

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

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

For Landlords Only!  
[support@housingworks.net](mailto: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 Received.** Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER  
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,  
Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No  
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any  
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER  
**Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No  
**Other 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?  
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status  
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.  
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

# Grafton Housing Associates, Inc.

13 Zgonis Drive  
South Grafton, MA 01560  
508-839-5605

Justin A. Phillips  
President

Dear Prospective Applicant,

Thank you for your interest in Green Acre Estates. We are currently accepting applications for our waiting list. At this time, the anticipated wait for an apartment in our community is approximately five+ ( 5+) years.

Green Acre Estates is owned by Grafton Housing Associates, Inc. a non-profit corporation formed to provide affordable housing for senior citizens 62 and over and/or disabled. It is funded by the Department of Housing and Urban Development (HUD).

Green Acre Estates consists of twelve (12) apartment buildings, which contain a total of forty-eight (48) one-bedroom apartments, four (4) of which are barrier-free. Community features include a community building with a function room and laundry facility. All apartments consist of one bedroom, a dining/living room area, kitchen and bathroom along with ample closet space.

If you are interested in an apartment home at Green Acre Estates, please complete the enclosed rental application and return it to our office located at 13 Zgonis Drive, South Grafton, MA 01560. Once we receive your application and determine eligibility, we will send you a letter confirming that your name has been placed on the waiting list.

Thank you for your interest in Green Acre Estates.  
Sincerely,

**GRAFTON HOUSING ASSOCIATES**  
**DIBIA Green Acre Estates**

Green Acre Estates a "smoke free" property.  
There is no smoking permitted anywhere on the premises.

Rev. 5/19



Professionally Managed by:





# Green Acre Estates Rental Application

**Please return completed application to:**  
**Grafton Housing Associates**  
**13 Zgonis Drive**  
**South Grafton, MA 01560**  
**Phone (508) 839-5605/Fax (508) 839-1798**  
**Mass Relay 7-1-1**

Today's Date: \_\_\_\_\_

Unit Type Requested: 1 Bedroom [ ]

Wheelchair Adapted Unit Yes [ ] No [ ] Hearing Visual Adapted Unit Yes [ ] No [ ]

**Applicant:** \_\_\_\_\_ Social Security #: (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: (optional) Male [ ] Female [ ]

**Spouse/Co-Applicant:** \_\_\_\_\_ Social Security #: (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: (optional) Male [ ] Female [ ]

**Other Members that will reside in the household:**

Name of Applicant: \_\_\_\_\_ Social Security #: (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: (optional) Male [ ] Female [ ]

Current Address: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ - Present Day

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Is Landlord related to you? Yes [ ] No [ ]

Previous Address: \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Is Landlord related to you? Yes [ ] No [ ]

**If housing references are not available, please list two *Personal References* that you have known for more than one year and are not related to you:**

Name, Address & Phone: \_\_\_\_\_

Name, Address & Phone: \_\_\_\_\_

**Source(s) of Income (List Gross Amount before deductions, Include Social Security, Pensions, etc.):**

Applicant # 1 Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_ (mo/year)

Applicant # 2 Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_ (mo/year)

Applicant # \_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_ (mo/year)

Applicant # \_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_ (mo/year)

Applicant # \_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_ (mo/year)

**Assets: (Attach additional sheet of paper, if needed)**

Checking Yes [ ] No [ ] Bank: \_\_\_\_\_ \$ \_\_\_\_\_ Rate \_\_\_\_%

Savings Yes [ ] No [ ] Bank: \_\_\_\_\_ \$ \_\_\_\_\_ Rate \_\_\_\_%

CD Yes [ ] No [ ] Bank: \_\_\_\_\_ \$ \_\_\_\_\_ Rate \_\_\_\_%

IRA Yes [ ] No [ ] Bank: \_\_\_\_\_ \$ \_\_\_\_\_ Rate \_\_\_\_%

Other/Type \_\_\_\_\_ \$ \_\_\_\_\_ Rate \_\_\_\_%

Do you own any property? Yes [ ] No [ ] If yes, Market Value: \_\_\_\_\_

Property Address \_\_\_\_\_



**Professionally Managed by:**



Rev. 9/16

Have any household members sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes [ ] No [ ]

- If yes, type of asset (ex. money/land/house) \_\_\_\_\_

Do you have a pet? Yes [ ] No [ ] If yes, type and weight: \_\_\_\_\_

Do you or any other household member meet the Federal definition of disabled? Yes [ ] No [ ]

Are any of the household members full-time students? Yes [ ] No [ ]

Are any of the household members United States Veterans? Yes [ ] No [ ]

Are all household members United States Citizens or eligible Aliens? Yes [ ] No [ ]

Are you currently living in subsidized housing? Yes [ ] No [ ]

Have any household members ever been convicted of a criminal offense? Yes [ ] No [ ]

Are any household members subject to a lifetime registration requirement under a State Sex Offender Registration Program? Yes [ ] No [ ]

*I acknowledge that this information will be confirmed by Management Staff and the Dru Sjodin National Sex Offender Website to confirm that applicants and/or residents are not lifetime registered sex offenders. In accordance with HUD Notice H 2012-11 "State Registered Lifetime Sex Offenders in Federally Assisted Housing". please provide a complete list of states in which any household member has resided, by listing the family member name and state abbreviation (i.e. Mary Smith/PA, John Smith/MA, PA, NY. Family Member/State Names(s): \_\_\_\_\_*

*The undersigned hereby warrants that all statements contained herein are true and correct; the undersigned also grants Grafton Housing Associates/Wingate Companies permission to contact any agencies, offices, credit bureaus, landlords or references for the purpose of verifying the information provided on the application. The information provided will be used solely for the determination of eligibility and admission to the housing I/We are applying for and will be kept confidential. I/We understand that I/We are applying for housing at a "smoke-free" property.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Grafton Housing Associates/Wingate Companies does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability..

Grafton Housing Associates/Wingate Companies has a legal obligation to provide "reasonable accommodations" to applicants if they, or any other household member, have a disability or handicap. If you, or a member of your household, think you might need or want a reasonable accommodation, you may request it at any time during the application process or after admission. If you would prefer not to discuss your situation with Management, that is your right.

**Race:** (Optional Section: Information will be used for Fair Housing Programs only as required by State & Federal Law)

American Indian/Alaskan Native [ ] Asian or Pacific Islander [ ] Hispanic [ ]

Black (not of Hispanic Origin) [ ] White (not of Hispanic Origin) [ ]

How did you hear about us (ex live in area, friend/family, newspaper, website, agency, etc.)? via the HousingWorks.net website.

**Please return the following items along with your completed application:**

- Declaration of Section 214 Status and Family Summary Sheet and HUD-92006 Contact Form (attached)

*For Management Use Only:*  
*Application Received:*

*Date:*

*Time:*



**Professionally Managed by:**



**Exhibit 3-4. SAMPLE FAMILY SUMMARY SHEET**

MBR NO	FIRST NAME	LAST NAME	RELATIONSHIP TO HOH	SEX	D.O.B.
HEAD			H.O.H.		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

### Exhibit 3-5: Sample Citizenship Declaration

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family

**Summary Sheet**

LAST NAME. \_\_\_\_\_

FIRST NAME. \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ If applicable. (This is an 11-digit number found on OHS Form 1-94, Departure Record)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_

(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under  
(signature)

penalty of perjury, that I \_\_\_\_\_, am:  
{print or type first name, middle initial, last name):

\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

Supplemental and Optional 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.

<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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<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.	

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

--	--

**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.