



APPLICATION FOR HOUSING

Please check site(s) that you are interested in:

- Anna Bissonnette House** 40 apartments in the South End
- Elsie Frank House (formerly Bishop St)** 09 congregate housing in Jamaica Plain
- ElderHouse**** 14 apartments in Uphams Corner, Dorchester
- Ruggles Assisted Living** 43 apartments for frail elders in Roxbury
- Ruth Cowin House** 09 apartments in Brookline
- 27 Burroughs Street**** 14 congregate housing in Jamaica Plain
- Olmsted Green** (opening April 2012)** 59 studio apartments in Dorchester

** must complete BHA (Boston Housing Authority) housing application and submit it to the BHA to be added to their wait list for these sites

GENERAL INFORMATION:

Name: _____ Date of Birth: _____

Current Address: _____
Street Town State Zip

Telephone: Home () _____ Work () _____

Social Security # _____

Mailing Address, if different: _____

In case of an emergency, whom may we contact?

Name: _____ Relationship: _____

Address: _____ Telephone: _____

HOUSING INFORMATION

No. of BR's in

Current unit: _____ Do you: rent _____ own _____? (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property Yes___No___ (check one)

Check utilities paid by you: Heat _____ Electricity _____ Gas _____ Other _____ (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV) \$ _____

Present Landlord Name: _____ How long? _____

Address: _____

Cost of Monthly: Telephone: _____ Rent: _____ Utilities: _____

Have you ever been evicted from housing? Yes _____ No _____

If yes, please explain: _____

Previous Landlord Name: _____ How long? _____

Address: _____

Cost of Monthly: Telephone: _____ Rent: _____ Utilities: _____

HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to Head	Marital Status M-married D-divorce S-single S-separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							

Do you anticipate any additions to the household in the next 12 months? Yes _____ No _____

STUDENT STATUS:

Are you or any member of your household currently a full time student? Yes _____ No _____

Are you or any member of your household planning on being a full time student in the next 12 months? Yes _____ No _____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any students(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 minor child who is not a dependant on another's tax return?	Yes	No

EMPLOYMENT INFORMATION:

Current Employer's Name: _____

Address: _____

Telephone: _____ Length of Employment: _____

INCOME & ASSETS:

Our housing program requires that you be income eligible as defined by published government guidelines. In order to determine your eligibility, it is necessary that you provide the following information, which will be verified. Be sure to include all sources of income.

Sources of Income

Amount (monthly)

Employment

Social Security

(under which Soc. Sec. # _____)

Retirement _____ Disability _____ Widow(er) _____

(Please check one.)

Supplemental Security Income (SSI)

Pension:

Source of pension _____

Veterans' Benefits:

Claim # _____ Serial # _____

Public Assistance:

Type _____

Unemployment:

Workers Compensation:

Other: *Specify* _____

Assets

Bank Account Information:

Name of Bank: _____ Address: _____

Account Type:

Savings Account # _____ Amt. \$ _____

Account # _____ Amt. \$ _____

Checking Account # _____ Amt. \$ _____

Account # _____ Amt. \$ _____

Money Market Account # _____ Amt. \$ _____

Account # _____ Amt. \$ _____

Investments: Stocks/Bonds

Name: _____ Account # _____ Amt \$ _____

Real Estate Type: _____ Value: _____

IRA's, CD's _____ Value: _____

Trust Fund: Name of Bank _____

Account # _____ Amt. \$ _____

Account # _____ Amt. \$ _____

Savings Bond Account # _____ Amt. \$ _____

Maturity date _____ Value \$ _____

Life Ins. Policy Policy # _____ Cash Value \$ _____

Investments/ Stocks/ Bonds:

Name: _____ Account # _____ Amt \$ _____

Real Estate Type: _____ Value: _____

IRA's, CD's _____ Value: _____

Real Estate Property:

Do you own any property?	Yes	No
<i>If Yes, type of property:</i>		
Location of property		
Appraised Market Value	\$ _____	
Mortgage or outstanding loans balance due	\$ _____	
Amount of annual insurance premium	\$ _____	
Amount of most recent tax bill	\$ _____	
Have you sold/disposed of any property in the last 2 years?	Yes	No
<i>If yes, type of property:</i>		
Market value when sold/disposed	\$ _____	
Amount sold/disposed for	\$ _____	
Date of transaction	_____	
Have you disposed of any other assets in the last 2 years (Ex: Given away money to relatives, set up Irrevocable Trust Accounts, etc.).	Yes	No
<i>If yes, describe the asset:</i>		
Date of disposition	_____	
Amount disposed	\$ _____	
Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe:</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe:</i>		

REFERENCES:

1. Credit

Name: _____ Acct. # _____

2. Other (Clergy, Social Worker, Case Manager, etc.)

Name: _____

Address: _____ Tel. # _____

3. How does this person know you? _____

RACE/NATIONAL ORIGIN:

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

_____ White/Non-Minority

_____ Amer. Indian/Alaskan Native

_____ Black, not of Hispanic origin

_____ Hispanic

_____ Asian American/Pacific Islander

_____ Other

_____ I do not wish to furnish the above information

ELIGIBILITY FOR GROUP ADULT FOSTER CARE:

Please check as many of the following that apply:

I require assistance with: Bathing _____ Feeding _____ Dressing _____ Walking _____

Are you presently receiving medical assistance from Medicaid? Yes _____ No _____

ELIGIBILITY STATUS:

The U.S. Department of Housing and Urban Development requires that all applications be placed on a priority waiting list, if they meet one or more of the following conditions. *These must be verified by a qualified third party prior to offering you an apartment.* If your status changes at any time, you should notify HEARTH immediately.

Please check all that apply to you:

Have you been displaced by a natural disaster such as a fire or flood within the past 2 years? _____

Have you been displaced by public action such as urban renewal or code enforcement within the past 2 years? _____

Do you currently face eviction/displacement due to termination of rent control? _____

Are you presently living in overcrowded conditions? _____
Number of persons: _____ Number of bedrooms: _____

Are you presently living in an unhealthful or dangerous place? _____

Are you presently paying more than 50% of your income for rent? _____

Other special circumstances, please specify: _____

APPLICANT'S CERTIFICATION:

Please read each item below carefully before you sign.

1. I hereby certify that the information provided is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information does not guarantee housing. Additional information and verifications will be necessary to complete the application process.
3. I hereby give *HEARTH, Inc.* authorization to verify the information in this application for housing.
4. **WARNING:** Section 1001 of Title 1B 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 a willfully false statement or misrepresentation on this rental application.

Applicant's Signature

Date

Hearth, Inc. does not discriminate nor permit unlawful discrimination on the basis of race, religion, creed, color, age, sex, national origin, marital status, military status, handicap, or sexual orientation in the rental, use and occupancy of any property that is managed by Hearth, Inc.





Hearth

ending elder homelessness

PENSION AND ANNUITY DATA

Applicant's Name: _____

Applicant's Date of Birth: _____

1. Gross Monthly Payments: \$ _____

2. Deductions from gross for medical premiums: \$ _____

3. Date of initial award: _____

4. Effective date of current amount: _____

Signature

Date

Title



Asset/Interest Income Verification

Applicant Information:

Name: _____

Current Address: _____

Social Security Number: _____

By signing this form, I authorize the release of information concerning my bank account(s).

Signature: _____ Date: _____

Asset Verification

Request for Information:

Dear Sir/Madam:

I have applied for housing with Hearth, Inc. Because the rent is federally subsidized, I must verify all of my income and assets. I would appreciate your supplying the following information.

Instructions for Applicant: please fill in the type of account(s) and account number(s) below.

Instructions for Bank Employee: please verify the following information for the accounts below: current balance, average balance for previous 6 months, and interest rate.

<u>Type of Account</u>	<u>Account No.</u>	<u>Current Balance</u>	<u>Average Bal. Previous 6 Mo.</u>	<u>Interest Rate</u>

Bank Information

Bank Name: _____

Address: _____

Authorized Signature: _____ Date: _____

Title: _____

