



1163 AMERICAN LEGION HIGHWAY
WESTPORT, MA 02790

NOQUOCHOKE@TCBINC.ORG

NOQUOCHOKEVILLAGE.COM

508-386-9307 (P) | 508-386-9301 (F) | TTY: 711

Hello Prospective Resident!

Thank you for your interest in Westport, Massachusetts' newest community, Noquchoke Village.

For individuals who desire affordable housing options in the rural, beach town of Westport, Massachusetts. Located six miles inland from Buzzards Bay and Martha's Vineyard, Noquchoke Village offers coastal access as well as tranquil living options for those who want to get away from the hustle and bustle of Boston city life. Located in rustic, farmhouse style residential buildings, our one, two and three bedroom apartment flats and townhomes provide affordable living spaces not easily found in greater Westport. Enjoy the communal, open spaces on our five acre community and appreciate the twenty-four acres of conservation lands surrounding Noquchoke Village. Our tranquil location still provides a minute's access to the many Route 6 and Route 177 shopping, dining and services Westport has to offer. Come see what it means to live in nature's tranquility by the coast.

Community Amenities

Community Center
Laundry Facilities
24-Hour Emergency Maintenance
Energy Star Certified Community
On-Site Management
Access to Route 6 and Route 177 shopping, dining and services
Recreation and Playground Spaces
Adjacent to over 20 acres of conservation land with walking/running/biking trails
10 minute drive to Westport's beautiful beaches – Knubble Beach, Cherry & Webb Beach and East Beach

Apartment Amenities

ADA Accessible Homes
Ample Storage Space
Cable/Hi-Speed Internet Ready
Ceiling Fans
Central Heating/Cooling
Covered Porches
Dishwasher
Ducted Range Hoods
Efficient Energy Star Rated Appliances
Electronic Thermostat
Private Patios
Window Coverings



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As an income-restricted, affordable housing community, your gross household income must fall within certain income guidelines in order to qualify for our one, two and three-bedroom apartment homes (guidelines are government mandated):

60% Area Median Income (AMI) (based on MTSP income limits as defined and published by HUD)

| One Bedroom (60%) Rent \$661 | Two Bedroom (60%) Rent \$779 | Three Bedroom (60%) Rent \$890 |
|--|--|--|
| One Occupant - \$19,830 - \$33,780 | One Occupant - \$23,370 - \$33,780 | One Occupant - \$26,700 - \$33,780 |
| Two Occupants - \$19,830 - \$38,580 | Two Occupants - \$23,370 - \$38,580 | Two Occupants - \$26,700 - \$38,580 |
| | Three Occupants - \$23,370 - \$43,380 | Three Occupants - \$26,700 - \$43,380 |
| | Four Occupants - \$23,370 - \$48,180 | Four Occupants - \$26,700 - \$48,180 |
| | | Five Occupants - \$26,700 - \$52,080 |
| | | Six Occupants - \$26,700 - \$55,920 |

100 % Area Median Income (AMI)

| One Bedroom (100%) Rent \$1028 | Two Bedroom (100%) Rent \$1233 |
|--|--|
| One Occupant - \$30,840 - \$56,400 | One Occupant - \$36,990 - \$56,400 |
| Two Occupants - \$30,840 - \$64,500 | Two Occupants - \$36,990 - \$64,500 |
| | Three Occupants - \$36,990 - \$72,500 |
| | Four Occupants - \$36,990 - \$80,600 |

**When noting your total annual household income from all sources on your application, be sure to count all income from sources including, but not limited to, *W2/1099 Salary, Social Security, Supplemental Social Security, Pension/Retirement, Annuity, Unemployment, Worker’s Compensation, TAFDC/Welfare Assistance, Child Support and Alimony.*

PROPERTY PREFERENCES

Housing preference will be given to those who currently reside in the Town of Westport, Municipal employees, employees of local businesses and households with children currently attending Westport



schools. In the case of an applicant determined to be homeless, the applicant may be selected for local Westport preference if previously displaced from the Town of Westport, or he or she is temporarily housed in the Town of Westport.

APPLICANT SCREENING CRITERIA -- CREDIT, RESIDENTIAL AND CRIMINAL SCREENING

Screening is performed in a manner that is reasonable, consistent, and complies with fair housing laws. Screening is used to help ensure that households admitted to a property will abide by the terms of the lease, pay rent on time, take care of the property and unit, and allow all residents to peacefully enjoy their homes.

Anyone who wishes to live on the property must be screened and approved prior to moving in. This includes, but is not limited to, live-in aides, security/police officers or additional household members wishing to move-in after the initial move-in. Certain exceptions apply to children/minors. The current screening guidelines in place at the time the new household member applies will be used to determine eligibility for admission.

SCREENING -- CREDIT 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 has 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 Chapter 13) that has been dismissed more than six (6) months prior to the date of application for housing.

Credit history will be further reviewed to determine if there is any debt owed to a prior landlord. Applicants owing prior landlords may be rejected unless such debt has been repaid and proof is provided.

Management may reject any applicant currently paying or being pursued to pay any collectible amount in excess of \$500 to a prior landlord when such collections began within the preceding three (3) years. If the applicant is paying amounts due and such collections began more than three (3) years before the eligibility determination, the collection status must be current (no outstanding balances more than ninety (90) days old).

Other credit history will be reviewed; the following discoveries may be reason for rejection (not all inclusive):

- One or more outstanding judgments in excess of \$500 within the last three (3) years
- Two or more checks returned for non-sufficient funds in the last year
- Current credit score below 350
- Default on any loan/payment agreement in excess of \$500 within the last three (3) years
- Any record of failure to pay child support owed within the last 12 months

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.

Should the applicant be rejected based on credit, Management will provide the applicant with the name and contact information of the credit reporting agency who provided the screening report.

Management will consider the effect of a high rent burden on an applicant household's inability to meet financial obligations. If Management rejects an application based upon the credit report, the applicant household will have five (5) business days after receiving notice from Management of the cause for rejection to send clarifying information directly to Management or to request an informal hearing.

SCREENING -- RENTAL HISTORY

Management will seek to obtain rental history from landlords in 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 may be rejected. Any applicant who owes past due funds to a previous landlord may be rejected until all funds that are past due have been paid in full.

SCREENING -- DRUG ABUSE AND OTHER CRIMINAL ACTIVITY

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. These requirements include not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff; 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 at the time of application.

Reasons for potential applicant rejection include:

1. 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.
2. 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 will be indicated and investigated if there is a record of arrest or conviction within the last seven (7) years.
3. Any household in which a member elicits a reasonable cause to believe that his/her 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.

4. Any household member who is subject to any state lifetime sex offender registration requirement (household member may be removed). If the Management determines that a registered sex offender is part of the household, the Management will allow the household to remove the sex offender from the application.

Additional reasons include:

1. Any member of the applicant household who has, within the seven (7) years preceding the date the application, 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.

The application for tenancy may be rejected unless the applicant household can demonstrate to Management's satisfaction that the individual no longer engages in such activities, is unlikely to do so if admitted to occupancy, is contributing to a useful social activity (such as employment or community service), and is supported by letters of recommendation from persons of status in the community, such as teachers, ministers, pastors, directors of community organizations or employers of substantial duration twelve (12) months or longer.

2. The application for tenancy may be rejected if Management determines that any member of the applicant household has been convicted for murder, rape or similar sex-related crime, aggravated assault, kidnapping, arson, sexual intercourse with a minor or any similar offense.

3. The application for tenancy may be rejected if Management determines that 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): voluntary or involuntary manslaughter; endangering the welfare of a child; felony theft by unlawful taking or disposition; felony theft by deception; corrupting the morals of a minor; possession with the intent to deliver a controlled substance; manufacture of any controlled substance or new drug; possession of a controlled substance.

4. The application for tenancy may be rejected if Management determines that any member of the applicant household has been convicted of any of the following crimes or any similar offense within the previous three (3) years: misdemeanor assault/battery; misdemeanor domestic crimes; misdemeanor drug possession.

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.

Consideration of Extenuating Circumstances

Where Management "may deny" admission to a household based on a criminal conviction or pending criminal charge, Management will conduct an individualized assessment of the criminal record and its impact on the household's suitability for admission.

If the applicant's criminal conviction was related to his or her disability, Management will consider a reasonable accommodation. Additionally, when specifically considering whether to deny admission for illegal drug use by a household member who is no longer engaged in such activity, Management will, upon request, consider whether the household member is participating in or has successfully completed a drug rehabilitation program, or has otherwise been rehabilitated successfully.

Criminal Screening Discoveries

If the criminal background investigation results indicate that the applicant does not meet the criminal screening criteria, Management will reject the applicant in accordance with HUD guidance and Management's standards for applicant rejection.

Before rejecting the household, Management will compare the information provided by the applicant with the criminal history report. If the information conflicts, Management will:

- Notify the household of the proposed action based on the information;
- Provide the content of the criminal record and information about how to obtain a copy of the information;
- Provide the applicant with an opportunity to dispute the accuracy and relevance of the information obtained from any law enforcement agency;
- Allow the household the opportunity to remove the household member.

In this situation, applicants will have five (5) business days to contact Management and provide documentation to refute the criminal discovery. If the applicant fails to contact Management or indicates that he/she cannot provide documentation to refute the criminal discovery, Management will reject the application and remove the household from the waiting list.

Should the applicant be rejected based on any of the credit, residential and/or criminal screening, 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.

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. If Management determines that such applicant is eligible pursuant to Section 504, Management shall make such reasonable accommodations as will not result in an undue financial or administrative hardship. Such accommodation shall be made in appropriate instances. Any applicant household with a history of such conduct may request a home visit to provide mitigating evidence of such history, which Management may consider at its discretion.

**The aforementioned resident selection criteria is not all inclusive. Applicants have the right to review the property's Tenant Selection Plan upon request.

Contact our professional leasing staff today and find out how you can take advantage of living in our newly constructed community. Applications are available on our website, NoquochokeVillage.com, and can also be obtained by contacting us. **Completed** applications are accepted on a first come, first served basis and are time/date stamped accordingly, starting July 23, 2018 at 8:30am. Completed applications can be emailed, faxed or dropped off in person to the Westport Housing Assistance Office located at

816 Main Road, Town Hall, 2nd Floor – Housing Assistance Office, Westport, MA 02790 during their normal business hours, Monday – Friday 8:30am – 4:00pm.

We will host two informational sessions at the following locations and times:

Info session #1 - July 23, 2018 at 6:00pm - Westport Fire Station, 54 Hixbridge Road, Westport, MA 02790

Info session #2 - August 27, 2018 6:00pm - Westport Town Hall Annex, 856 Main Road, Westport, MA 02790

We will begin accepting applications on Monday, July 23, 2018 at 8:30am. Applications will only be time/date stamped starting July 23, 2018 at 8:30am. If applications are received before then, they will be counted as received at the end of the business day (5:00pm) on July 23, 2018. The application deadline to be entered in the Housing Lottery is September 21, 2018 at 5:00pm. Completed applications received after this date and time will be entered onto a waitlist, by date/time stamp.

The Housing Lottery will be held on Thursday, September 27, 2018 at 10:00am at the Westport Fire Station, 54 Hixbridge Road, Westport, MA 02790. You need not be present at the lottery to have your application/number drawn.

****Note:** Only applicants who are income-eligible and who submit all required information by the deadline will be entered into the lottery.

Homes are *tentatively* scheduled to be available for move in by November 2018.

Best Regards,
John Economos
Senior Community Manager
Noquochoke Village
Noquocoke@tcbinc.org
508-386-9307 | TTY: 711

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

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 |
|-----------------------|-------------------|---------------|
| From To | | |

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 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

| |
|---|
| <p>To qualify for Earned Income Disallowance (EID), both of the following questions must be answered "yes".</p> |
| <p>1. Has your earned income increased as a result of new employment or increased earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. Do any of the following apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"><input type="checkbox"/> 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 = _____)?<input type="checkbox"/> Did you experience an increase in wages while participating in an economic self-sufficiency/job training program?<input type="checkbox"/> 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: _____

