

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Other HH 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

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BEDROOMS NEEDED→ ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





AFFORDABLE HOUSING LOTTERY APPLICATION
MERRIMACK PLACE, Senior Housing, Age 62+
APPLICATION DEADLINE: MARCH 1, 2024

MAIL COMPLETED APPLICATION TO:
Bethany Community Services, Inc.
10 Phoenix Row, 4th Floor
Haverhill, MA 01832

Applicant Legal Name _____

Phone Number _____ E-mail _____

Address _____ City _____ State/Zip _____

I learned of this lottery from (check all that apply):

Website: HousingWorks.net Letter: _____

Advertisement: _____ Other: _____

This application is not complete if not filled out completely, signed, and submitted with ONE COPY EACH of the following documentation as described below. All applicants must document all income sources and provide the most recent statement(s) for any bank accounts held by members of the household. Additional documents may be required depending on an applicant's specific circumstances. Failure to provide a complete application can delay the approval process and your ability to participate in the lottery.

REQUIRED INCOME VERIFICATION DOCUMENTS:

_____ ALL APPLICANTS: Last year's Federal tax return (NO STATE RETURNS), including 1099s and W2s, for every person living in the household over the age of 18. If this does not apply please state Not Applicable (N/A)

_____ ALL APPLICANTS: Most recent statement(s) showing current value including all bank accounts, investment accounts, retirement accounts, CDs, real property, cash value of whole life policies, etc. If you do not have any accounts or assets of this kind, please write N/A.

_____ IF WORKING: Five (5) most current, consecutive pay stubs, for all salaried employed household members over the age of 18. Six (6) months of income documentation for hourly and seasonal workers. For unemployment, disability, worker's compensation, and/or severance pay, copies of checks or DOR verification stating benefits received.

_____ IF SELF-EMPLOYED: Provide a detailed expense and income statement for the five (5) months prior to submission of your application, and the three (3) most recently monthly statement(s) for all business checking and savings accounts.

_____ IF RECEIVED: Recent statements received from Social Security, annuities, insurance policies, retirement funds, pensions, DTA benefits, disability or death benefits, etc.

_____ IF YOU HAVE NO INCOME SOURCES: You must submit a notarized statement of zero (\$0) income.

ADDITIONAL REQUIRED DOCUMENTS THAT MAY APPLY BASED ON YOUR SPECIFIC CIRCUMSTANCES:

_____ IF RECEIVING CHILD SUPPORT and/or ALIMONY: Legal documentation indicating the payment amount. If no court document(s) exist, provide a written statement indicating the monthly amount(s) received.

_____ IF APPLICABLE: Interest, dividends, and other income from real or personal property.

_____ IF PREGNANT: Proof of pregnancy; unborn children may be counted as household members.

_____ IF APPLICABLE: School registration documenting full-time student status for any household member(s) over age 18.

_____ IF IN THE PROCESS OF DIVORCE or SEPARATION: Legal documentation the process has begun or been finalized.



HOUSEHOLD INFORMATION

	Name of Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)	Relationship to Applicant	Age	Date of Birth
1		Applicant		
2				
3				
4				
5				
6				

What unit type do you need? (choose only ONE) _____ 1-Bedroom _____ 2-Bedroom

Do you have a mobile rental assistance voucher? _____ Yes _____ No
(Under no circumstance will voucher holders be discriminated against in determining the approval of a rental application.)

If YES, which kind of voucher? _____ Section 8 _____ MRVP _____ Other

Are you currently homeless? (Definition below) _____ Yes _____ No

Do you require a Mobility Accessible (ADA Type 2) unit? _____ Yes _____ No

Do you require a unit to support Sensory-Impairment (vision, hearing) needs? _____ Yes _____ No

Are you participating in or eligible for Supportive Services? _____ Yes _____ No

(This includes programs similar to the PACE or SCO program via Element Care, or other equivalent HCBS program via AgeSpan, the State funded Aging Service Access Point for this region.)

RACE AND ETHNIC DATA REPORTING FORM (OPTIONAL)

Minority reporting categories include only American Indian or Alaska Native, Black or African American, Asian, Native Hawaiian or Pacific Islander; or Other (non-White); and the ethnic classification Hispanic or Latino. Please see the Instructions and category definitions on the next page of this application. There is no penalty for persons who do not complete this section of the application.

Ethnic Categories (Select One)	Applicant	Other Household Member(s)
Hispanic or Latino		
Not Hispanic or Latino		
Racial Categories (Select All that Apply)	Applicant	Other Household Member(s)
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other		

INSTRUCTIONS FOR THE RACE AND ETHNIC DATA REPORTING FORM

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. **There is no penalty for persons who do not complete the form.** However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories:
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you:
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Homelessness is defined as:

An applicant will generally be considered homeless if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is; (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or (b) an institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

INCOME

List all income of all members over the age of 18 listed on application to reside in the unit, such as wages, child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits, and any other form of income. Adults with zero (\$0) income are required to submit a notarized statement. If additional space is needed, please attach another sheet.

Source(s) of Income		Address/Phone # of Source	GROSS Amount per Year
1			
2			
3			
4			
TOTAL			

ASSETS

List all bank accounts (checking and savings), CDs, stocks, bonds, retirement accounts, savings bonds, real property, and/or any other investments below. If additional space is needed, please attach another sheet. Household assets do not include personal property. The affordable unit must be your principal, full-time residence. Applicants may not own another home, including owning a home in trust. All homes must be sold (closing complete) prior to leasing a unit.

Type(s) of Asset		Bank/Credit Union Name	Account #	Value or Balance
1	Checking account			
2	Savings account			
3	Retirement account			
4	Other: _____			
5	Other: _____			
6	Other: _____			
TOTAL				

EMPLOYMENT STATUS(ES)

Please provide information for each employed household member over age 18 for any job(s) that provide regular, occasional, temporary, or seasonal income. All employment income must be documented as described on Page 1 of this application. If you are currently not employed please mark "N/A" for not applicable.

Name of Employed: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

Name of Employed: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

Name of Employed: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

Name of Employed: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

APPLICANT CERTIFICATION

1. I/We certify that my household size is _____ persons, as documented herein.
2. I/We certify that my total household income equals \$_____, as documented herein.
3. I/We certify that the information in this application and in support of this application is true and correct to the best of my knowledge and belief under full penalty of perjury. I understand that false or incomplete information may result in disqualification from further consideration.
4. I/We certify that no member of my family has a financial interest in the project.
5. I/We understand that being selected in the lottery does not guarantee that I will be able to lease a unit. I understand that all application data will be verified, and additional financial information may be required, verified, and reviewed prior to leasing a unit. I also understand that the project's owner will perform its own screening to determine eligibility.
6. I/We authorize Bethany Community Services / Merrimack Place LLC to verify all financial and household information and direct any employer, landlord or financial institution to release any information to Bethany Community Services / Merrimack Place and the project owner to determine eligibility.
7. I/We understand that if my/our total income exceeds 140% of the maximum allowable income and at the time of annual eligibility determination, at the end of my current lease term I will no longer be eligible for the affordable rent.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units. I am qualified based on the program guidelines and agree to comply with applicable regulations.

Applicant Signature

Date

Co-Applicant Signature

Date

Merrimack Place LLC and/or Bethany Community Services do not 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.

Applicants with disabilities may request (i) modifications to the apartments or development, or (ii) accommodations to our rules, policies, practices, or services if such modifications and accommodations are necessary to afford an equal opportunity to use and enjoy the housing.

THIS IS APPLICATION IS ONLY FOR MERRIMACK PLACE LLC AT 98 WATER ST, HAVERHILL, MA

Bethany Community Services, Inc.
Merrimack Place
98 Water St, Haverhill, MA 01830
Phone (978) 374-2160 TTY: 711

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

What is the purpose of this form?

- This form gives Bethany Community Services, Inc. permission to ask you for certain information and to verify the information you provide as part of your application/tenancy for housing which may be state-aided, and/or with a state rental housing voucher (MRVP or Section 8).
- Bethany Community Services, Inc. works with local housing authorities, state housing agencies, and/or a regional administering agency. State rental housing vouchers include the Massachusetts Rental Housing Voucher Program (MRVP) and/or Section 8 project-based vouchers.
- This form gives Bethany Community Services, Inc. permission to use and share certain information with applicable local, regional, and statewide housing agencies, as needed to administer programs applicable to each housing site.
- This form gives permission to Bethany Community Services, Inc. to share some of your personal information.

Your personal information will only be shared as outlined in this form and as required or allowed by law. Please read carefully before signing this form.

What Personal Information Will Bethany Community Services Share?

Shared information may include, but is not limited to:

- biographic information (e.g., name, date of birth);
- demographic information (e.g., address, race, ethnicity, language); and
- income, assets, employment, and other information related to your application for initial eligibility/qualification for, or participation in state-aided housing, MRVP, or Section 8.

What Personal Information Will Not Be Shared?

This form will not be used to share personally identifiable information related to any of the

following subjects. If a Bethany Community Services, Inc. and/or DHCD requires any personally identifiable information related to the following subjects, they will ask for separate written permission for your:

- Medical Information
- Criminal Information
- Verification of a Disability
- Information related to any priority or preference claims, including homelessness and domestic violence, and
- Reasonable Accommodation Information, including that a reasonable accommodation was requested, granted, or denied and/or any medical information submitted as part of a request for reasonable accommodation.

How will your personal information be kept secure?

The personal information you provide through this release will be securely maintained in accordance with applicable law and regulation, including but not limited to M.G.L. c. 66A, Fair Information Practices Act and 760 CMR 8.00, Privacy and Confidentiality.

Can I have access to my personal information and challenge it if it is not accurate or relevant?

Yes. Under 760 CMR 8.05(1), you, or your authorized representative, may file an objection with Bethany Community Services, Inc. objecting to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of your personal data or the denial of access to your personal data.

What happens if I do not sign this Release Form?

Failure to sign this form may result in the denial of your application, assistance, suspension or termination of housing assistance, or repayment of assistance.

Will I be notified if information obtained because of this release form results in an action being taken against me?

Yes. You will be notified in writing of actions taken against you because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

How long does this Release Form last?

The release is effective for a period of one year from the date of signature.

Permission to Verify the Information I Have Provided

- I give permission for all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information about me and my household members to Bethany Community Services, Inc. to verify the information I provided in my application. This permission includes information needed to verify income, assets, and expenses from any and all banks, financial institutions, government agencies, (Social Security, SSI, etc.).

Permission to Share My Information

I give permission to Bethany Community Services, Inc. to:

- Use my personal information to evaluate my application for housing, and to verify all information provided on my application to include verification of all sources of incomes, assets, expenses (including medical) and any other information needed to verify eligible for housing programs
- Comply with federal, state, and local reporting and record keeping requirements.

I agree to cooperate in requests to provide information to Bethany Community Services, Inc. and I understand if I do not, it may result in me being disqualified or ineligible for housing, Section 8, and/or MRVP.

I confirm that I have read and understand this form. I also agree that a photocopy or digital copy of this release is as valid as the original.

Head of Household Printed Name

Head of Household Signature

*If typed, my typed name represents my signature.

Date

Other Adult Household Member

Other Adult Household Member Signature

Date