

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 ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny 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



APPLICATION INFORMATION:

Before you begin the application process, please provide the following for **all** household members:

- A copy of your **CURRENT Social Security (2017) Monthly Benefit letter**, (*you may have to request this from the Social Security office*), **pension and/or monthly annuity payments. This should show the GROSS current amount before any deductions.**
- Documentation of assets: i.e. bank statements, 401K, stocks and bonds, etc., and if you are still working, the last 4 copies of your paycheck.

Please make sure you provide accurate and complete information. Incomplete applications will not be processed.

Maintaining Your Status on the Waiting List:

If your name is added to the waiting list, you will be notified by mail when your name comes to the top of the list. You will also be notified by mail when we update the waiting list every year.

IMPORTANT: If you do not respond to the letter, or your letter is returned as undeliverable, your name will be removed from the waiting list. If you have a change of address, phone number, income, you must notify us within ten business days of the change. Please note: **it is your responsibility** to notify us of the address change. **All changes must be in writing, they will not** be taken over the phone.

Eligibility:

1. An applicant must qualify as an individual or family as defined by HUD.
2. Head of household must be at least 62 years of age at the time you apply.
3. At the time of admission, applicant(s) must have annual income that does not exceed the established income limits according to the maximum income by family size, established by HUD

Current Federal median income limits (gross) for eligible applicants are the following:

	<u>1 Person</u>	<u>2 People</u>
ELI (extremely low income, 30%)	\$21,700	\$24,800
VLI (very low income, 50%)	\$36,200	\$41,400
L (low income, 80%)	\$54,700	\$62,550

- Applicants must agree to participate in the **Mandatory Meal Program** offered at JSH.
- All applicants must pass a criminal background and credit check.
- Applicant or any member of the family that has ever been convicted of manufacturing or producing methamphetamine on the premises of any federally assisted housing or any family household member that is subject to a lifetime registration requirement under a state sex offender registration program will not be eligible for housing assistance.
- Applicant(s) must provide documentation of social security numbers for all family members or certify that they do not have social security numbers at the time of the initial interview.



Jack Satter House WAITING LIST PRE-APPLICATION

For office use only: *Date Sent:* _____ *Date Received:* _____

If all your required information is received, it will then be placed in order by date and time.

Please fill out the information below:

First Name: _____ Middle: _____ Last: _____

Address: _____ Apt. # _____

City/State: _____ Zip Code: _____

Phone: _____ Cell: _____ E-Mail: _____

Bedroom Size: First Choice: ☐ Studio ☐ One Bedroom ☐ Two Bedroom (2 people).

Second Choice: ☐ Studio ☐ One Bedroom OR ☐ Two Bedroom (2 people).

MANDATORY MEAL PROGRAM: Please read and **INITIAL** the statements below.

____ I/we understand that during my tenancy at Jack Satter House I/we will participate in the meal program, unless granted an exemption by JSH management pursuant to HUD guidelines.

____ I/we understand that it is a lease violation if I/we stop paying for the meal program without approval from JSH management and that I/we are subject to eviction procedures in accordance with the lease.

HOUSEHOLD COMPOSITION:

List all the people who will live in your household, beginning with yourself:

First Name	Last Name	Sex	Social Security Number	Relationship	Birth Date
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ACCESSIBILITY: Do you or a member of your household require any reasonable accommodation such as a wheelchair accessible unit? ☐ NO: ☐ YES – Please explain:



Jack Satter House – 420 Revere Beach Blvd., Revere, MA 02151
Phone: 781-289-4505 FAX: 781-289-3154



ASSETS: List below the assets and type for each household member. Include all bank accounts, stocks and bonds, mutual funds, life insurance policies 401K plans, annuities, trust funds, certificates of deposit, IRA's inheritances, lottery winnings, insurance settlements, etc. Use additional sheets, if necessary.

Household Member	Asset Type	Asset Value or Current Benefits	Name of Financial Institution
		\$	
		\$	
		\$	
		\$	
		\$	

REAL ESTATE: Do you own any property? ☐ Yes ☐ No

Do you or a household member own property jointly? ☐ Yes ☐ No

What is the appraised value of the property from most recent tax bill? \$

Have you, or a member of your household, sold or disposed of any property in the last two years? ☐ Yes ☐ No

Is the head of household 62 years of age or older? ☐ Yes ☐ No

Have you (or co-applicant) been convicted of a misdemeanor within the last 5 years? ☐ Yes ☐ No

If yes, please attach a written explanation.

Have you or co-applicant ever been convicted of a felony? ☐ Yes ☐ No

If yes, please attach a written explanation.

Are you, or your co-applicant required to register as a lifetime sex offender ☐ Yes ☐ No

I understand that this application is not an offer of housing. **I understand that it is my responsibility to inform Jack Satter House in writing of any change of address, income or household composition.** I authorize Jack Satter House to make inquiries to verify the information I have given is true and correct. I understand that any false statement or misrepresentation may result in the disqualification of my application.

Applicant's Signature: _____ Date _____

Co-Applicant's Signature: _____ Date _____

Would you permit us to contact you with information on programs and resources of Hebrew SeniorLife?
☐ Yes ☐ No

Jack Satter House – 420 Revere Beach Blvd., Revere, MA 02151

Phone: 781 329 4505 FAX: 781 329 3154

HUD Policy for Mandatory Meals Program Exemptions

TO: Jack Satter House Tenants Participating in the Mandatory Meals Program

From: Stephen M. Post, Executive Director

Subject: HUD Policy for Mandatory Meals Program

The contract for participating in the Jack Satter House 5-day per week mandatory meals program is part of the lease. Substantial Failure by a tenant to comply with the Mandatory Meals Program agreement is a violation of the lease and will subject the tenant to eviction procedures in accordance with the lease. This notice is to inform tenants who participate in the mandatory meals program of the following exemptions as contained in HUD regulations:

MANDATORY EXEMPTIONS:

An owner must grant an exemption if a tenant meets one of the following criteria. Any exemption granted to a tenant will remain valid as long as the tenant meets the condition (s) for which the exemption was originally granted. The citation for the list of exemptions is 24 CFR 278.12.

Exemptions must be granted to tenants for the following reasons:

- A. A medical condition that requires a special diet. The owner must either provide the special diet or grant the tenant a medical exemption within ten working days upon the tenant's request and receipt of physician's documentation (if owner requests such documentation). The owner may require a physician to document the following before granting the application:

A tenant requires a special diet for medical reasons, and a description of the special diet.

NOTE: If the owner decides to provide the special diet, it must be provided at no additional cost to the tenant. A paying job that requires absence from the project during the time period that the meals are served.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.