

**Golda Meir House**

160 STANTON AVE. NEWTON, MA 02466  
(617) - 965- 4252 | Voice Relay 711

**RENTAL APPLICATION**

Thank you for your interest in 2Life Communities. Please complete and return this application by mail to 2Life Communities, 30 Wallingford Road, Brighton, MA 02135, or fax to 617- 912-8429, or email to Leasing@2lifecommunities.org

**AT LEAST ONE APPLICANT MUST BE 62 YEARS OR OLDER**

**GENERAL INFORMATION**

The following information is required for each person who will be living in your apartment at 2Life Communities. *Note: Social Security Numbers\* must be verified (\* SSN information exception for applicants who were age 62 or older on 1-31-10, and who did not have a SSN and receiving HUD rental assistance at another location on 1-31-10).*

**Head of Household**

\_\_\_\_\_  
Last Name First name Social Security No. Date of Birth  
Gender  Male  Female  Prefer not to disclose

**2<sup>nd</sup> Occupant**

Spouse/Partner

Relative  Unrelated  
\_\_\_\_\_  
Last Name First name Social Security No. Date of Birth  
Gender  Male  Female  Prefer not to disclose

**3<sup>rd</sup> Occupant**

Relative

Unrelated  
\_\_\_\_\_  
Last Name First name Social Security No. Date of Birth  
Gender  Male  Female  Prefer not to disclose

**What is your current address? (This must be the address where you are living now. Applicant)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Do we have your permission to conduct business with you via email? Yes or No

**Whom may we contact if we are unable to reach you? (Contact)**

Name \_\_\_\_\_  
 Child  Sister or Brother  Family or Friend  Social Worker  Attorney  Other

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

**Which address should we mail a reconfirmation form each year, so that you may indicate your continued interest in 2Life Communities?**  Applicant  Contact Person

**INCOME ELIGIBILITY**

HUD adjusts income limits for subsidized housing yearly.

**What is your current total annual GROSS income from pensions, Social Security benefits, wages and income from assets? \$ \_\_\_\_\_/Year**

(“Income from assets” includes interest earned on bank accounts, income from stocks, bonds, mutual funds and value of whole life insurance.

**ANNUAL INCOME WORKSHEET**

This worksheet will assist you in estimating your total **gross annual income**.

If this application is for more than one person, please include financial information for all applicants.

Determine the total annual GROSS income from every source. In the case of monthly payments, such as social security, multiply by 12, and enter that amount in the “per year” column.

**Total Estimate Annual Income:**

SOURCE OF INCOME	TOTAL PER YEAR
Social Security (before Medicare deductions)	
S.S.I. and S.S.P.	
Pension (include foreign pension if any)	
Salary (before taxes and other deductions)	
Other Income (such as family contributions)	
Income from Assets (see below to calculate this amount)	**
<b>TOTAL ESTIMATED GROSS ANNUAL INCOME</b>	

**Income From Assets:**

Source of Income	Total Worth	Interest Rate	Interest or Income Received Annually
Bank Account Balances (Specify Accounts) _____ _____ _____	_____ _____ _____	_____% _____% _____%	_____ _____ _____
Current Value of Investments including stocks, bonds, cds, money markets, etc. (Specify below) _____ _____ _____	_____ _____ _____	_____% _____% _____%	_____ _____ _____
Value of Real Estate owned (Current assessed value minus mortgage balance, closing costs, etc.)	_____	<b>0.06% Imputed</b>	_____
<b>TOTAL:</b>			**  Place this amount in the box above “Income from Assets

Golda Meir House also requires participation in a mandatory meals program. A buffet lunch offering hot or cold meal choices sold ala carte is offered Monday-Friday, 11:30-1:00. Residents **MUST PURCHASE**, at a minimum, a monthly \$100 meal ticket per person (price subject to change).

**Do you understand that accepting a rental unit at Golda Meir House requires participation in this meal program?** Yes \_\_\_\_ No \_\_\_\_

*We take everyone on a first-come, first-served basis and our lists are quite long. The two variables in determining when you might be offered a unit are (1) turnover rates for occupied units; and (2) acceptance rates for applicants who come to the top of the list. Both of these factors can vary significantly from year to year. As a result, it is impossible to provide you with a reliable prediction of when we might be contacting you.*

**APARTMENT SELECTION:**

*Please place a check next all housing for which you wish to apply. You may select apartments in one or both types of subsidies. A separate waiting list is maintained for each choice.*

<b>INCOME RESTRICTED Apartments</b>	
<b>Subsidy Information</b>	<b>Apartment Selection</b>
<b>Monthly Rent:</b> Greater of: 30% of monthly adjusted, 10% of monthly gross income  <b>Income Limits:</b> \$78,300 (one person) \$89,500 (two persons) \$100,700 (three persons) \$111,850 (four persons)	<input type="checkbox"/> One Bedroom Apartment
	No more than two persons may occupy a one-bedroom unit.
	<input type="checkbox"/> One Bedroom Wheelchair Accessible Apartment
	At least one person in need of features from wheelchair accessible unit. Applicants for a wheelchair accessible apartment may also apply for a standard apartment.
	<input type="checkbox"/> Two Bedroom Apartment
	Two or more persons are eligible to apply for a two-bedroom apartment. No more than four persons may occupy a two-bedroom unit. <b>Couples are eligible for only a one-bedroom apartment. Contact the Rental Office for exceptions.</b>
	<input type="checkbox"/> Two Bedroom Wheelchair Accessible Apartment
	At least one person in need of features from wheelchair accessible unit. Applicants for a wheelchair accessible apartment may also apply for a standard apartment. Two or more persons are eligible to apply for a two-bedroom apartment. No more than four persons may occupy a two-bedroom unit. <b>Couples are eligible for only a one-bedroom apartment. Contact the Rental Office for exceptions.</b>

<b>MARKET RENT Apartments</b>	
<b>Rent Information</b>	<b>Apartment Selection</b>
<b>Monthly Rent:</b> \$1,872 (one bedroom) \$2,184 (two bedroom)	<input type="checkbox"/> One Bedroom
	No more than two persons may occupy a one-bedroom unit.
	<input type="checkbox"/> Two Bedroom
	Two or more persons are eligible to apply for a two-bedroom apartment. No more than four persons may occupy a two-bedroom unit.

**TO BE FILLED OUT BY ALL APPLICANTS:**

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing. **Does any member of your household have a request for any accessibility or reasonable accommodation, require changes in a unit or development, or have alternative requirements for receiving communication from us?** Yes \_\_\_ No \_\_\_

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

**HOUSING INFORMATION**

**What is your current living situation** (Please check all that apply)?

\_\_\_\_\_ I live with another person(s) Who? \_\_\_\_\_

\_\_\_\_\_ I live in a home that I own.

\_\_\_\_\_ I rent an apartment What is your current monthly rent? \_\_\_\_\_

\_\_\_\_\_ I live in Government-subsidized housing

\_\_\_\_\_ I have other living arrangements. **Please describe:** \_\_\_\_\_

Present Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at your present address? From \_\_\_\_\_ To \_\_\_\_\_

Add additional Landlord address if you lived at the above residence for less than seven years:

Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Please provide list of all states in which any household member has resided: \_\_\_\_\_

Have you ever been evicted from a rental unit? Yes \_\_\_ No \_\_\_

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

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? Yes \_\_\_ No \_\_\_

**OPTIONAL INFORMATION**

It would be helpful to us in performing our responsibilities under Fair Housing Laws if you identify yourself by one of the following designations (*check one in each category*):

<b>Race</b>
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Other

<b>Ethnicity</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

**How did you hear about Golda Meir House?** \_\_\_\_\_

**Why do you want to move to Golda Meir House?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUBSIDIZED UNIT PRIORITY CHECKLIST

2Life Communities tenant selection policy determines waiting list placement on the date of application and preference categories. Your application will be placed on a priority waiting list if you meet one or more of the following conditions. These must be verified at an interview before we will offer you an apartment. In the event that your status changes at any time, you should notify 2Life Communities immediately.

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*(Please check all that apply to you)*

- Homeless due to Displacement by Natural Forces
1. Fire not due to the negligence or intentional act of applicant or a household member;
  2. Earthquake, flood or other natural cause; or
  3. A disaster declared or otherwise formally recognized under disaster relief laws.
- Homeless due to Displacement by Public Action (Urban Renewal)
1. Any low rent housing project as defined in M.G.L.c. 121B, s1, or
  2. A public slum clearance or urban renewal project initiated after January 1, 1947, or
  3. Other public improvement
- Homeless due to Displacement by Public Action (Sanitary Code Violations)
1. Neither the applicant nor household member has caused or substantially contributed to the cause of enforcement proceedings, and
  2. The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.
- Involuntary Displacement by Domestic Violence
1. The applicant has vacated a housing unit because of domestic violence; or
  2. The applicant lives in a housing unit with a person who engages in domestic violence
  3. If the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

*2Life Communities Services, Inc. does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, marital status, veteran status, sexual orientation, gender identity, age, familial status, or physical or mental disability, and/or the recipient of public assistance/voucher holders, in the access or admission to its programs or employment, or in its programs, activities, functions or services.*

*2Life Communities Services, Inc. is a faith-based organization receiving federal monies providing non-sectarian housing. We may not discriminate against you on the basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. We may not require you to attend or participate in any explicitly religious activities that are offered by us and any participation by you in these activities must be purely voluntary. We must separate, in time or location, any privately funded explicitly religious activities from activities supported by direct Federal financial assistance. If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternative provider to which you have no such objection. You may report an organization's violations of these protections, including any denial of services or benefits, by contacting or filing a written complaint to HUD [or the intermediary, if applicable].*

*Section 214 of the Housing and Community Development Act of 1980 prohibits HUD from making housing financial assistance available to certain categories of noncitizens.*

*If this Section 214 review (of the Housing and Community Development Act of 1980 as amended) results in a determination of ineligibility, you will have an opportunity to appeal the decision.*

*If only certain members of your family are eligible for assistance, a reduced subsidy amount may be provided, based on the number of household members who are eligible*

## **RELEASE**

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize 2Life Communities Services, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

**I hereby expressly release 2Life Communities Services, Inc. and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.**

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
**Head of Household/Applicant**

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

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

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

*2Life Communities provides persons whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities.*



**2Life Communities is a non-smoking community**

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.