

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

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

MOBILE RENTAL ASSISTANCE

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

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

Farnsworth House*Managed by Rogerson Communities*

90 South Street, Jamaica Plain, MA 02130

VOICE: (617) 524-6971 TDD: (617) 363-2300

**FARNSWORTH HOUSE
RENTAL APPLICATION****PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY**

Applicant Name _____ Sex (M/F) _____ Date of Birth _____

2nd Applicant Name _____ Sex (M/F) _____ Date of Birth _____

Relationship To Applicant _____

Present Address _____

Street and Address

City _____ State _____ Zip Code _____ Telephone _____

PART A - FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name _____ Telephone _____

Address _____

Years There _____ Monthly Rent _____

Does Rent Include Heat? yes _____ no _____ Does Rent Include Electricity ? yes _____ no _____

Estimated Cost of Heat Per Year _____ Estimated Cost of Electric Per Year _____

Below list names, addresses, dates of previous tenancies and phone numbers of previous landlords if at current address less than 3 years.

1. _____

2. _____

PART B - FILL IN ONLY IF YOU OWN YOUR OWN HOME

1. Monthly Mortgage \$ _____ Present Balance on Mortgage \$ _____

2. Real Estate Tax Per Year \$ _____

3. Insurance Premium Per Year \$ _____

4. Utilities (Gas, Oil, Electricity) Per Month \$ _____

5. Other Housing Expenses: \$ _____



PART C - NEED FOR SPECIALLY ADAPTED UNIT

Farnsworth House has available eight (8) units specially adapted for wheelchair use. The entry is by means of an accessible path; doors have levered handles; the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower level storage; the bathroom includes special grab bars, a hand held shower, and mirrors set at a lower level. All hallways and doorways are fully accessible.

Do you have a handicap or disability requiring you to occupy the above-described wheelchair adapted unit?
yes _____ no _____

PART D - EMPLOYMENT

1. Employer Name _____ Phone _____
Address _____
Position _____ How Long There? _____
Gross Salary (Before Taxes) _____ Per: week month year (circle one)

2. If Second Household Member is Employed Give Same Information Below:

PART E - INCOME (OTHER THAN EMPLOYMENT)

Please provide the following information for each person (including yourself) who will be residing in the apartment. ALL sources of income must be stated. These include salary, social security, pension, SSI, interest, dividends, trust income, rent from other properties, allowances from family, and any other income. Please give gross income amounts (before deductions have been taken out, for example, for health insurance or taxes.)

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
			TOTAL FOR PART E:	
			Plus Employment Income from Part D:	
			Total Gross Income:	

PART F - ASSETS

List all checking and savings accounts, IRAs, Keoghs, and Certificates of Deposit below.

Family Member	Account Type	Bank Name	Account Number	Current Balance	Interest Rate

List other assets:

Trust Fund	\$ _____	Mutual Funds	\$ _____
Bonds or Stocks	\$ _____	Other Assets	\$ _____
Paid Life Insurance	\$ _____	Cash	\$ _____

1. Do you own a home or other real estate? yes _____ no _____

If yes, what is its market value? \$ _____

2. Have you given away or sold any property or other assets in the past two years? yes _____ no _____

If yes, what is the current market value of the asset(s)? \$ _____

PART G - Medical Expenses (optional, for determining medical allowances in determination of monthly rent)

1. Name of Insurance _____ Premium Amount \$ _____

Name of Insurance _____ Premium Amount \$ _____

2. List any medical expenses or special expenses for the care of any household members who are disabled or handicapped that are not covered by insurance: _____

PART H - CURRENT HOUSING CONDITION

1. Do you wish to move? yes _____ no _____ If yes, why? _____

2. How many people live in your house? _____ How many bedrooms in your home? _____

3. Are you being displaced from your current housing? yes _____ no _____ If yes, please explain the circumstances: _____

4. Are you without or about to be without housing? yes _____ no _____ If yes, please explain the circumstances: _____

5. Are you living in substandard housing which affects your health or safety? yes _____ no _____ If yes, please note which items you believe are unsafe or unhealthy: _____

6. Are you now living in government subsidized housing? (Section 8, Section 236, etc.) yes _____ no _____

7. Do you plan to have anyone living with you who is not listed on this application? yes _____ no _____
If yes, please explain: _____

PART I - OTHER INFORMATION

1. When could you accept occupancy if you were selected as a resident? _____
2. Do you have a car? _____ Year, make, model: _____
3. Do you have a pet or pets? _____ Please describe: _____
4. How did you hear about these apartments? _____
5. Are you a United States Citizen? yes _____ no _____ If no, do you have legal alien status? yes _____ no _____
6. Please list the names, addresses, and phone numbers of two relatives or friends who know how to contact you, and who could be contacted if we cannot reach you, or in an emergency.

a. Name: _____ Address: _____ Phone: _____ Relationship to you: _____	b. Name: _____ Address: _____ Phone: _____ Relationship to you: _____
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7. I wish to apply for the following type of apartment: one bedroom _____ two bedroom _____
8. If you checked 2 bedrooms but such unit is not available, will you accept a 1 bedroom unit? yes _____ no _____

FAIR HOUSING AND 504 INFORMATION

FAIR HOUSING POLICY

Rogerson Communities offers all units on an open occupancy basis. Rogerson Communities does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, veteran history, or public assistance recipiency.

TDD RELAY

TDD relay service is available to all applicants and residents through the use of a NYNEX TDD relay operator. For TDD assistance, please call 1-800-439-2370.

504 COORDINATOR

Rogerson Communities' 504 Coordinator may be reached by calling (617) 363-2300 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Ms. Sandra McWhirter, 504 Coordinator, Rogerson Communities, One Florence St., Roslindale, MA 02131.

REASONABLE ACCOMMODATIONS

Rogerson Communities is committed to offering reasonable accommodations to applicants, residents and employees who have physical, developmental, or mental limitations or challenges.

Requests for units adapted for the physically challenged, or other accommodations in policy or procedures, require confirmation of the limitation which will be accommodated by the change. A description of the "qualifying handicap" may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation.

Reasonable accommodations are also limited by the financial ability of the development to make any needed changes. Changes in policy, procedures, and design may be governed by the following considerations:

1. The requested accommodation will not result in an undue administrative burden,
2. The requested accommodation will not result in an undue financial burden, and/or
3. The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

Farnsworth House Minimum Suitability Standards

Evidence of any of the following will be deemed a failure to meet minimum eligibility standards.

1. History of failure to meet rent and/or other financial obligations on a timely basis. Farnsworth House will make reasonable accommodation in cases where problematic history can be shown to be a consequence of disability, and applicant and Farnsworth House agree to a mechanism to guarantee timely payment of rent.
2. A history of behavior or criminal activity by any member of the applicant household which might interfere with the health, safety, security, or peaceful enjoyment of other residents. Examples of activity which could lead to rejection include, without limitation, the possession, distribution and/or use or sale of illegal drugs, illegal sale of or public drinking of alcohol, prostitution, crimes of physical violence to person or property, rape, assault or breaking and entering. Court and/or probation records, where applicable, must be provided by each applicant/occupant, in accordance with Massachusetts General Laws.
3. Any previously displayed behavior by any member of the applicant household which would severely impinge upon the safety, health, peace, or well-being of the other residents. Documented physical destruction of property or vandalism would also be grounds for disqualification.
4. Previously evicted due to problems caused by any applicant or member of the applicant household or their guests. Reasonable accommodation will be made if such problems can be shown to be a consequence of disability and these problems have appropriately been resolved.
5. False information on the application (determined upon verification of information).
6. Demonstrated inability to live in a residential setting without using illegal drugs and without abusing controlled drugs or alcohol.
7. Demonstrated inability to be able to meet the obligations of the lease.
8. An incomplete application,

PART J - PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application and the information provided in this 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 may be necessary to complete the application process.
3. I hereby give Rogerson Communities Management authorization to verify the information in this application.
4. WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application.

APPLICANTS SIGNATURE: _____ DATE: _____

SECOND APPLICANT'S SIGNATURE. _____ DATE: _____

RACE/NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor the owner'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 or whether or not the information is furnished.

_____ White/Non-Minority _____ African American

_____ Am. Indian/Native American _____ Asian

_____ Hispanic _____ Other

_____ I do not wish to furnish the above information.

This Housing is available on an equal opportunity basis. If you feel that you have been discriminated against in the application process contact:

***Boston Fair Housing Commission
City Hall-9th Floor
1 City Hall Plaza
Boston, MA 02201
Tel: (617) 635-4408***