOMELESS SERVICE PROVIDER AND A LETTER WRITTEN, DATED AND SIGNED BY THE PROVIDER ON AGENCY LETTERHEAD VERIFYING HOMELESS**

STATUS AND DATE OF INITIAL HOMELESSNESS. LETTER MUST INCLUDE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON.

☐ ARE YOU HOMELESS AND LIVING IN A PLACE NOT MEANT FOR HUMAN HABITATION?  
IF YES, PROVIDE A SIGNED CERTIFICATION EXPLAINING WHERE YOU ARE STAYING AND DATES.

☐ HAVE YOU EXPERIENCED U.S. MILITARY SERVICE?  
IF YES, PLEASE PROVIDE A COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.

DO YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD REQUIRE A WHEELCHAIR ACCESSIBLE UNIT?

- ☐ YES  
☐ NO

DO YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD REQUIRE A HEARING OR SIGHT IMPAIRED ACCESSIBLE UNIT?

- ☐ YES  
☐ NO

DO YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD REQUIRE OTHER REASONABLE ACCOMMODATIONS?

- ☐ YES  
☐ NO

IF YES, PLEASE EXPLAIN

#### INCOME INFORMATION

WHAT IS THE TOTAL ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS? (INCLUDE WAGES, SALARIES AND TIPS; OTHER INCOME SUCH AS ALIMONY, CHILD SUPPORT; AND SOCIAL SECURITY, VA DISABILITY, AFDC OR OTHER BENEFITS)

MEMBER'S FULL NAME	SOURCE OF INCOME	ANNUAL AMOUNT	PAYMENT BASIS (WEEKLY, MONTHLY, ETC.)

#### EXPENSE INFORMATION [SOME ADJUSTMENTS MAY APPLY]

☐ YES ☐ NO DOES YOUR HOUSEHOLD HAVE UN-REIMBURSED MEDICAL EXPENSES IN EXCESS OF 3 PERCENT OF ANNUAL INCOME?

☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CHILD CARE EXPENSES FOR CHILDREN UNDER THE AGE OF 13 THAT ENABLE A FAMILY MEMBER TO WORK OR GO TO SCHOOL?

☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CARE EXPENSES FOR THE CARE OF A FAMILY MEMBER WITH DISABILITIES THAT ENABLE A FAMILY MEMBER TO WORK?

APPLICATION CERTIFICATION: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE RENTAL ASSISTANCE. I/WE AUTHORIZE THE [PROGRAM ADMINISTRATOR] TO VERIFY ALL

INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT A CORI CHECK WILL BE PERFORMED IF I/WE ARE DETERMINED TO BE OTHERWISE ELIGIBLE FOR THIS HOUSING.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE. ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW.

WARNING: 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 departments of the United States Government.

<b>HEAD OF HOUSEHOLD SIGNATURE</b>	<b>DATE</b>	<b>SPOUSE SIGNATURE</b>	<b>DATE</b>
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*Father Bill's & MainSpring is obligated not to discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.*

**MANDATORY ATTACHMENTS:**

1. Reasonable Accommodation notice,
2. Certification of Accurate Information.
3. **DOCUMENTATION OF INCOME:**
  - LETTER FROM EMPLOYER STATING GROSS INCOME AND SPECIFYING PAY PERIOD AND LAST MONTH OF PAYSTUBS
  - LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR SSI, SSDI, DTA, VA OR OTHER BENEFIT SOURCE
  - LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR UNEMPLOYMENT BENEFITS
  - LETTER OR COURT ORDER DOCUMENTING ANY OTHER SOURCE OF INCOME, INCLUDING BUT NOT LIMITED TO CHILD SUPPORT PAYMENTS
4. **DOCUMENTATION OF HOMELESSNESS – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE HOMELESS PREFERENCE:**
  - LETTER OR FORM SIGNED AND DATED BY EMERGENCY SHELTER OR TRANSITIONAL PROGRAM OR OTHER HOMELESS SERVICE PROVIDER VERIFYING HOMELESS STATUS, LETTER MUST INCLUDE NAME AND PHONE NUMBER OF CONTACT PERSON.
  - VERIFICATION OF HOMELESSNESS PROVIDED IN APPLICATION
5. **DOCUMENTATION OF U.S. MILITARY SERVICE – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE VETERANS PREFERENCE:**
  - COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.



**Equal Housing Opportunity**





## Checklist for Preference Categories [To be completed by homeless provider]

All programs must maintain documentation on file to prove a person's eligibility preference.

### Important change for Permanent Housing Projects

A person is considered homeless only when he/she resides in one of the places described below.

Applicant Name: \_\_\_\_\_

### Section A: Homeless Verification:

Father Bill's & MainSpring may only grant a homeless preference to persons who are in one of the following homeless situations at the time of application.

(Check one and attach appropriate documentation):

- ☐ In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings. Please attach a signed and dated letter verifying collateral contacts with other agencies, a signed statement by the client, or other verifying documentation.
- ☐ In an emergency shelter. Please attach a signed and dated letter from a shelter staff person or other social service agency that can verify the shelter stay.
- ☐ In transitional or supportive housing (for homeless persons who originally came from the streets or emergency shelter). Please attach a signed and dated letter from the transitional provider verifying the current stay and the client's homeless status prior to transitional housing.
- ☐ In any of the above places, but is spending a short time (up to 90 consecutive days) in a hospital or other institution. Please attach a signed and dated letter.
- ☐ Losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
- ☐ Fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.
- ☐ Not Homeless. Not eligible for homeless preference.

This form and the appropriate verification must be filed in each case record and be available for review. (Please also include client income verification in each case record.)

\_\_\_\_\_  
Name of staff verifying homelessness

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date



### **REASONABLE ACCOMMODATION**

Section 504 of the Fair Housing Act enables individuals with disabilities to request a “reasonable accommodation” in rules, policies, practices, or services in order to participate fully in a program.

Requests must be submitted in writing to Father Bills & MainSpring’s Leased Housing Manager.

A written request for a reasonable accommodation must include reliable disability-related information that:

Verifies that the individual has a disability that falls under the Fair Housing Act **and**

Describes the needed accommodation **and**

Shows an identifiable relationship between the requested accommodation and the individuals’ disability

Depending upon circumstances, this information may be provided by the (potential) program participant, a doctor or medical professional, or a social service provider.

Father Bills & MainSpring may refuse to provide a reasonable accommodation if the request does not meet the above-referenced requirements and/or if providing the accommodation would constitute an undue financial and administrative burden or fundamental alteration of the providers’ housing program.

**Participant signature to verify receipt:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **RELEASE OF LIABILITY**

For and in consideration of services, including but not limited to the provision of shelter, received from the Father Bills & MainSpring, Inc., a Massachusetts Charitable Corporation, the receipt and sufficiency of which is hereby acknowledged, I, \_\_\_\_\_, on behalf of myself and my Heirs, Executors, Administrators and Assigns, hereby remise, release and forever discharge the said Father Bills & MainSpring, Inc. its members, volunteers, employees, agents and assignees from all debts, demands, actions, causes of action, suits, promises, omissions, damages and liabilities both in law and in equity which against the said Father Bills & MainSpring, Inc. the said \_\_\_\_\_ now have, ever had, or will have from the beginning of the world to the date of termination of services to me.

\_\_\_\_\_  
Date Participant Signature

IN WITNESS WHEREOF, the said \_[participant name]\_\_\_\_\_ has unto set his hand and seal on \_[Date]\_\_\_\_\_

Signed and sealed in the Presence of: \_[case manager signature]\_\_\_\_\_

## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, on behalf of myself and my Heirs, Executors, Administrators and Assigns, hereby authorize Father Bills & MainSpring, Inc., hereinafter, "FBMS", and its respective Officers, Agents, Employees, Attorneys and Representatives to disseminate information contained in my client records maintained by FBMS to third parties reasonably required to have such information as a result of providing services or administrative facilities relating to provisions of shelter and housing, including the Homeless Management Information System (HMIS).

Third parties may disseminate the protected information only as reasonably necessary for providing services or administrative facilities relating to provisions of shelter and housing for the Participant, but for no other purpose without further authorization from both the Participant and FBMS.

I understand I am not required by law to consent to release this information, but choose to do so willingly and voluntarily. I understand I may revoke consent at any time except to the extent action has been taken in reliance of my consent.

\_\_\_\_\_  
Date Participant Signature

IN WITNESS WHEREOF, the said \_[participant name]\_\_\_\_\_ has unto set his hand and seal this \_\_\_\_\_ Day of \_\_\_\_\_ in the year \_\_\_\_\_.

Signed and sealed in the Presence of: \_[case manager signature]\_\_\_\_\_

