

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 —

Landlord May Discard this Cover Page upon receipt

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:



# **Father Bill's & MainSpring Marshfield Home for Veterans at the Keith Heap Building**

**Property Address:** 2033 Ocean Street, Marshfield, MA 02050

**Owner:** NeighborWorks Housing Solutions

**Leasing Agent:** Father Bill's & MainSpring

## **Available Units:**

- Eight (8) studio apartments, all with rental subsidies attached
- Rent subsidized by MA Rental Voucher Program (MRVP)-tenants pay 30% of income
- Case management services available
- Newly constructed, off-street parking, close to bus stop

## **Eligibility Requirements:**

- Must meet all income, CORI and other eligibility requirements under the MRVP rental subsidy program
- Maximum allowable household size is 1 person based on 105 CMR 410.400 and the specific unit sizes.

## **Eligibility Preference:**

- Eight (8) OBR (studio) units-first preference for single person homeless households who are United States Veterans or have experienced military service. Second preference for single person households at risk of homelessness who have experienced military service. Copies of D0214 military discharge papers or copy of current VA medical card must be included with the application.
- Eight (8) OBR (studio) units-homeless preference defined as households currently in homeless shelters or transitional programs for homeless. Preference for individuals living in a place not meant for human habitation, streets, tents, vehicles, etc. Preference for individuals living in any of the above places, but are spending a short time (up to 90 consecutive days) in a hospital, treatment facility or other institution.
- A signed letter from the relevant homeless service provider must be included with the application in order to receive this preference. Individuals living in places not meant for human habitation, may self-certify if no current involvement with homeless service provider.
- Other preferences may apply including local preference, second preference for U.S. Veterans at risk of homelessness and third preference for other homeless individuals.
- Wheelchair Accessible: One (1) OBR (studio) unit-preference for homeless veteran, veteran at risk of homelessness or other homeless individual in need of a mobility impaired unit
- Sensory Impaired: One (1) OBR unit-preference for homeless veteran, veteran at risk of homelessness or other homeless individual in need of a sensory impaired unit.

## **Application Process:**

- Applications for *Marshfield Home for Veterans at the Keith Heap Building* may be requested by **phone (508) 942-1449 or email [LeasedHousing@helpfbms.org](mailto:LeasedHousing@helpfbms.org)** and will be mailed or emailed according to your preference. Paper copies of applications will be available in special housing mailboxes located outside of the following three locations:
  1. MainSpring House Shelter/ 54 N Main Street, Brockton;
  2. Father Bill's Place/ 38 Broad Street, Quincy; and
  3. FBMS Plymouth Satellite Office/ 1 S. Spooner Street, Plymouth.These boxes are available 24/7 for pick-up of blank applications and secure submittal of completed applications. On site staff cannot respond to questions, however leasing staff are available weekdays at the above phone and email address for questions.
- Completed applications with all required income documentation and release forms must be post marked or returned by December 16, 2020 no later than 4:00 PM and will be time stamped. Only fully completed forms with all necessary documentation will be considered for eligibility. All preferences must be documented per application instructions in order to receive consideration.

If necessary, a lottery will be conducted in accordance with State and Federal requirements.

- Landlord reference check interviews and CORI checks will be conducted in order of lottery number.
- Anticipated lease start date is January 15, 2021 • February 1, 2021.
- Reasonable accommodations will be made in compliance with Fair Housing regulations. Please contact Emily Fietz, Subsidy Specialist at (508) 942-1449 to request special assistance with the application process.

***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 recipient, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.***

# of Units	Type	Rent	Income Limit
8	0 br	30% adjusted household income; maximum rent \$1,715	30% of Area Median Income (AMI)

#### **Maximum Income Limit by Median Income**

Household Size	Gross income: 30% of AMI
1 person	\$26,850

**Applications may be requested to be sent by mail/email:**  
PH (508) 942-1449; TTY # (508) 427-0022, [LeasedHousing@helpfbms.org](mailto:LeasedHousing@helpfbms.org)

**Applications may be picked up in person from:**  
Designated housing application mailboxes located outside of 1. MainSpring House/ 54 N Main Street, Brockton;  
Father Bill's Place/ 38 Broad Street, Quincy; and FBMS Satellite Office/ 1 S. Spooner Street, Plymouth

**Applications must be received or postmarked by:**  
December 16th at 4:00pm  
Selection by lottery. Use & Occupancy Restrictions apply.

For more info or reasonable accommodations – call or email Emily Fietz, Subsidy Specialist, Father Bill's & MainSpring  
PH (508) 942-1449; TTY # (508) 427-0022, [LeasedHousing@helpfbms.org](mailto:LeasedHousing@helpfbms.org)

**OPTIONAL INFORMATION MEETING:**  
**Tuesday, October 13<sup>th</sup> at 5PM, Zoom Meeting accessible by computer or phone**  
For advance access information call or email Emily Fietz, Subsidy Specialist, Father Bill's & MainSpring  
PH (508) 942-1449; TTY # (508) 427-0022, [LeasedHousing@helpfbms.org](mailto:LeasedHousing@helpfbms.org)



**Equal Housing Opportunity**



**Father Bill's & MainSpring**  
**APPLICATION RENT ASSISTED HOUSING - MARSHFIELD VETERANS**  
**HOUSE**

This application will be made available in Spanish, Creole and Portuguese. To access this, please call (508) 208-7129, [efietz@helpfbms.org](mailto:efietz@helpfbms.org)

Spanish - Esta solicitud estará disponible en español, criollo y portugués. Para acceder a esto, llame al (508) 208-7129, [efietz@helpfbms.org](mailto:efietz@helpfbms.org)

Portuguese - Esta aplicação estará disponível em espanhol, crioulo e português. Para acessar isso, ligue para (508) 208-7129, [efietz@helpfbms.org](mailto:efietz@helpfbms.org)

Haitian Creole - Aplikasyon sa a ap disponib nan lang panyòl, kreyòl ak Pòtigè. Pou jwenn aksè a, tanpri rele (508) 208-7129, [efietz@helpfbms.org](mailto:efietz@helpfbms.org)



Equal Housing Opportunity



**APPLICANT NAME:**

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

**CITY, STATE, ZIP CODE:**

**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.)**

☐ WHITE

☐ BLACK

☐ ASIAN/PACIFIC ISLANDER

☐ NATIVE AMERICAN/ALASKAN NATIVE

☐ HISPANIC

☐ 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 TEMPORARILLY 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.**

☐ **ARE YOU LIVING TEMPORARILY IN AN APARTMENT OR OTHER DWELLING THAT IS NOT YOUR OWN? ARE YOU SLEEPING IN A ROOM THAT IS NOT A BEDROOM? ARE YOU RESIDING IN THE UNIT IN VIOLATION OF THE TENANT'S LEASE? DO YOU HAVE A COURT ORDERED EVICTION PENDING?**  
**IF YES TO ANY OF THESE, PROVIDE COPY OF FINAL COURT EVICTION DOCUMENTS, OR A LETTER FROM THE TENANT/OWNER STATING THAT YOU ARE NOT ON THEIR LEASE, THERE IS NO BEDROOM AVAILABLE FOR YOU AND YOU CANNOT STAY PERMANENTLY IN THEIR DWELLING.**

☐ **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 REQUIRE A WHEELCHAIR ACCESSIBLE UNIT?**

- ☐ YES  
☐ NO

**DO YOU REQUIRE A UNIT EQUIPPED FOR SENSORY IMPAIRMENT?**

- ☐ YES  
☐ NO

### **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

- ☐ 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.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
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*NeighborWorks Housing Solutions and Father Bill's & MainSpring are 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.

## 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

## 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

## DOCUMENTATION OF AT RISK OF HOMELESSNESS – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE 2<sup>ND</sup> PREFERENCE FOR AT RISK OF HOMELESSNESS:

- COURT ORDERED EVICTION FINAL NOTICE
- LETTER FROM TENANT OR OWNER OF THE DWELLING THAT IS PROVIDING YOU WITH TEMPORARY HOUSING STATING YOU ARE NOT ON THE LEASE AND/OR CANNOT REMAIN THERE PERMANENTLY

## 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.

## DOCUMENTATION OF LOCAL RESIDENT STATUS, IF APPLICABLE FOR LOCAL PREFERENCE:

- **HOMELESS OR AT RISK DOCUMENTATION INCLUDES A MARSHFIELD ADDRESS WHERE RESIDING.**
- **CURRENT EMPLOYER ADDRESS IN MARSHFIELD FOR INCOME DOCUMENTATION.**
- **PROVIDE DOCUMENTATION OF MARSHFIELD ADDRESS IMMEDIATELY PRIOR TO BECOMING HOMELESS FOR DOCUMENTATION OF LOCAL PREFERENCE.**



**Equal Housing Opportunity**





# **REASONABLE** **ACCOMMODATION**

Are you requesting a Reasonable Accommodation:

If yes, please describe why you need a Reasonable Accommodation:

Applicable fair housing law enables individuals with disabilities to request a “reasonable accommodation” in rules, policies, practices, or services, or a reasonable modification to the housing, in order to participate fully in a program and have an equal opportunity to use and enjoy the housing

Requests may be submitted either verbally or in writing to either Father Bill’s & MainSpring (Marketing Agent) or NeighborWorks Housing Solutions (Property Manager).

A written request for a reasonable accommodation/modification 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/modification **and**

Shows an identifiable relationship between the requested accommodation/modification and the individual’s disability.

Depending upon circumstances, this information may be provided by the applicant/tenant, a doctor or medical professional, a social service provider, or other reliable source.

Father Bill’s & MainSpring will evaluate whether a reasonable accommodation/modification request meets 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 or operations.

**Applicant/Tenant Signature to verify receipt:**\_\_\_\_\_

# **Father Bill's & MainSpring**

APPLICANT/TENANT

STATEMENT /CERTIFICATION OF ACCURATE INFORMATION

I/We certify that the information given to Father Bill's & MainSpring on household composition, income, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements are punishable under Federal law. I/we also understand that false statements or information are grounds for termination of housing assistance.

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Head of Household

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Date