



Home for Good

Formerly The Committee to End Elder Homelessness

APPLICATION FOR HOUSING

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

- Anna Bissonnette House** 40 apartments in the South End
- 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

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.

Source 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 # _____ Bal. \$ _____

Maturity date _____ Value \$ _____

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

Investments/ Stocks/ Bonds:

Name: _____ Account # _____ Amt. \$ _____

Real Estate Type: _____ Value: _____

IRA's, CDs: _____ Value: _____

<u>Real Estate Property: Do you own any property?</u>	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 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 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.





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REQUEST FOR VERIFICATION OF NEED FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

TO: _____
(Physician, social worker, physical therapist of other care provider)

FROM: HEARTH, Inc.

RE: _____
Applicant Name

The above name person has applied for housing in our affordable assisted living facility, 25 Ruggles Street. In order to be considered for housing in this facility, all applicants must have a documented need for assistance with at least one ADL. Please provide the following information regarding this applicant.

Applicants will require assistance with:

BATHING	_____
DRESSING	_____
FEEDING	_____
AMBULATING	_____

Please provide a brief narrative regarding the applicant's need for assistance:

Signature

Title

Date



REQUEST FOR VERIFICATION OF NEED SPECIALLY ADAPTED HOUSING

TO: _____
(Physician, social worker, physical therapist of other certified care giver)

FROM: HEARTH, Inc.

RE: Verification of Need for Specially Adapted Units for
_____ (Applicant for Housing)

The above named person has applied for housing which has been adapted for wheelchair use. The entry is by means of an accessible path; the doors have levered handles; the kitchen is designed for wheelchair use, with open countertops, a wall oven and lower level storage. The bath includes special grab bars, a hand held shower, and mirrors at a lower level. The halls and doorways are extra wide.

The federal definition of a handicapped person is as follows:

- “A person having a physical or mental impairment that,
[a] is expected to be long, continued and indefinite duration,
[b] substantially impedes the person’s ability to live independently, and
[c] is of such nature that this ability could be improved by more suitable housing conditions”

Does this applicant meet the criteria? _____ Yes

The federal definition of a disabled person is as follows:

“A person who is under a disability in Section 23 of the Social Security Act (42 USC 423), or who has a developmental disability as defined in Section 102(7) of the Development Disabilities Assistance and Bill of Rights Act (42 USC 6001 [7])”

“an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death, or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, an inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.” **OR**

has “a severe chronic disability which:

- [a] is attributable to a mental and/or physical impairment
- [b] was manifested before the age of 22;
- [c] is likely to continue indefinitely;
- [d] results in substantial functional limitation in 3 or more of the following areas of major life activity: self care; receptive and responsive language; learning; mobility; self-



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direction; capacity for independent living; and economic self-sufficiency; and [e] reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated."

Does this applicant meet this criteria? _____ Yes _____ No

Does the applicant have a handicap or disability which requires him/her to utilize a wheelchair, or to live in a unity which is designed for wheelchair use?

_____ Yes _____ No

Name and address of Care Giver

Signature of Care Giver

_____ Date

As an applicant to 25 Ruggles Street Assisted Living, units which are adapted for handicapped or disabled families or individuals, I give permission for my care giver to answer all questions fully.

Signature of Applicant

_____ Date

HEARTH, Inc.
1640 Washington Street, Boston, MA 02118
(617) 369-1550

HEARTH, Inc. is an equal opportunity housing providers, and does not discriminate in the rental or management of apartments. Units are offered on an equal opportunity basis. HEARTH, Inc. does not discriminate on the basis of race, religion, creed, color, national origin, sex, age, handicap or disability, marital status, military status or sexual orientation or preference, or source of income. To contact the 504 Coordinator call: 617-369-1550
TDD Relay 1-800-439-2370



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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: _____

Date:

Signature

Title



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CONSENT TO RELEASE INFORMATION

I, _____, give my permission for the staff of HEARTH, Inc. to speak with my provider _____, concerning my physical and/or mental health.

In addition, I give my permission for the staff of HEARTH, Inc. to receive a copy of my record. I understand that some of this information may be sensitive, pertaining to mental health or substance abuse issues.

This authorization is good for six months from the date below. I understand that I can withdraw my permission at any time.

Signature of applicant

Date

Witness

Date



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ASSET/INTEREST INCOME VERIFICATION

By signing this form, I authorize the release of information concerning my bank account(s) at _____ to HEARTH, Inc.

Signature: _____ Date: _____

Name: _____

Address: _____

Social Security Number: _____

***Applicant: please do NOT write BELOW this line**

Dear Sir/Madam:

The above mentioned person has applied for an apartment at 1640 Washington Street, Boston, MA. Since the rent is federally subsidized, we must verify all income and assets of the person. We would appreciate your supplying the following information and returning it in the enclosed self-addressed envelope as soon as possible.

Sincerely,

HEARTH

Type of Account	Account Number	Current Balance	Average Bal. Previous 6 Mo.	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK NAME: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____



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CORI CHECK REQUEST FORM

**Code: CTEEH
CH444
EOHHS**

HEARTH, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me from employment. The information below is correct to the best of my knowledge.

_____/_____/_____
Applicant/Employee Signature: **Date**

APPLICANT/EMPLOYEE INFORMATION (please print)

Last Name **First Name** **Middle Name**

Maiden Name or Alias (if applicable) **Place of Birth**

_____/_____/_____
Date of Birth: _____ **Social Security Number:** _____ **Mother's Maiden Name**

Address: _____
Street **City** **State** **Zip Code**

Former Addresses: _____

Sex: _____ **Height:** ____ ft. ____ in. **Weight:** _____ **Eye Color:** _____

State Driver's License Number: _____

HEARTH, INC. USE ONLY
The above information was verified by reviewing the following form of government issued photographic identification: _____
Requested By: _____
Signature of CORI Authorized Representative
RECORD ATTACHED: [] **NO RECORD:** []

