

**Rental Criteria for Affordable Housing**

Welcome to the Blanchard School, an affordable housing community managed by The Community Builders, Inc. Outlined below is an overview of the requirements for applicants to qualify for the affordable housing program(s) at this community. Additional information, including information about the community's priorities and preferences, can be found in the property's Tenant Selection Plan, available for review in the management office.

The Community Builders, Inc. is an equal housing opportunity provider. All visitors must present a valid driver's license or other government issued photo identification in order to view the community. Examples of acceptable forms of identification are (but are not limited to): Valid state issued ID card, valid Military ID card, a valid Passport or a US Immigration and Naturalization Services Issued Visa. All applications for apartments: 1) will be time and date stamped in the order received, completed and signed; 2) are subject to the availability of the apartment type/size requested; 3) will be approved based on the rental criteria established for the community and program(s). Security Deposits and Pet Fees/Deposits (where applicable) are required. Rental applications are to be completed entirely. **Any omissions or falsifications may result in rejection of an application or termination of lease.**

**Income Restricted:**

This community is designed to facilitate the housing needs for low and moderate-income families. Residence at this community requires that applicants meet certain qualifying standards established by the federal and/or state affordable housing program(s) at this community and The Community Builders, Inc. Applicant household's gross yearly income must not exceed the following, by household size:

Maximum	1 person	\$39,660	4 persons	\$56,580	7 persons	\$
Income	2 persons	\$45,300	5 persons	\$61,140	8 persons	\$
60% AMI:	3 persons	\$50,940	6 persons	\$65,640	*as defined and published by [program type(s) -- HUD; HOME; HUD MTSP]	

Minimum Gross Annual Income Requirements is 30x the Monthly Rent (does not apply to subsidized/rental assisted homes).

**These income *minimum* requirements only apply to select homes. We also have homes with no minimum income requirement as rental assistance is provided. Must not exceed certain income parameters. Rent will be based on income.**

*\*\*When calculating your total annual household income from all sources on your application, be sure to count all income from sources including, but not limited to, earned income for all adults such as W2, 1099, Salary, Self-Employment. Also include unearned income for all household members, including minors, such as Social Security, Supplemental Social Security, Pension/Retirement, Annuity, Unemployment, Worker's Compensation, TAFDC/Welfare Assistance, Child Support, Alimony and assets .*

**Rental Eligibility Criteria:**

All applicants must comply with the following prior to occupancy:

- \* Applicants must be of legal age (18 years or legally emancipated) and each applicant must complete an application and meet all rental criteria.
- \* Applicant household's combined, gross monthly income must be a minimum of at least 2.5 times the monthly rent. Note: This does not apply to household's that will be receiving rental assistance for their apartment.
- \* Rental history may be verified for present and previous residences from applicant household's landlords for the last five (5) years or from the last two successive tenancies, whichever is more inclusive. Applicants may not be rejected for lack of rental history, but may be rejected for unsatisfactory rental history. Any applicant who has been evicted for nonpayment of rent, damages, or material noncompliance will not be accepted. Any applicant who owes past due funds to a previous landlord will be rejected until all funds that are past due have been paid in full.
- \* Applicant household's income and assets must be verified. Management will make necessary efforts to obtain third party verification of income and assets. In some instances, management may require an applicant to provide additional information such as pay stubs, benefit letters, notarized contribution letters, etc. Applicants can not be proven eligible for housing until all household income and assets have been completely identified and verified.
- \* An unsatisfactory credit report can disqualify an applicant from renting an apartment at this community (in the absence of rental history). Management uses a third-party screening company to retrieve credit reports for all applicant household members who are 18 years of age or older. The credit report must demonstrate that the applicant(s) has/have paid financial obligations, as agreed. Greater weight is applied to activity reported over the most recent 24-month period. Management does not consider medical bills, medical expenses, student loans or foreclosures when reviewing credit history. Management will not consider a discharged bankruptcy (Chapter 7 or 13) that has been dismissed more than six (6) months prior to the date of application for housing. Please Note: Applicants who are not approved due to credit history will be notified in writing pursuant to the Fair Credit Reporting Act. Management's inability to verify credit references is also a basis for rejecting an application. However, consideration will be given to special circumstances in which credit has not been established (income, age, marital status, etc.) and the lack of credit history alone will not cause an application to be rejected.
- \* Applicant must not have more than two persons residing in an efficiency or one-bedroom apartment, not more than four persons in a two-bedroom apartment, not more than six in a three-bedroom apartment, not more than eight in a four-bedroom apartment and not more than ten in a five-bedroom apartment unless local or state housing occupancy codes dictate otherwise.
- \* Applicant household must meet the affordable housing program(s) applicable student rule(s) requirements to obtain housing at this community.
- \* Applicants understand that they will not be able to occupy or take possession of an apartment until all supporting paperwork is complete and signed by all parties. All approved applicants are required to execute the lease agreement. In addition, all security deposits must be paid in full prior to move-in.

Management will give consideration to extenuating circumstances as presented by the applicant household.

Management will obtain a criminal background screening report for all adult household members 18 years of age or older. Applicants may be rejected when Management has a reasonable basis to believe that the applicant cannot meet the essential requirements. The requirements include: not to engage in any activity that involves physical danger or violence to persons or property or adversely affect the health, safety and welfare of residents, staff, vendors, service providers and/or owner; and not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on

the premises. Management will not consider an arrest or charge that was resolved without conviction. In addition, Management will not consider expunged or sealed convictions. Management may deny admission if an applicant has pending charges as time of application. Reasons for application rejection include:

- \* Any household member who is subject to any state lifetime sex offender registration requirement. If the Management determines that a registered sex offender is part of the household, the Management may allow the household to remove the sex offender from the application.
- \* Any household in which any member was evicted in the last three (3) years from federally assisted housing for drug related criminal activity, unless such member of the Applicant Household has successfully completed a rehabilitation program approved by the Owner.
- \* The application for tenancy may be rejected if Management determines that any member of the Applicant Household has been convicted of felonious crimes or any similar offense for manufacture of any controlled substance or new drug.
- \* A household in which any member is currently engaged in illegal use of drugs or for which the Management has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents. Current use will be indicated and investigated if there is a record of arrest or conviction within the last seven (7) years. Please Note: Marijuana is a controlled substance under federal law. Owners of federally assisted housing are required by The Quality Housing & Work Responsibility Act of 1998 (QHWRA), 42 U.S.C. Section 13662 to deny admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance, including Marijuana.
- \* Any household in which any member presents a reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse.
- \* The application for tenancy will be rejected if Management determines that any member of the Applicant Household has been convicted for murder, rape or similar sex-related crime, sexual intercourse with a minor or any similar offense.
- \* Any member of the Applicant Household has, within the seven (7) years preceding the date the Applicant Household would be selected for admission, engaged in any criminal activity that, if repeated, would adversely affect the health, safety, or right to peaceful enjoyment of property of the residents of the Development, Management employees, or persons residing in the immediate vicinity of the Development.
- \* Any member of the Applicant Household has been convicted of any of the following felonious crimes or any similar offense within the previous seven (7) years (including but not limited to): assault/battery, crimes against children, domestic crime, harrasment, kidnapping, robbery, weapons, arson, burglary, property damage, petit theft,larceny, trespassing, alcohol related, oui/dui/dwi, disturbance to peace, drug possession, embezzlement, fraud, obstruction of the law, conspiracy/organized crime and traffic violations.
- \* Any member of the Applicant Household has been convicted of any of the aforementioned crimes or any similar offense categorized as a misdemeanor within the previous three (3) years.

If Management is unable to complete required criminal or sex offender screening due to the applicant's failure to provide required information or release forms, the application will be rejected. If a resident or applicant has requested VAWA protections and such protections have been justified based on Management investigation, the abuser/perpetrator will not be approved to live on the property. If the applicant's criminal conviction was related to his or her disability, Management will consider a reasonable accommodation.

#### Criminal Screening Discoveries

reject the applicant in accordance with HUD guidance and Management's standards for applicant rejection. Management will notify the household of the rejection, 1) providing the household with the opportunity to submit mitigating circumstances documentation; 2) providing the applicant with an opportunity to dispute the accuracy and relevance of the information obtained from any law enforcement agency with the reporting agency; and 3) allowing the household the opportunity to remove the household member that is the subject of the criminal screening discovery.

#### **Denial of Application**

Should the applicant be rejected, Management will send a written notice of ineligibility to the applicant stating the specific reason(s) for denial and advise the applicant of their appeal rights and their rights to request a reasonable accommodation, if applicable. The applicant will also be provided information about how to obtain a copy of the information from the reporting agency. The written notice will be accompanied by the Notice of Occupancy Rights Under the Violence Against Women Act (5380) and the corresponding Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Document (5382). Any otherwise eligible applicant household with a history of unsatisfactory conduct who claims that such conduct was due to or related to a Disability within the meaning of Section 504 of the Rehabilitation Act of 1973 ("Section 504") is entitled to request a review for eligibility for a "reasonable accommodation" under Section 504 and related acts.

**Privacy Policy for Personal Information of Rental Applicant and Residents** – We are dedicated to protecting the privacy of your personal information, including your Social Security Numbers and other identifying or sensitive personal information. Our policy and procedures are designed to help ensure that your information is kept secure, and we work to follow all federal and state laws regarding the protection of your personal information. While no one can guarantee against identity theft or the misuse of personal information, protecting the information you provide us is a high priority to our company and staff. If you have concerns about this issue, please feel free to share them with us.

**How Personal Information is collected:** You will be asked to furnish some personal information when you apply to rent from us. This information will be on the rental application form or other document(s) that you provide to us, either on paper or electronically.

**How and When Information is used:** We use this information for our business purposes only as it relates to leasing a dwelling to you. Examples of these uses included but are not limited to, verifying statements made on your rental application (such as your rental, credit and employment history), reviewing your lease for renewal and enforcing your lease obligations (such as to obtain payment for money you may owe us in the future).

**How the Information is protected and who has access:** We allow only authorized persons to have access to your personal information, and we keep documents and electronic records containing this information in secure areas and systems.

**How the Information is disposed of:** After we no longer need or are required to keep your personal information, we will store or destroy it in a manner designed to prevent unauthorized persons from accessing it. Our disposal methods will include shredding, pulverizing, destruction or obliteration of paper documents and destruction of electronic files.

***I understand and accept these qualifying standards and have truthfully answered all questions. I understand that falsification of rental application information will lead to denial of housing. Rental Criteria for Affordable Housing does not constitute a guarantee or representation that residents or occupants currently residing in the community have not been convicted or are not subject to deferred adjudication for felony. Management’s ability to verify this information is limited to the information made available by the agencies and services used. It does not insure that all individuals reside in, on or visiting the community conforms to these guidelines.***

_____	_____	_____	_____
Applicant Signature	Date	Management Representative	Date
_____	_____		
Applicant Signature	Date		
_____	_____		
Applicant Signature	Date		
_____	_____		
Applicant Signature	Date		

***Discrimination is Against the Law***

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familiar status or national origin. The Community Builders, Inc. does not discriminate on the basis of any protected status, as defined and prohibited by local, state or federal law, in the admission of or access to housing its programs and activities.

**Blanchard School Apartments**

- \* Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- \* Provides free language services to people with limited English-proficiency, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact the Community Manager at 508-514-7906 | TTY: 711.

If you believe Blanchard School Apartments has failed to provide these services or discriminated in another way on the basis of race, color, religion, sex, handicap, familial status or national origin or any other local or state protected class, you can file a grievance with The Community Builders, Inc. by contacting Melissa Perry at 857-221-8761 or via TTY 711 or submit a written request to The Community Builders, Inc., 185 Dartmouth Street, Boston, MA 02116 or via fax at (617) 502-8136.

Blanchard School Apartments and The Community Builders, Inc. complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination, based on the presence of a disability in all programs or activities operated by recipients of federal financial assistance. In accordance with the Fair Housing Act and Section 504 of the Rehabilitation Act, Blanchard School Apartments will make reasonable accommodations or modifications for individuals with disabilities (applicants or residents) unless these modifications would change the fundamental nature of the housing program or result in undue financial and administrative burden. The Community Builders, Inc. has designated a person to address questions or requests regarding the specific needs of residents and applicants with disabilities. This person is referred to as the Section 504 Coordinator. For more information please contact: Melissa Perry, Section 504 Coordinator at 857-221-8761 or via TTY 711 or submit a written request to The Community Builders, Inc., 185 Dartmouth Street, Boston, MA 02116 or via fax at (617) 502-8136.

ATTENTION: Please contact the management office if you need help understanding this document.  
Spanish:  
Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento.

Portugese:

Por favor contate o escritório de gerência se deve ajudar entendimento este documento.

French

Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion.

Haitian Creole

Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a.

Vietnamese

Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này.

Russian

Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа.

German

Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen.

Chinese

請聯絡管理辦公室，如果你需要幫助理解這份文件。

Japanese

もしこの文書を理解しているための助けを必要とすれば、経営オフィスと連絡を取ってください。

Please complete this application and return to:  <b>c/o The Community Builders, Inc.</b>  <div style="text-align: right;"> <b>phone</b>  <b>fax</b> </div> <b>TTY: 711</b>	<b>FOR OFFICE USE ONLY</b>	
	<b>Application No.:</b>	
	<b>Interviewer:</b>	
	<b>Applicant's Last Name:</b>	
	<b>Date Received:</b>	<b>Initials:</b>
	<b>Time Received:</b>	<b>Initials:</b>

## RESIDENTIAL APPLICATION

### Affordable Housing Programs

**The Community Builders, Inc., Management Agent for \_\_\_\_\_**

The Community Builders, Inc., does not discriminate on the basis of any protected status, including disability, in the admission of or access to its programs and activities.

The agent will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type or other alternate formats. Upon request, you have the right to review the Tenant Selection Plan for this community which summarizes the tenant application process, including eligibility and screening requirement for occupancy.

*Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put your initials and the date next to the crossed-out information. If necessary, we would be happy to provide you with a new form.*

**1) Current Household Composition - (Please Print)** Complete the following information for each member of your household (including yourself) who will be occupying the apartment. (**NOTE:** A Social Security number must be provided for all household members. Applicants will be required to provide proof for each Social Security number.)

	Name (as it appears on your Social Security card)	Social Security Number*	Date of Birth	Age	Sex	Relationship	Full-time Student
<i>Applicant</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Spouse/ Co-Head</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No

\*if not available and the household member was 62 years of age or older on 1/31/10 and whose initial determination of eligibility had begun prior to 1/31/10, please provide the name of the community where that household member lived on 1/31/10. \_\_\_\_\_



How many bedrooms does your household require? 0BR 1BR 2BR 3BR 4BR 5BR

Wheelchair Adapted Unit?  Yes  No      Hearing/Visual Adapted Unit?  Yes  No

2) Do you anticipate any changes in your family composition within the next 12 months?

Yes  No *If yes, please explain:* \_\_\_\_\_

3) Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes  No

If yes, answer each of the following questions:

- Are any full-time student(s) married and filing a joint tax return?  Yes  No
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  Yes  No
- Are any full-time student(s) a TANF or a Title IV recipient?  Yes  No
- Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?  Yes  No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?  Yes  No

4) Are you or any member of your family a U.S. Military veteran?

Yes  No

*If yes, please indicate which family member(s):* \_\_\_\_\_

5) Current Address, Telephone Number and E-mail Address

Street Address (Number and Street Name)	Apt. #	City	State	Zip Code

Dates of Occupancy		Home Phone Number	Email Address
<b>From</b>	<b>To</b>		

6) Current Landlord (Name, Address and Telephone Number)

Landlord's Name (Full Name)	Phone Number

Landlord's Street Address (Number, Street Name and Apt. #)	City	State	Zip Code



**7) Current Living Situation** (Check those which apply)

Do you own your own home?  Yes  No

Do you rent?  Yes  No

Do you live with others?  Yes  No

If yes, whom do you live with? \_\_\_\_\_

Do you have other living arrangements?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently homeless?  Yes  No

If yes, are you:

\_\_\_ without, or soon to be without housing  Yes  No

\_\_\_ lacking a fixed nighttime residence  Yes  No

\_\_\_ fleeing/attempting to flee violence  Yes  No

Are you relocating from a Presidentially Declared Disaster area (PDD)?  Yes  No

If yes, please indicate PDD area: \_\_\_\_\_

**8) List all states that you or any member of your household has lived in:**

\_\_\_\_\_

Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state?  Yes  No

If yes, please list household member(s): \_\_\_\_\_

**9) Previous Addresses** - If you have moved within the last five (5) years, please list your previous addresses (include all states and all countries), landlords, and dates of occupancy in the spaces provided below. Start with the address of where you lived before you moved to your current address. Use an additional sheet if you need more room.

Landlord's Name (Full Name)			Phone Number	
Street Address (Number and Street Name)	Apt. #	City	State	Zip Code
Dates of Occupancy				
From	To			

Landlord's Name (Full Name)			Phone Number	
Street Address (Number and Street Name)	Apt. #	City	State	Zip Code
Dates of Occupancy				
From	To			



10) Please indicate below your current monthly housing expenses:

Rent \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Oil \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_

11) Have you ever been evicted?  Yes  No *If yes, why were you evicted?*

\_\_\_\_\_

12) Please Note: We do not discriminate based on Section 8 Voucher/Certification holder status. This question is asked for the sole purpose of: (1) determining an applicant household's ability to pay rent for a unit that does not have Project-Based Section 8 assistance; or (2) advising applicant households who are applying for a unit with Project-Based Section 8 assistance that if they move into such a unit they will be required, by their voucher agency, to give up their mobile voucher should they possess one.

Do you currently have a subsidy voucher or certificate (often referred to as Section 8) from another housing program?  Yes  No

*If yes, please provide the name of the housing program that issued the voucher or certificate:* \_\_\_\_\_

13) Please Note: The following questions are asked for the sole purposes of providing an equal opportunity to enjoy your housing. Answering them is **voluntary**. This application includes a copy of our Reasonable Accommodations Policy.

Does the Head of Household, Spouse or other household member(s) have a reasonable accommodation need?  Yes  No

Will they require any adaptations (e.g. grab bars, levered door handles or faucets, etc.) to their unit?  Yes  No

Please explain:

\_\_\_\_\_

14) Please identify the racial or ethnic group of which you are a member.

(This is optional)

Black  Asian/Pacific Islander  American Indian/Alaskan Native

Hispanic  White (not of Hispanic origin)

Other (please specify): \_\_\_\_\_

15) Do you own any real estate?  Yes  No

*If yes, please include a letter from a realtor or appraiser stating an opinion of the value of your property. If other than your present address, please specify the property's (or properties') address(es).*

Street Address	City	State	Zip Code





**16) Does anyone listed in question #1 have paid employment?**

**Applicant**  Yes  No      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?  Yes  No

If yes, please provide:      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

**Co-Head/Spouse**  Yes  No      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?  Yes  No

If yes, please provide:      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

**Other Household Member (18 or older)**  Yes  No

Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?  Yes  No

If yes, please provide:      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

**Other Household Member (18 or older)**  Yes  No

Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?  Yes  No

If yes, please provide:      Employer's Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Start Date: \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_



Employer's Name	Employer's Address	Position/Job Title

**17) Sources of Income** - Please specify the **gross monthly** amounts for the following:

Source of Income	Applicant's Monthly Income	Spouse's Monthly Income	Other Household Member's Income NAME	Amount
<i>Salary</i>	\$	\$		\$
<i>Social Security</i>	\$	\$		\$
<i>Supplemental Security Income</i>	\$	\$		\$
<i>Pension/Retirement Income</i> <i>Name of Fund</i>	\$	\$		\$
<i>Pension/Retirement Income</i> <i>Name of Fund</i>	\$	\$		\$
<i>Other Pension or Annuity</i> <i>Name of Fund</i>	\$	\$		\$
<i>Unemployment</i>	\$	\$		\$
<i>Worker's Compensation</i>	\$	\$		\$
<i>TAFDC/Welfare Assistance (per Month)</i>	\$	\$		\$
<i>Child Support (per Month)</i>	\$	\$		\$
<i>Alimony (per Month)</i>	\$	\$		\$
<i>Veteran's Benefits (list claim #)</i>	\$	\$		\$
<i>Rental Income from Real Estate</i> <i>Owned</i>	\$	\$		\$
<i>Other (specify):</i>	\$	\$		\$

**18) Does anyone listed in question #1 have a Checking Account?**  Yes  No

Account #	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	

**19) Does anyone listed in question #1 have a Savings Account?**  Yes  No

Account #	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	



20) Does anyone listed in question #1 have a Direct Express Debit Card (or any card where benefits or pay are deposited)?  Yes  No

Account #	Balance

21) Does anyone listed in question #1 have Certificates of Deposit?  Yes  No

CD #	Rate of Interest	Term of CD	Principal Amount	Bank Name
	%		\$	
	%		\$	

22) Does anyone listed in question #1 own any Stocks or Bonds?  Yes  No

Stocks		Bonds	
<i>Name of Company</i>		<i>Paying Company</i>	
<i># Shares of Stock</i>		<i>Interest Earned</i>	
<i>Dividend Paid</i>		<i>Value</i>	

23) Does anyone listed in question #1 have Whole Life Insurance or Trust Accounts?  Yes  No

Life Insurance		Trust Company	
<i>Name of Company</i>		Who holds Trust	
<i>Value</i>		<i>Value</i>	

24) Does anyone listed in question #1 have IRA/401K or other Retirement funds?  Yes  No

IRA		Other Retirement Funds	
<i>Name of Company</i>		<i>Name of Company</i>	
<i>Value</i>		<i>Value</i>	

25) Does anyone listed in question have Mutual Funds?  Yes  No

Mutual Funds		Mutual Funds	
<i>Name of Bank</i>		<i>Name of Bank</i>	
<i>Value</i>		<i>Value</i>	

26) Does anyone listed in question #1 have any other assets or Cash on hand?  Yes  No If yes, please specify: \_\_\_\_\_



27) Does anyone in the household own assets jointly with someone outside of the household?  Yes  No *If yes, please specify:* \_\_\_\_\_

28) Has anyone listed in question #1 disposed of any assets in excess of \$1,000 or put any assets into trust during the two years preceding the date of this application?  
 Yes  No

Type of Asset	Date Disposed	Dollar Amount Received
		\$
		\$

29) Do you expect any change in your household income or assets during the next 12 months?  Yes  No *If yes, please specify:* \_\_\_\_\_

30) Do you own a pet?  Yes  No *If yes, please specify type:* \_\_\_\_\_

31) Why do you want to move to this property? Please use another sheet of paper if additional space is required.

32) How did you hear about our apartments (ex: newspaper, internet, family, friend, Local Housing Authority, other)? \_\_\_\_\_

33) References – Please give (3) references. If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name & Address	Phone Number
1.	
2.	
3.	

34) Are any adult household members (head or co-heads of household) students?  
 Yes  No *If yes, please list:*

Name	School Attended and Address of School	Grade	Performance (Above Average, Average, or Could Benefit from Educational Assistance)	Full/Part Time



*This page is for applicants applying for units with site-based HUD rental assistance programs only.*

**35) Rental Assistance Applicants Only:**

To help us determine if you are eligible to claim expenses and/or eligible for deductions, please answer the following questions:

Is the Head/Primary Applicant, Spouse/Co-Head at least 62 years old?

Yes  No

*If yes, does any member of the household pay out-of-pocket medical expenses?*

Yes  No

*If yes, please specify expenses paid over the last 12 months and anticipated expenses to be paid over the next 12 months:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does any member of the household pay out-of-pocket childcare expenses for members in the household younger than 13 years of age?  Yes  No

*If yes, please specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36) Public Housing (PHA) Rental Assistance Applicants Only:**

Earned Income Disallowances

To qualify for Earned Income Disallowance (EID), both of the following questions must be answered "yes".

1. Has your earned income increased as a result of new employment or increased earnings?  Yes  No
2. Do any of the following apply to you?  Yes  No
  - o  Prior to the new employment or increase, were you unemployed for at least the past 12 months or earning less than (the higher of Federal, state/local minimum wage) \$ \_\_\_\_\_ X 500 = \_\_\_\_\_)?
  - o Did you experience an increase in wages while participating in an economic self-sufficiency/job training program?
  - o Have you received cash assistance or services from TANF or has received services from TANF of at least \$500 within the past six months?



**APPLICANT CERTIFICATION** – PLEASE READ EACH ITEM BELOW CAREFULLY **BEFORE YOU SIGN.**

- 1) I hereby certify that the information provided in this application is correct, to the best of my knowledge and belief.
- 2) I understand that I am required to provide \_\_\_\_\_ with any changes to my income, household composition, bedroom size needed and or change to my mailing address. Failure to do so will result in the cancellation of the application if the Managing Agent is unable to contact me due to my failure to provide an updated mailing address to the housing facility and or the US Post Office for forwarding purposes.
- 3) I understand that if this application is not filled out completely, it may be cancelled.
- 4) I understand that this is a preliminary application and the information provided does not guarantee housing. I also understand that additional information and verifications may be necessary to complete the application process.
- 5) I/we do hereby authorize The Community Builders, Inc. and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.
- 6) **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willful false statements or misrepresentations on this application and is grounds for denying residency.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Head/Spouse Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

**Manager Interview:**

Manager has reviewed all questions with the applicant(s) present.

\_\_\_\_\_/\_\_\_\_\_  
Manager's Signature / Date

**Attachments:**

- Reasonable Accommodation Policy
- HUD-92006 Supplemental to Application for Federally Assisted Housing (HUD only)
- HUD-27061-H Race and Ethnicity Form (HUD only)
- EIV and You Brochure (HUD only)



## REASONABLE ACCOMMODATION POLICY

If you have a disability and as a result of your disability you need:

- a change in the rules or policies of how we do things that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair to some other part of the housing site that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change in the way we communicate with you or give you information.

You may request this kind of change which is called a **REASONABLE ACCOMMODATION**

- If you can document that you have a disability and if your request is reasonable (which means not pose an undue financial or administrative burden) we will try to make the change request.
- We will give you an answer within 30 days of our receiving any necessary verification unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.
- If we deny your request, we will explain the reasons and you can give us more information if you think that will help. If you need assistance filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will assist you.

You can obtain a REASONABLE ACCOMMODATION FORM at the Management Office.

NOTE: all information you provide will be kept confidential and be used only to help assure you have an equal opportunity to enjoy your housing and the common areas.

All Requests are submitted to:

REASONABLE ACCOMMODATION COMMITTEE  
THE COMMUNITY BUILDERS, INC.  
185 DARTMOUTH STREET  
BOSTON, MA 02116

MANAGING AGENT FOR: \_\_\_\_\_  
(Community Name)

I acknowledge have read and understand the Reasonable Accommodation Policy. Should there be multiple members of the household, notice of this policy to me, the Primary Applicant, is constructive notice to the entire household.

\_\_\_\_\_  
Primary Applicant's Signature

\_\_\_\_\_  
Date

The Community Builders Inc. 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 following person 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): Chrissie Valencia, 185 Dartmouth Street, Boston, MA, 02116, (857) 221-8795.



## REQUEST FOR A REASONABLE ACCOMMODATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. As a result of his/her disability the following change or changes is requested so that (the person listed) can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

Permission for a Personal Care Attendant to be a regular visitor to my apartment.  
Name the person or people who are your Personal Care Attendants:

An additional bedroom for a Live-In Aide or Personal Care Attendant to live in my apartment.  
Name the person or people who are your Live-In Aides or Personal Care Attendants:

A physical or structural change in my apartment or other part of the housing complex.  
(Describe)

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

2. I need this reasonable accommodation because of my disability so that I can:

3. You may verify that I have a disability and my need for this request by contacting:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

**I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept confidential and used solely to determine if you will provide an accommodation.**

Signed: \_\_\_\_\_

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

