

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
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:



O'Connor Way Senior Housing Income-Restricted Housing Lottery Application

Development Name (if applicable): O'Connor Way Senior Housing

Development Address: 5 Major Michael J. O'Connor Way, South Boston, MA 02127

Deadline to Submit Application: 8/4/2020

Location to Return Application: fill out the online application OR mail to 273 D Street, Boston, MA 02127

For questions regarding this application, the development, affordability, or requests for reasonable accommodations, please contact the persons listed below:

Contact: Michelle Zenga

Email: oconnorway@sbndc.org

Telephone: 617-464-2483

If you are facing immediate housing crisis, are currently homeless, or are about to become homeless, please contact the City of Boston's Office of Housing Stability at (617) 635-4200. The Office can set up an appointment to guide you through the types of emergency housing assistance that might be available.

Minimum incomes may apply except to households who receive housing assistance (for example, a Veterans Affairs Supportive Housing (VASH) voucher or a section-8 voucher). Minimum incomes are based on the number of bedrooms in a unit. The developer or agent determines these minimums. For more information, please contact the agent or developer (on the paper version reference the contact details at the top of the application, for the online, the contact details in the right-hand column of the first page of the application).

Please pay careful attention to the deadline to return and other deadlines throughout the application process. If you need an extended deadline or other types of assistance due to a disability or limited language efficiency, you have the right to reach out to the marketing agent above to make a request for a reasonable accommodation.

What is the total number of people in the household applying for the new units?

The following categories are NOT considered as part of the household:

- Minors/dependents not listed on the most recent tax return or for whom the applicants have not provided documentation of legal custody/guardianship
- Unborn children

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6

Main Applicant Information

First Name:

Last Name

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email:

If provided, this will be the main means of contact.

HOUSEHOLD MEMBER DETAILS

Please list the full names of all household members and include their age range using the list below (including you):

Applications missing these details may be deemed ineligible.

Age Range:

- | | | |
|---------|---------|---------|
| • 0-17 | • 35-39 | • 65-69 |
| • 18-24 | • 40-44 | • 70-74 |
| • 20-24 | • 45-49 | • 75-79 |
| • 25-29 | • 50-54 | • 80-84 |
| • 30-34 | • 55-59 | • 85+ |
| | • 60-64 | |

Household Member 1

First Name:

Last Name

Age Range

Household Member 2

First Name:

Last Name

Age Range

Household Member 3

First Name:

Last Name

Age Range

Household Member 4

First Name:

Last Name

Age Range

Household Member 5

First Name:

Last Name

Age Range

Household Member 6

First Name:

Last Name

Age Range

LOTTERY RANKING INFORMATION

Some things might improve your ranking in the lottery of this particular project. We call them preferences. Lottery participants who qualify for these preferences will be ranked higher than those that do not. If you certify for a preference falsely, you will lose your spot in this lottery. If you have any questions, please contact the developer or their marketing agent at the number listed on the first page.

Will you be at least 62 years old on the first day of occupancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a City of Boston resident*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Residency Certification**

If you are picked from the lottery, you'll be asked to provide two of the following to prove your Boston residency. All certifications need to display your name and the Boston address. Bills need to be dated in the last 60 days. If you submit false residency information, you'll lose your spot in the lottery.

- A dated letter from transitional housing or a homeless shelter
- Signed lease (At-will lease counts)
- Car registration / insurance cover page
- Renter's Insurance
- Heating bill (Gas, Electric, Oil)
- Cable / Data / Internet bill
- City of Boston voter registration / Resident listing
- Cell / Landline phone bill

In which Boston Neighborhood do you live?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Allston | <input type="checkbox"/> Downtown | <input type="checkbox"/> North End |
| <input type="checkbox"/> Back Bay | <input type="checkbox"/> East Boston | <input type="checkbox"/> Roslindale |
| <input type="checkbox"/> Bay Village | <input type="checkbox"/> Fenway/Kenmore | <input type="checkbox"/> Roxbury |
| <input type="checkbox"/> Beacon Hill | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> South Boston |
| <input type="checkbox"/> Brighton | <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> South End |
| <input type="checkbox"/> Charlestown | <input type="checkbox"/> Mattapan | <input type="checkbox"/> West End |
| <input type="checkbox"/> Chinatown/Leather District | <input type="checkbox"/> Mid-Dorchester | <input type="checkbox"/> West Roxbury |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Mission Hill | |

Demographics

The City of Boston (the City) uses this data only for analysis and reporting purposes. Filling it out helps us understand who we are reaching and how to better reach different communities. Sharing this information will have no impact on your lottery application.

It is unlawful for housing providers to discriminate based on these demographic details. **Please select all of the categories with which you identify**, or you may also opt not to share these details. There is no penalty for choosing not to share.

Do you identify as Hispanic or Latino?

- ☐ Yes
☐ No
☐ Choose not to share

How do you identify your race?

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaska Native ¹ | <input type="checkbox"/> Black or African American ³ | <input type="checkbox"/> White ⁵ |
| <input type="checkbox"/> Asian ² | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ⁴ | <input type="checkbox"/> Other, please specify: _____ |
| | | <input type="checkbox"/> Choose not to share |

What is your gender identity or expression?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> non-binary | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Choose Not to Share |

Veteran's Status

- | | |
|--|--|
| <input type="checkbox"/> Yes, myself or someone in my household is serving or has served with the U.S. armed force | <input type="checkbox"/> No, none of my household has served with the U.S. armed force |
|--|--|

¹ American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.

² A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Vietnam, China, Taiwan, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.

³ A person having origins in any of the black racial groups of Africa.

⁴ A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

⁵ A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.

Housing Preferences

<p>Are you looking for units built for persons with disabilities?</p> <p>You will be asked to supply supporting documentation from the doctor treating the household member for the disability.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, are you looking for a unit built out for mobility impairment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes are you looking for a unit built out for deaf/hard of hearing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, are you looking for a unit built out for vision impairment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

What kind of housing are you looking for?

<p>How many bedrooms are you looking for?</p>	<p><input type="checkbox"/> 1-bedroom</p>
<p>Reasonable Accommodation If you or a household member need a disability-related reasonable accommodation, please indicate below,</p> <p>Please note that you will need to provide formal supporting documentation from a licensed professional treating you or the household member for the disability. The note should not include personal information about the diagnosis or condition. Rather, it must include a direct connection between the disability and the built out features of the unit.</p>	<p><input type="checkbox"/> Live-in personal care attendant (PCA)</p> <p><input type="checkbox"/> Extra room required for disability related medical equipment</p> <p><input type="checkbox"/> Other Please specify:</p> <p><input type="checkbox"/> None of the above</p>

Please feel free to add any additional details about your household (optional)

For example, you are co-parenting with someone who doesn't live in the household, you are expecting a child

Income and Assets

Income-restricted housing units are restricted via a measurement known as "Area Median Income" (AMI). We need to know more information about your income and assets to make sure you qualify under the AMI restrictions for this project.

Assets from 401(k), 403(b), IRA, Roth Keogh, or Pension Plans must be listed but, unless you're drawing down on those accounts, they are exempt.

These totals apply to the entire household, so make sure you are considering the income and assets of all household members. Make sure you are totaling your pre-tax income.

You will be asked for documentation proving any of your claims below if you become eligible for an income-restricted unit. If you don't disclose assets or income now or you submit fraudulent information, you may lose your opportunity at an income-restricted unit.

For more information on income, asset, and price limits, visit:

<http://www.bostonplans.org/housing/income,-asset,-and-price-limits>

For a worksheet on income calculations, visit:

<http://www.bostonplans.org/getattachment/ef43933c-f41f-4e65-8575-8a79cac1ef78>

Please select all income sources that apply to you and all members of your household who are 18 years old or older

Source (check all that apply to you and **all** members of the household who are **18 years and older**)

- ☐ Employer/Job
- ☐ Self-Employment
- ☐ Investment
- ☐ Social Security Income
- ☐ Child Support/ Alimony
- ☐ Social Security Disability Income
- ☐ Pension/Retirement Funds
- ☐ Workman's Compensation

Please list all other income sources and the annual income they bring in.

Other than the income sources already listed above, this is where you should mention potential irregular or one-offs income. For example, bonuses, commissions, work in the gig economy where income fluctuates (ride-share employment, adjunct faculty, seasonal work, for example). **Income listed in this section is in ADDITION to the income sources listed above.**

If you do not have additional income to report, please just write N/A or not applicable in the space below.

Please estimate the combined total yearly household income for all household members over 18 years old before taxes are taken out.

The answer provided here should be the sum of all income disclosed in questions

Please select all assets that you or a member of your household possess

Please note that, unless you're drawing down on these accounts, 401(k), 403(b), IRA, Roth Keogh, and Pension Plans are exempted from being counted towards asset limit.

Source

- ☐ Checking account
- ☐ Savings/money market account
- ☐ Certificate of deposit (CD)
- ☐ Stocks, Bonds, Treasuries, or Investment Accounts
- ☐ Real estate
- ☐ 401(k), 403(b), IRA, Roth Keogh, or Pension Plans (exempt)
- ☐ Special needs trust
- ☐ Other

Please Specify:

Do you or a member of your household currently receive housing assistance? Please note that the marketing agent cannot discriminate based on source of income, this question is only to determine your ability to pay rent. You will be asked to provide documentation from an appropriate housing agency during the tenant selection process.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select the type of assistance received	<input type="checkbox"/> MRVP (Massachusetts Rental Voucher Program) <input type="checkbox"/> Other _____	<input type="checkbox"/> Section 8 / Housing choice voucher <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing)

Application Assistance

This information is only used to help the City better understand the needs of its constituency and ideally help developers and agents processing applications better serve households.

The marketing agent cannot discriminate based on disabilities, this question is only to collect information for the agent to better serve your needs throughout the process of application.

Did you need help with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you need technical assistance with this application due to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Choose not to share	<input type="checkbox"/> No
If yes, please specify:		
Did someone fill out this application on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I needed language assistance while filling out this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, I needed assistance translating this application from English into:	<input type="checkbox"/> Arabic <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____

Please read each item below carefully before you sign.

By signing below, you declare under penalties of perjury that the information provided in this application is true, correct, accurate and complete in all respects.

If questions remain regarding this application or any of the following statements, please contact the marketing agent for further clarification. The contact details can be found at the start of this application.

1. I hereby certify that the information provided in this preliminary 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 and verifications will be necessary to complete the income certification process, which will take place if the marketing agent offers me a unit for which I am eligible, that I find acceptable.
3. I understand that should any material change occur in the household size, income, or assets after the submission of this application may cause me to be re-ranked in the applicant pool or make me ineligible for the income restricted housing opportunity.
4. I understand that no cosigners or guarantors on a lease are permitted. Guarantors include persons who are not members of the applicant household but who make regular and substantial monetary contributions to members of the household.
5. I understand that approval from any source other than the BPDA does not guarantee BPDA income certification approval.
6. I understand that I may submit only one application per household and that submitting duplicate applications will disqualify my household from the lottery.
7. I understand that if it is determined that all of my assets were not disclosed at the time of application, I can be denied approval.
8. I understand that I should not give notice on my existing unit until I've actually signed the lease.

(Applicant Signature)

(Date)

This information provided in this document is intended for confidential purposes used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by law.

If you believe you have been discriminated against in seeking housing, you should contact the Boston Fair Housing Commission at (617)-635-2500 or the Mass Commission Against Discrimination at (617)-727-3990.