

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

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 ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



Island Elderly Housing, Inc. manages 165 rental apartments for elderly and disabled persons who meet the eligibility requirements of our rental assistance programs. Ten percent of our apartments are handicapped-accessible. All but four of our apartments are one-bedroom units.

Hillside Village in Vineyard Haven, MA (fifty-five apartments), and Woodside Village in Oak Bluffs, MA (ninety-five apartments), are our largest complexes.

The Margaret C. Love House in Vineyard Haven, MA is a large Victorian house on Main Street consisting of five studio apartments.

The two buildings known as The Aidylberg are located on Wing Road in Oak Bluffs, MA and that campus consists of ten apartments.

Rental assistance for all of our projects with the exception of Hillside Village I is provided by the U.S. Department of Housing and Urban Development (HUD). The rents at Hillside Village I are subsidized by USDA-Rural Development. The amount of rent and utilities are calculated for each tenant so that the amount does not exceed 30% of that tenant's adjusted monthly income.

In order to be eligible for one of our HUD-funded units, an applicant must be at least 62 years of age and meet the income guidelines. Hillside Village I also accepts applications from non-elderly persons with disabilities and from applicants with low or moderate incomes, as well. Please call IEH for further information on these USDA-Rural Development income limits.

For all of the HUD-funded units and for the Very Low Income waiting list at Hillside Village I:

- *the maximum annual income limit for one person is \$30,450.

- *for two persons, the maximum income limit is \$34,800.

Please call the IEH Property Management Office at 508-693-7555 for more information or to review IEH's Resident Selection Plan.

IEH was incorporated as a private, non-profit corporation in 1976. Our mission has always been to provide affordable rental housing and related services for very low income persons whose income does not exceed 50% of the median.

IEH receives rental assistance from the federal government which makes it possible for us to offer apartments at such reasonable rents.

While we are able to operate our rental projects on tenant rents and rental assistance alone, as we have expanded – and as our residents have “aged in place” – related services have become more urgent and private fundraising has been required.

In addition to providing casework and advocacy services, IEH operates an affordable nutritious dinner program for our tenants and transportation on our “Blueberry Van” for a small contribution.



APPLICATION INFORMATION

Please send completed application to:

ISLAND ELDERLY HOUSING, INC.
60B VILLAGE ROAD
VINEYARD HAVEN, MA 02568

The Property Management Office is open from 8 AM to 4 PM, Monday through Friday.

Telephone: 508-693-7555
For hearing impaired: Call MA Relay at 711

To be considered for selection, an applicant must submit a completed application. This application is to determine initial eligibility for our waiting lists only. We will request verification of all information reported in this application at the time of your final screening for occupancy.

You **MUST** notify us if any of the information reported in this application changes.

Fill in all sections completely, as the failure to do so may result in processing delays or rejection of your application.

Should you need help in completing this application, or if you wish to review IEH's Resident Selection Plan, please contact Island Elderly Housing.

We will notify you in writing within 21 days of our receipt of your application.

Island Elderly Housing, Inc. will not discriminate against applicants or residents on the basis of race, color, creed, religion, sex, national or ethnic origin, citizenship, ancestry, class, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy.





Pre-Application for Admission and Rental Assistance Housing for Seniors

Date: _____

Management Agent:	Island Elderly Housing	Telephone:	(508) 693-7555
Property Address:	60 B Village Road Vineyard Haven, MA 02568	TTD/TTY:	711 National Voice Relay

(Please return this form to the above address)

For Office Use Only:	Date application received _____	Time application received _____	By _____
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Applicant Name			
How did you hear about us?	via the HousingWorks.net website		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/ child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
Current Mailing Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Name, Address, Telephone Number of a Close Friend or Relative:			
May we share wait list information with the person above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in all IEH units and buildings and will be prohibited anywhere within twenty-five (25') feet of any IEH building. Smoking will only be allowed in designated areas.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			<input type="checkbox"/> Yes <input type="checkbox"/> No



Pre-Application for Admission and Rental Assistance Housing for Seniors

Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when _____			
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/ sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C			

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

I am a victim of a recent presidentially declared disaster.

☐ Yes ☐ No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than four people will live in the unit. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults		Minors	

RACE/ETHNICITY INFORMATION: (optional)

The following information is requested by the Federal Government and will only be used for fair housing programs. You are not required to furnish this information, but are encouraged to do so.

___ I do not wish to furnish this information

Race:
 ___ Black/African American ___ White/Caucasian ___ American Indian/Native American or Alaskan Native
 ___ Asian/ Pacific Islander ___ Other: Specify _____

Ethnicity: ___ Hispanic ___ Non-Hispanic



Pre-Application for Admission and Rental Assistance Housing for Seniors

PROJECTS/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate the project preferences below. Please indicate any necessary special features below.

PROJECTS

Special Features

<input type="checkbox"/> Aidylberg I and II	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Hillside Village II	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Hillside Village III	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Margaret C. Love House Studio unit – one person maximum	<input type="checkbox"/> Special features: Please list below:
<input type="checkbox"/> Woodside Village I	
<input type="checkbox"/> Woodside Village II	
<input type="checkbox"/> Woodside Village III	
<input type="checkbox"/> Woodside Village IV	
<input type="checkbox"/> Woodside Village V	
<input type="checkbox"/> Woodside Village VI	

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please provide the total amount of annual income.

Annual income	\$
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Please provide the value of all assets (including checking/savings accounts)

Total assets	\$
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Pre-Application for Admission and Rental Assistance Housing for Seniors

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

[Island Elderly Housing](#) does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Island Elderly Housing, Inc.
60 B Village Road
Vineyard Haven, MA 02568
(508) 693-7555 - Voice
711 - TTY

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.

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) <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>	
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.	

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

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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.

MORADIA PARA IDOSOS NA ILHA, INC.

FORMULARIO PARA PEDIDO DE SERVICIOS DE INTERPRETE

Nos queremos ter a certeza que voce entende todo o processo de aplicacao e/ou as responsabilidades do inquilino na Moradia Para Idosos no Ilha, Inc. (IEH). Nos podemos arranjar, dentro de 3 dias uteis, um encontro com um interprete qualificado para te assistir. Por favor complete a questao e assine abaixo se voce gostaria de ter um interprete. Nos iremos contactar voce para confirmar a data e a hora do encontro.

☐ Sim, eu gostaria de um interprete qualificado em Portugues para uma assistencia no meu encontro com os representantes da Moradia Para Idosos na Ilha (IEH).

Horas de preferencia para o encontro: Manhas ☐ Tardes ☐

ALOJAMIENTO DE RETIRADOS DE LA ISLA, INC.

PEDIDO DE SERVICIOS DE INTERPRETE

Queremos estar seguros que usted entiende el proceso de la aplicacion y/o las responsabilidades de los inquilinos del Alojamiento de Retirados de la Isla, Inc. (IEH). Podemos organizar una reunion con usted dentro de 3 dias habiles y tener un interprete qualificado en Espanol para asistir usted. Por favor complete el siguiente y ponga su firma abajo se usted quiere un interprete. Nosotros estaremos en contacto con usted en quanto a la fecha y la hora de la reunion.

☐ Si, yo quisiera un interprete qualificado en Espanol para asistirme en mi reunion con los representantes del Alojamiento de Retirados de la Isla (IEH).

Hora preferida para una reunion: Mananas ☐ Tardes ☐

Nome (em letras de forma)

Nombre (en letras de molde) _____

Telefone para contato

Numero de telefono para contactar _____

Assinatura e data

Firme y la fecha _____

.....
To be completed by IEH Staff

_____ Date of contact with Island Interpreter Services

_____ Date/time of scheduled meeting

_____ Date of return call to applicant/tenant to confirm meeting

Staff Signature

MORIDIA PARA IDOSOS NA ILHA, INC.
(ISLAND ELDERLY HOUSING, INC.)

AVISO DE SERVICOS DE INTERPRETE

Por favor deixe o Gerente Local saber se voce gostaria de ter um interprete para assistir voce no processo de aplicacao ou para algum informacao das responsabilidades do inquilino.

ALOJAMIENTO DE RETIRADOS DE LA ISLA, INC.
(ISLAND ELDERLY HOUSING, INC.)

AVISO DE SERVICIOS DE INTERPRETE

Por favor deje saber el Gerente del Lugar si usted desea un interprete para asistirlo con el proceso de la aplicacion o para una explicacion de las responsabilidades del inquilino.