

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ 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 \_\_\_\_\_



## IEH APPLICATION INFORMATION

Please send completed application to: ISLAND ELDERLY HOUSING, INC.  
60B VILLAGE ROAD  
VINEYARD HAVEN, MA 02568

The Hillside Site Management Office is located at 421 Edgartown Road, Vineyard Haven, Mass. 02568 and is open on Monday, Tuesdays, Thursday and Friday from 8:00AM-4:00PM and Wednesdays from 8:00AM – 1:00PM.

Telephone: 508-693-7577  
Fax: 508-693-9297

MA Relay 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. We will notify you in writing within 10 days of our receipt of your application.

*"This institution is an equal opportunity provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*



## HILLSIDE VILLAGE I RENTAL PRE-APPLICATION

APPLICANT NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### FAMILY COMPOSITION:

List all persons who would occupy the apartment (including yourself):

<u>FULL NAME:</u>	<u>RELATIONSHIP:</u>	<u>SEX:</u>	<u>SS#:</u>	<u>DATE OF BIRTH:</u>
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1. _____				
2. _____				

Do you wish to claim a \$400.00 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? YES ( ) NO ( )

### BARRIER-FREE APARTMENTS:

Ten percent of our apartments are designed specifically for persons who need the accessibility of a barrier-free unit in order to live independently.

ARE YOU REQUESTING ONE OF THESE WHEELCHAIR-ACCESSIBLE,  
BARRIER-FREE UNITS? YES ( ) NO ( )

### REASONABLE ACCOMMODATIONS AND MODIFICATIONS:

IEH will make reasonable accommodations to policies or reasonable modifications of common or unit premises for all applicants with disabilities who require such changes to have equal access to any aspect of the application process, its programs and services.

DO YOU REQUIRE A REASONABLE ACCOMMODATION OR MODIFICATION?  
YES ( ) NO ( )



**NAME, ADDRESS, AND TELEPHONE NUMBER OF A CLOSE FRIEND OR RELATIVE:**

This information is helpful in case we can't get in touch with you when updating our waiting lists.

**INCOME:**

List all income earned or received by each household member. This includes: Wages, Self-Employment, Unemployment, Welfare, Social Security, SSI, Disability, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Rental Property, Stock Dividends, Bank Account Interest, etc.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF ASSET</u>	<u>GROSS EARNINGS (Before Taxes)</u>
-------------------------	----------------------	--------------------------------------

1.		
2.		
3.		

(specify per week, month, or year)

**ASSETS:**

List all assets for each household member. This includes: Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, and Cash Value of Whole Life Insurance Policies.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF INCOME</u>	<u>BALANCE/VALUE</u>
-------------------------	-----------------------	----------------------

1.		
2.		
3.		

CASH VALUE

Do you or any household member own or have interest in any real estate, boat, and/or mobile home?

YES ( ) NO ( )

\_\_\_\_\_

Have you sold any real estate in the past two years?

YES ( ) NO ( )

\_\_\_\_\_

**MARKETING INFORMATION:**

How did you hear about housing with Island Elderly Housing, Inc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**APPLICANT CERTIFICATION:**

I/we do hereby swear and attest that all of the information provided in this application is true and complete to the best of my knowledge. I understand that all information is regarded as confidential in nature and that a consumer credit report, criminal offenders record information (CORI) & (SORI) report, and previous landlord references will be requested. I/We do hereby authorize Island Elderly Housing, Inc., and its staff or authorized representatives to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for housing in programs administered by USDA, Rural Development. Further, I/We consent to the release of wage matching data to the RHS and the borrower.

I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy.

Signatures:

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RACIAL INFORMATION:**

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

**Ethnicity:**

Hispanic or Latino\_\_\_\_\_

Not Hispanic or Latino\_\_\_\_\_

**Race:** (Mark one or more)

American Indian/Alaska Native \_\_\_\_\_

Asian\_\_\_\_\_

White\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian or Pacific Islander\_\_\_\_\_

**Gender:**

Male\_\_\_\_\_

Female\_\_\_\_\_

