

← Your Full Name

← Address Line 1

← Address Line 2

← City State Zip

← Your Email

← Case Manager Email if any



**MAIL TO: Union Block Lottery
c/o HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104**

**You may only submit this application between
June 7, 2024 - August 7 2024**

Four Ways to Apply: Only Pick One!

Fold on this line _____

You can apply using your cell phone (this is the fastest way).



- Open the camera on phone.
- Aim the camera at the QR code at left.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.

... or, you can apply on your computer.

- Go to this URL - <https://bit.ly/3UN3aJ3>

... or, you can mail this paper application to the address below.

- Union Block Lottery c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

...or, you walk this completed application to:

- ATTN: Union Block Lottery - Peabody Properties 536 Granite St, Braintree MA 02184 781-664-9353

Staff: Enter Date/Time Stamp Below

Are you eligible?

Bedroom Size	Rent Category	Number of Units	Minimum Household Size *
1 Bedroom	30% AMI Section 8 PBV	2	1 person
1 Bedroom	60% AMI Tax Credit	2	1 person
1 Bedroom	90% AMI Workforce Housing	1	1 person
2 Bedroom	30% AMI Section 8 PBV	2	2 people
2 Bedroom	60% AMI Tax Credit/HOME	17	2 people
2 Bedroom	90% AMI Workforce Housing	7	2 people
2 Bedroom	Market Rent	4	2 people
3 Bedroom	60% AMI Tax Credit	3	3 people
1 Bedroom	Client of DMH/DDH	1	1 person

Two of the 1BR units will be mobility accessible, and two of the 2BR units will be accessible. One of the 2BR units is hearing-impaired accessible.

- * Peabody Properties, Inc. will consider a reasonable accommodation to the minimum household size, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs.

FY 2024 Income Limits for Taunton, MA								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI ELI Limits	27,350	31,250	35,150	39,050	42,200	45,300	48,450	52,720
50% AMI VLI Income Limits	45,550	52,050	58,550	65,050	70,250	75,500	80,650	85,900
60% AMI Income Limits	54,660	62,460	70,260	78,060	84,300	90,600	96,780	103,080
80% AMI Low Income Limits	68,500	78,250	88,050	97,800	104,650	113,450	121,300	129,100
90% AMI Income Limits	82,000	93,700	105,400	117,100	126,450	135,900	145,200	154,650
Greater than 90% AMI								

Information Session
June 25th 5-6 pm at 840 County



INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

Please read these instructions in full before completing your application.

1. You must fill out the application and required attachments completely. Please Identify the **Property Name**. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. You intend to reside in the development as your primary and sole residence.
4. You may apply for more than one unit type; however, your household size and composition must be appropriate for the unit size.
5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
7. Your total household income and assets must be within the required limits:

Include as income: income of all household members 18 years of age and older, includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

Include as assets: the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)
8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
9. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or have assets equal to at least two years of rent or a 2-year history of paying more than 40%.
10. Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older.
11. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
12. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
13. Priority for the accessible units will be for families which require physical accommodations.
14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
15. Completed applications may be mailed or returned in person to the management office at the property.
16. For more information, please call the management office.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室。我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

นี่เป็นเอกสารสำคัญ

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่สำนักงานของเราและเราจะให้บริการล่ามฟรี

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية، فيرجى الاتصال برقم الهاتف أدناه أو الحضور إلى مكاتبنا وسنوفر خدمات الترجمة الفورية مجاناً

Telephone:
781.794.1000

MA - TTY 711 or 1.800.439.2370
RI - TTY 711 or 1.800.745.5555
FL - TTY 711 or 1.800.955.8771
NJ - TTY 711 or 1.800.852.7899

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties will consider a reasonable accommodation, upon request for qualified persons with disabilities when an accommodation is necessary to ensure equal access to the housing community, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Peabody Properties.

RIGHT TO LANGUAGE INTERPRETER

All tenants, applicants, and potential applicants who may need a language interpreter have a right to a language interpreter in accordance with the Peabody Properties Language Access Plan.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

VAWA REAUTHORIZATION ACT OF 2022

The Violence Against Women Act (2022) provides housing protections for survivors of domestic violence, dating violence, sexual assault, and/or stalking (collectively). Despite the name of the law, VAWA's protections apply regardless of sex, sexual orientation, or gender identity.



You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank. Also, **please make sure you list a Property Name.**

RENTAL APPLICATION

MANAGEMENT USE ONLY

Date/Time Application Received:

Property Name: **Union Block**

Bedroom size(s) applying for:

(Note if accessibility features are requested: ☐ Mobility ☐ Vision ☐ Hearing

Applicant #1:

First Name

MI

Last Name

Marital Status: ☐ Single (*never have been married*)

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Social Security Number

Phone (Home, Mobile, or Other)

Email

Address: Street and Apartment #

Town/City

State

Zip

Resided Since

Month/Year to Current

Applicant #2:

First Name

MI

Last Name

Marital Status: ☐ Single (*never have been married*)

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Social Security Number

Phone (Home, Mobile, or Other)

Email

Address: Street and Apartment #

Town/City

State

Zip

Resided Since

Month/Year to Current

How did you hear about this property?

PRESENT LANDLORD

Landlord Name: Tel. #: Fax #:

Landlord Address: Street Apt. # Town/City State Zip

Is apartment rented to you? YES ☐ NO ☐ If NO, explain:

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire?

Reason for leaving:

Amount of rent per month \$ # of Bedrooms: # of Occupants: Do you own a home? YES ☐ NO ☐

Are you receiving rental assistance? YES ☐ NO ☐ If Yes, what housing authority?

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain:

PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: Tel. #: Fax #:

Landlord Address: Street Apt. # Town/City State Zip

Applicant's Address: Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain:

of people residing at premise: Length of tenancy: from to Amount of rent per month \$

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain:

The reason for your leaving:



Please provide list of all states in which any household member has resided: _____

Please list previous apartment address if above are less than five (5) years: _____

Landlord Name: _____ Landlord Address: _____

Why did you leave this apartment? _____

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: _____

Do you currently hold a permanent mobile voucher? Yes No If so, what kind of voucher? _____

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY or TAX I.D. NUMBER

*The information provided for gender is for demographic purposes and is optional (Male, Female, Non-Binary or Choose Not To Share).

EMPLOYMENT (A minimum of 1 years’ worth of employment history, if applicable, for each household member 18 years of age and older. Use a separate sheet of paper if necessary to include all jobs for past year:

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: from _____ to _____

Gross Wages / Salary \$ _____ Yearly ☐ Monthly ☐ Weekly ☐ Tel. #: _____

Contact Person / Supervisor: _____ Fax #: _____

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: from _____ to _____

Gross Wages / Salary \$ _____ Yearly ☐ Monthly ☐ Weekly ☐ Tel. #: _____

Contact Person / Supervisor: _____ Fax #: _____

OTHER SOURCES OF INCOME (for *all* Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker’s Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Gift Contributions	\$	
Other Income (<i>please specify</i>)	\$	

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE (Who is assisting you in completing this application or who has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

ASSETS Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (***Include*** Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

ADDITIONAL INFORMATION:

Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? _____

Do you currently have an assistance animal? YES ☐ NO ☐

How many cars will be parked at the premises? _____ (Copies of registration must be provided.)

Year: _____ Registration #: _____ Make/Model: _____

Year: _____ Registration #: _____ Make/Model: _____

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐

If yes, please list name of member and the state(s): _____

Have you or any household member ever committed any fraud in connection with any State or Federal Housing Assistance program?
YES ☐ NO ☐; if YES, *please explain and note if the assistance was terminated.*

Have you or any household members ever been evicted or otherwise involuntarily removed from rental housing due to fraud, failure to cooperate with the recertification process or cause?
YES ☐ NO ☐; if YES, *please explain.*

As of January 31, 2010, were you 62 years or age or older and receiving HUD rental assistance at another property location?
YES ☐ NO ☐; if YES, *please provide property location in order to verify whether you qualify for exemption.*

Have you or any household members been convicted of, pled guilty or no contest to a felony, drug related activity, criminal or sexual offense? YES ☐ NO ☐; if YES, *please explain.*

Have you or any household members on Federal Assistance ever been terminated for fraud?
YES ☐ NO ☐; if YES, *please explain.*

NOTE: Some properties, not all, have certain preference criteria in place, or housing programs whereby certain deductions or considerations may apply. You have the option of requesting and receiving a copy of the property specific Tenant Selection Plan, which describes the occupancy requirements and resident selection criteria including, but not limited to eligibility, screening requirements, and preferences. Listed below are some optional questions that that will be asked for this property:

a. Homelessness due to Displacement by Natural Forces	YES	NO	If YES to any of these, please attach documentation.
b. Homelessness due to Displacement by Public Action (Urban Renewal)	YES	NO	
c. Homelessness due to Displacement by Public Action (Sanitary Code)	YES	NO	
d. Involuntary Displacement by Domestic Violence, Rape, Dating Violence, Sexual Assault, or Stalking	YES	NO	
e. Owner Adopted Preference – Applicants seeking relocation to avoid, remedy or address the harassment of a resident based on protected status, or the emergency transfer of a resident due to domestic violence, dating violence, sexual assault or stalking.	YES	NO	

NOTE: Other considerations

Are you or any member of your household a veteran?	YES	NO
Are you or a member of your household handicapped and/or disabled?	YES	NO
Does any member of your household require an apartment with accessible features?	YES	NO
If YES, please indicate type of feature: Wheelchair <input type="checkbox"/> Hearing Adapted <input type="checkbox"/> Sensor Adapted <input type="checkbox"/>		

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.

PREFERRED HOUSEHOLD LANGUAGE

What is your preferred household language? _____

ETHNIC CATEGORIES

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

RACE CATEGORIES

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement, misrepresentation or omission of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

_____ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: _____

Signature: _____

Signature: _____

Signatures and proof of identification will be required of all those who sign lease.

Print application and mail to the

**Union Block Lottery
c/o HousingWorks
P.O. Box 231104
Boston, MA 02123-1104**