

# **Common Rental Pre-Application**

UPON REQUEST, 2LIFE COMMUNITIES SERVICES, INC. WILL PROVIDE HELP IN EXPLAINING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS AND ADDITIONAL ASSISTANCE CAN BE PROVIDED.

## **INSTRUCTIONS FOR HEAD OF HOUSEHOLD:**

- 1. Complete all sections of this application by either typing or handwriting your information (in ink). Please do not leave any section blank and if the section does not apply to you, put "N/A." If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. Please make sure that you sign and date the last page.
- 2. The Rental Pre-Application must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. False, incomplete or misleading information will cause your household's application to be denied.
- **3.** Once your Pre-Application is complete and on file with 2Life Communities Services, Inc., it is your responsibility to contact 2Life Communities Services, Inc. in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your Pre-Application). It is your responsibility to respond to any waiting list application updates sent to you by 2Life Communities Services, Inc..

Filling out a Pre-Application does not guarantee eligibility or qualification for an apartment at this development.

After 2Life Communities Services, Inc. receives your completed Pre-Application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, your household will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening and suitability.

If your household does not appear eligible, you will receive a letter denying your Pre-Application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter.

The Pre-Application process will be completed in accordance with 2Life Communities Services, Inc.'s standard procedures, which are summarized in each development's site-specific copy of the Tenant Selection Plan. Upon request to 2Life Communities Services, Inc., you have the right to receive both the Tenant Selection Plan and the Tenant Selection Plan Resource Guide, which summarize eligibility and screening requirements for occupancy in the development.

If you do not receive any information from 2Life Communities Services, Inc. within 30 calendar days of submitting this application, please contact 2Life Communities Services, Inc. directly.









Name of Development(s) Applying to: (Check all that	apply)	
Brown Family House Coleman House Golda M	eir Expansion 🔲 Golda Meir	House Kurlat House
Ulin House Leventhal House Shillman House	Weinberg House Shirle	y Meadows 🗌 J.J. Carroll
Development Address		
2Life Communities Services, Inc.		
Management Agent	 Developmen	t Phone Number
This form must be filled out in English. Please type or p the instructions before completing each item. Complet 2Life Communities, 30 Wallingford Rd, Brighton, MA CLeasing@2LifeCommunities.org.  1. Name and address of Head of Household	e applications may be subn	nitted by mail to
i. Name and address of flead of flousehold		
Last Name	First Name	Middle Initial
Mailing Address		Apt. #
City	State	Zip
Telephone	Mobile Phone	
Email		
2. How many bedrooms does the household require	? Studio 1 2	
3. Do you require any modification to the unit for mob	oility and/or sensory impair	rment?
If yes, please describe:		
4. List all the states where all household members he	ave lived:	



	Are you or any other s		ber required to re	gister as a Sex Offen	der under M	lassachuset	ts or
If yes, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required.							
			eral or State mob	ile housing voucher?	Y	N	
W	here is your	voucher from?					
Ag	jency						
wi the <b>7.</b>	th project-key will be re  As of Janua  location?  List all pers	pased rental subsidy to cased rental subsidy to cased rental subsidy to case and the case are case and the case and the case are case as a case are case and the case are case as a case are case are case as a case are case are case as a case are case as a case are case as a case are case are case as a case are case are case as a case are case are case as a case are case as a case are case as a case are case are case are case as a case are case are case are case as a case are case are case as a case are case are case as a case are case as a case are case are case as a case are case are case are case as a case are case are case as a case are case are case are case as a case are case are case are case as a case are case are case are case are case are case are case	that if they move in ner agency to give u 62 or older and th you, (include ur	vise applicant househ  Ito such a unit that alroup their mobile vouch  receiving HUD renta  aborn children and list  months, please inclu	eady has sub ner. I assistance ( ve-in-aides)	at another	e unit,
#	Relationship	Last Name	First Name + Middle Initial	Social Security Number (###-##-###)	Birthdate (mm/dd/yyyy)	Student? (Y/N) Full Time (FT) or Part Time (PT)	Disabled (Y/N)
1	Self						
2							
3							
4							
5							
<u></u>							



#### 9. Ethnicity, race and disability status of household members

(Optional Information, your answers will not affect your application)

	Name	Ethnicity (Hispanic/Non- Hispanic/Decline)	Race (White/Black/Asian/American Indian/Native Hawaiian/Other/Decline)	Disabled (Y/N)
1				
2				
3				
4				
5				
6				

<sup>\*\*\*\*2</sup>Life Communities Services, Inc. will not discriminate based on Disability status.

10. Total Income: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in-aides.

10a. 1	Total G	ROSS (	before	taxes)	monthly	, income	:\$			
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Income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

10b.	Income earned	from assets:	

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh or other retirement investments), Cash Surrender Value of any Whole Life Insurance policies, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

#### 11. Priorities and Preferences

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities/preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (Please note: The selection of priorities/preferences could impact where you are placed on the waitlist). Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.



☐ Homeless due to Displace	ement by Natural Forces	
☐ Homeless due to Displace	ement by Urban Renewal	
☐ Homeless due to Displace	ement by Sanitary Code Violations	
☐ Involuntary Displacement	by Domestic Violence	
Local Preference - Reside	ents of	
_	in	
Local Preference - Child		
	Violence Against Women Act)	
Victim of Hate Crime		
Other		
Other		
Other		
As your application nears the priority/ preference selected		at will require documentation to verify the
number, and other relevant i provide assistance to the Ap	nformation of a family member, frien	include the name, address, telephone nd, or advocate as the contact person to pplication. (Federally assisted housing ntact Information for HUD-Assisted
Contact Person Name	Address	Telephone #
Certification of applicant: (Al	l adult applicants, 18 or older, must s	sign the Pre-Application.)
I/We certify that all informati understand	on in this application is true to the be	est of my/our knowledge and I/we
that false statements or in tenancy after occupancy;		is Pre-Application or termination of
information in this applica	•	rtment, I, Applicant, do represent all manager/employee/agent may rely on oplication;
_	agent will rely on the information po at Applicant is eligible and qualified f	rovided by the Applicant, once verified, to for housing.
		have submitted a Pre-Application, of Pre-Application may be cancelled if I



Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental application and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

Signature of head of household	Date
Signature of spouse or co-head of household	Date
Signature of co-head of household	Date
Signature of co-head of household	

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

# RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.



## LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not 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.

# FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

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