



COMMON RENTAL PRE-APPLICATION

Upon request, 2Life Communities Services, Inc., will provide help in explaining or translating this document. If necessary, persons with disabilities may ask for this application in large print type or other alternate formats. Additional assistance can be obtained by calling (617) 912-8491.

This form must be filled out in English. Please type or print neatly in ink. All fields are required. Read the instructions before completing each item. Complete applications may be submitted by mail to 2Life Communities, 30 Wallingford Rd., Brighton, MA 02135; by fax to 617-912-8429; or by email to Leasing@2LifeCommunities.org.

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 Common 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 pre-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.

After 2Life Communities Services, Inc., receives your completed pre-application, it 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. 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 community'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.



COMMUNITY INFORMATION

Name of the community(s) you are applying to (check all that apply):

- Brown Family House Coleman House Golda Meir House J.J. Carroll House
 Kurlat House Leland House Leventhal House Shillman House Shirley Meadows
 Ulin House Weinberg House

2Life Communities Services, Inc.

Management agent

APPLICANT INFORMATION

1. Name and address of head of household

Last name

First name

Middle initial

Mailing address

Apt. number

City

State

Zip code

Telephone

Mobile phone

Email address

2. How many bedrooms does the household require? Studio 1 BR 2 BR

3. If other than English, what language would you like 2Life to use to communicate with you?

4. Do you require any modification to the unit for mobility and/or sensory impairment? Yes No

If yes, please describe:

5. List all states where all household members have lived.

6. Are you or is any household member required to register as a Sex Offender under Massachusetts or any other state law?

Yes No

If yes, please list the name of the person(s), the state(s) where registration(s) needs to be filed, and the length of time for which the registration is required:

7. Does the household have a federal or state mobile housing voucher (e.g., Section 8, MRVP, VASH)?

Yes No

Where is your voucher from (which housing authority)?

Agency

Note: 2Life Communities Services, Inc., does not discriminate based on mobile voucher holder status. This question is asked to: (1) determine an applicant household's ability to pay rent for a unit that does not have a project-based rental subsidy; or (2) advise applicant households who are applying for a unit with a project-based rental subsidy that if they move into a unit that already has a subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

8. As of January 31, 2010, were you 62 or older and receiving HUD rental assistance at another location?

Yes No

9. How did you hear about 2Life Communities?

- Housing Navigator website
- Metrolist
- 2Life Communities email
- Family or friends
- Housing advocate/caseworker
- Flyer
- Online search engine
- Housing authority
- Senior center
- Live in the neighborhood
- Newspaper ad
- Social media
- Other: _____

10. List all persons who will live with you (include unborn children and live-in aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

#	Relationship	Last name	First name + middle initial	Social Security Number (###-##-####)	Birthdate (mm/dd/yyyy)	Student? (Y/N) Full time (FT) or part time (PT)?
1	Self					
2						
3						
4						
5						
6						

11. Ethnicity, race, and disability status of household members

The following information is optional. Your answers will not affect your application. 2Life Communities Services, Inc., does not discriminate based on disability status.

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

12. 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.

- **12a. Total GROSS (before taxes) monthly income:** \$ _____

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.

- **12b. Total 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.

Total asset balance from savings, checking, and investments: \$ _____

Total asset balance from retirement accounts: \$ _____

Total asset balance from Real Property (houses, condos, land): \$ _____

- **12c. Interest/Dividend income earned from assets:** \$ _____

13. Priorities and preferences

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

- Homeless due to displacement by natural forces
- Homeless due to displacement by urban renewal
- Homeless due to displacement by sanitary code violations
- Involuntary displacement by domestic violence
- Local preference – resident(s) of and/or work(s) in _____
- Mobility accessible unit
- Visual/Sensory accessible unit
- HUD VAWA Certification (Violence Against Women Act) Victim of Hate Crime
- Other: _____
- Other: _____
- Other: _____

As your application nears the top of the waiting list, 2Life Communities Services, Inc., will require documentation to verify the priority/preference selected.

In completing the Common Rental Pre-Application, the applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the applicant in connection with this pre-application. (Federally assisted housing must include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants, for each adult, attached.)

Contact name	Address	Telephone number
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CERTIFICATION OF APPLICANT

Note: All adult applicants, 18 or older, must sign the pre-application.

I/We certify that all information in this application is true to the best of my/our knowledge, and I/we understand:

- that false statements or information will lead to rejection of this pre-application or termination of tenancy after occupancy;
- that in consideration for being permitted to apply for this apartment, I/we, the applicant(s), do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this pre-application;
- that the owner/manager/agent will rely on the information provided by the applicant, once verified, to determine whether the applicant is eligible and qualified for housing;
- that I/we, the applicant(s), must notify the communities, for which I/we have submitted a pre-application, of any change of address in writing, and I/we understand that this pre-application may be canceled if I/we fail to do so.

The 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.

The 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.

The 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 Date

Signature of head of household		Date
Signature of spouse or co-head of household		Date
Signature of additional adult household member		Date

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

2Life Communities provides people whose primary language is not English, and as a result have limited English proficiency, the opportunity to request free language interpretation assistance by calling (617) 912-8491 in order to apply to or participate in its programs and activities.

Chinese:

2Life社區為主要語言不是英語和英語水平有限的人提供申請免費語言口譯服務的機會，讓他們可以申請或參與社區的課程和活動。

Spanish:

2Life Communities ofrece servicios gratuitos de traducción e interpretación a personas que no hablan el idioma Inglés, para que puedan participar en eventos y actividades que ofrecemos. Si necesita de estos servicios favor de llamar al (617) 912-8491 y pedirlos en nuestra administración.

Haitian Creole:

2Life Communities bay moun ke Anglè pa lang prensipal yo a, kidonk ki gen konpetans limite nan lang Anglè, opòtinite pou yo mande asistans gratis pou sèvis entèpretasyon lengwistik lè yo rele nan (617) 912-8491 pou yo aplike oswa patisipe nan pwogram ak aktivite li yo

Russian:

2 Life Communities предоставляет жильцам , основным языком которых не является английский, и, как следствие, имеют ограниченное владение английским языком, возможность запросить бесплатную помощь в переводе на другие языки, чтобы подать заявку или участвовать в ее программах и мероприятиях

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.

Note: 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 by emailing leasing@2lifecommunities.org or by calling 617-912-8491.

Supplemental and Optional 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Form HUD- 92006 (05/09)



Chelmsford Housing Authority

10 Wilson Street, Chelmsford, Massachusetts 01824 –3160

Phone: (978) 256-7425 x5 Fax: (978) 256-7098

APPLICATION FOR SECTION 8 PROJECT BASED ASSISTANCE at SHIRLEY MEADOWS

27 Hospital Rd, Devens, MA 01464

Please submit the completed application to: 10 Wilson St. Chelmsford MA 01824

1 & 2 bedroom units available for persons aged 62 years or older

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Applicant name: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Email: _____

Mailing address: _____

(only if different from current address)

City: _____ State: _____ Zip code: _____

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 62 or older who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	SS number or Alien number
1.	Head					
2.						

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

1. Race and Ethnicity *(This question is optional):*

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White
 Black/African American
 American Indian/Alaskan Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

2. Are you, or a member of your household living or working in the Devens region which includes Ashby, Townsend, Pepperell, Dunstable, Fitchburg, Lunenburg, Shirley, Groton, Ayer, Leominster, Lancaster, Sterling, Harvard, Littleton, Carlisle, Acton, Boxborough, Clinton, Bolton, Berlin, Hudson, Maynard?..... Yes No

If yes, please provide proof



3. Are you being displaced by public action? Yes No
4. Do you require a wheelchair accessible unit?..... Yes No
(If yes, you must provide a letter from a medical practitioner that someone in your household uses a wheelchair, walker or double canes)
5. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____. Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed)
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6. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
7. Have you ever received, or are you currently receiving, rental housing assistance through another housing authority or agency? Yes No
If yes, name of agency or housing authority: _____

PART C: INCOME & ASSETS OF FAMILY MEMBERS

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency— (Circle one)			
			Week	Bi-Week	Month	Year

2. Do you or any family member own or have access to any of the following?
 Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No
Please list all bank accounts

Family Member Name	Bank Name	Account Number	Balance

3. Do you or any family member own or have access to any of the following?
 Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust Funds? Yes No
 Pensions? Yes No Individual retirement accounts?..... Yes No
 Inheritances? Yes No Life insurance. Yes No
 Any other type of capital investment? Yes No

If yes, please detail each asset checked

Family Member Name	Type of Asset	Account Number	Value



PART D: APPLICANT CERTIFICATION

I hereby certify that all of the information I have provided on this application is true and complete.

I understand that it is my responsibility to inform the Chelmsford Housing Authority in writing of any change of address, income or household composition.

I understand that I cannot permit anyone to move into my unit without prior approval of the Chelmsford Housing Authority and my landlord.

I understand that I must respond promptly to all Chelmsford Housing Authority inquiries or my application may be cancelled.

I understand I must pay a security deposit for this apartment prior to occupancy.

I understand that my eligibility for housing will be based on applicable income limits and by the Chelmsford Housing Authority’s selection criteria. The Chelmsford Housing Authority will screen each application for the Section 8 Program in accordance with HUD regulation 24 CFR 982 and 803 CMR 5.00 using the Criminal Records Information from the Criminal History Systems Board.

I understand that when my name comes to the top of the list, the Chelmsford Housing Authority will request additional information from me to determine your eligibility.

I authorize the Chelmsford Housing Authority to make any inquiries from any parties and will submit proof upon request of the Authority for the sole purpose of verifying the truth of the statement contained herein. I hereby certify that I do not/ will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

I understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. IF YOU HAVE FALSIFIED ANY PART OF THE APPLICATION, IT WILL BE DEEMED INELIGIBLE.

All applicants must sign application.

Signature

Date

Signature

Date

Please note: This application does not guarantee a unit. Incomplete applications will not be accepted.

Income limits for participation are as follows:

One Person: \$ 49,100 Two People: \$ 56,100

