

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

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

# FENNO HOUSE

Date: \_\_\_\_\_

Thank you for your interest in Fenno House. Attached please find our preliminary application. Please fill it out completely, sign it and return it to us as soon as possible.

Our apartments were developed with funding from the Federal government 236 program and have below market rates. Rents effective since February 2008 for a studio range from **\$479 to \$561**. Range for a 1 bedroom is **\$617 to \$723**. Maximum income for these units is \$51,150 for a single person or \$58,450 for a couple\*.

**Single applicants are eligible for studio apartments only; one bedrooms are reserved for couples. We have no two bedroom apartments**

31 of our units have Section 8 and residents pay 30% of their income for rent with maximum income is \$34,350 single or \$39,250 couple. Those who currently live in the building paying 236 rents have priority for the Section 8 units. Wait list for Section 8 units has been closed to those who do not currently live in the building. We do accept Section 8 vouchers.

You will be called in for an interview when your name reaches the top of our waiting list. You will be asked to bring proof of citizenship (birth certificate or eligible immigration status), proof of age (you must be at least 62 years old), and verification of all income and assets.

For income you will need verification of your social security, pension or employment amount. Assets verification will include 3 recent checking statements and all bank accounts, credit unions, investments and real estate. You do not need to include verifications with your application.

We also offer Assisted Living apartments which include meals, housekeeping, laundry, personal care and 24 hour staffing. Please speak to our staff for further information,

Yours,

Lucille Becker  
Executive Director

\* effective 3/28/2016

540 HANCOCK ST QUINCY, MA 02170 617-773-5483

SPONSORED BY WOLLASTON LUTHERAN CHURCH APARTMENTS

APARTMENT APPLICATION (preliminary)

FENNO HOUSE  
540 Hancock Street  
Quincy, MA 02170

HEAD of HOUSEHOLD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

\_\_\_\_\_ (Cell) \_\_\_\_\_ (Other Contact)

**HOUSING STATUS**

Do you own your own home? Yes \_\_\_\_\_ No \_\_\_\_\_

If you rent, what is your current monthly rent? \_\_\_\_\_ Utilities \_\_\_\_\_

Do you receive any type of rental assistance? \_\_\_\_\_

Do you have a mobile voucher? \_\_\_\_\_ (We accept mobile vouchers)

**Please list name, address & telephone number of Landlords for past 5 years below:**

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**SOCIAL SECURITY** — You will be asked to provide a copy of your Social Security Card at time of interview.

**CITIZENSHIP STATUS:** You must complete a citizenship declaration form at the time of interview and provide proof of legal residency if you are a non-citizen.

**EQUAL HOUSING**

Please identify: African American \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

**FINANCIAL INFORMATION** (on reverse)

The financial information provided below will determine your eligibility for an apartment at Fenno House. We will verify all information before move in. Please fill this section of the application out carefully and completely. If more than one person is applying please make sure that both incomes are included. Please use Gross Monthly Income (before deductions).

OVER-

**GROSS MONTHLY INCOME****APPLICANT****SPOUSE/CO-APPLICANT**

WAGES

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SOCIAL SECURITY-SSI

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PENSION(s)

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ANNUITY, IRA payouts, ETC.

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INTEREST/DIVIDEND INCOME

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OTHER INCOME

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TOTAL

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**ASSETS - current value**

CHECKING

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SAVINGS

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CD'S

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IRAs

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OTHER ASSETS (STOCKS, BONDS)

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REAL ESTATE VALUE

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Fenno House will seek third party verification of all financial information. In order to qualify for housing, Gross Income may not exceed \$51,150 (One person)/ \$58,450. (Two People). *These income limits change slightly each year.*

**PLEASE NOTE:** One person households are eligible for STUDIO apartments.

Priority is given to two person households for ONE-BEDROOM apartments.

This is a preliminary application and in no way insures occupancy. Fenno House has a Waiting List at present. You will be called for an interview when you near the top of our list. Your signatures will be required to give written consent to the Management to verify financial information in this application. A false statement or misrepresentation on your application will effect approval for residency. A landlord reference, credit check and CORI will be made.

**QUESTIONS: Contact Lucille Becker, Manager, at 1-617-773-5483.**

Please make any additional comments below.

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**Signature of Applicant****Co-Applicant****Date:** \_\_\_\_\_

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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (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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<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.