

**OPUS NEWTON**777 WINCHESTER STREET, NEWTON, MA 02459  
617-912-8491 | Voice Relay 711

For office use only

**LOTTERY APPLICATION**

Thank you for your interest in Opus Newton from 2Life Communities. Please complete and return this application by mail to 2Life Communities Leasing & Marketing Department, 30 Wallingford Road, Brighton, MA 02135 **(do not send or leave at 777 Winchester Street)**, or fax to 617-912-8429, or email to [leasing@2lifecommunities.org](mailto:leasing@2lifecommunities.org).

AT LEAST ONE MEMBER OF THE APPLICANT HOUSEHOLD MUST BE 62 YEARS OR OLDER AT MOVE-IN.

**GENERAL INFORMATION**

The following information is required for each person who will be living in your apartment at Opus Newton.

**Head of household**

_____	_____	_____	_____
Last name	First name	last 4 digits of SSN	Date of birth
Gender (optional): M or F			

**Second occupant**

_____	_____	_____	_____
Last name	First name	last 4 digits of SSN	Date of birth

Gender (optional): M or F     Spouse / Partner     Relative     Unrelated     Live-in Aide**What is your current address and contact information?** (This must be the address where you live now.)

Street \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

 Child     Sister or brother     Family or friend     Social worker     Attorney     Other  
\_\_\_\_\_

Street \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ Cell \_\_\_\_\_

**Which address should we use to mail a reconfirmation form each year, so that you may indicate your continued interest in Opus Newton?**     Applicant     Contact person

## INCOME ELIGIBILITY

This worksheet will assist you in estimating your **total gross annual income**. Please include financial information for all applicants. List the total annual GROSS income from every source. For example, gross monthly payments, such as Social Security, should be multiplied by 12, and entered in the “per year” column.

### Total estimated annual income

Source of income	Total per year
Social Security (before Medicare deductions)	
Supplemental Security Income (SSI) and State Supplementary Payments (SSP)	
Pension (include foreign pension, if any)	
Gross annual salary/wages (before taxes and other deductions)	
Required Minimum Distribution, or regular withdrawals, from retirement accounts	
Other income (such as family contributions)	
Total income from assets (see below to calculate this amount)	**
<b>Total estimated gross annual income</b>	\$

### List assets

Source of income	Total worth	Interest rate	Interest from income received annually
Bank account balances (checking, savings, etc.)			
		%	
		%	
		%	
Current value of investments, including stocks, bonds, CDs, money market accounts, etc.			
		%	
		%	
		%	
Value of real estate owned (current assessed value less mortgage balance and closing costs)			
		0.40% imputed	
<b>Total income from assets</b>	\$		\$
			(Place this amount in the ** box above as “Total income from assets”)

## Apartment type and subsidy information

Household size	Rent*	Program subsidizing rent	Income category
1 person	\$1,142	City of Newton inclusionary zoning	80% AMI
2 people	\$1,306	City of Newton inclusionary zoning	80% AMI
3 people	\$1,469	City of Newton inclusionary zoning	80% AMI

\* Nine apartments are available. Rent includes utilities, one parking space, and access to programs, as well as a per-person dining credit. Rent is subject to annual increase.

## Area median income limits (AMI 2024)

Annual gross maximum income limits			
Income category	1-person household	2-person household	3-person household
80% AMI	\$91,360	\$104,480	\$117,520

**Note:** In addition to a maximum income limit as defined above, a MINIMUM annual gross income limit of 60% AMI also applies to the nine apartments. The minimum income limit is \$68,500 for a 1BR and \$78,400 for a 2BR. A minimum income requirement does not apply to households with access to a mobile voucher (such as Section 8, MRVP, VASH). In addition to an income maximum and minimum, there is a net asset cap up to \$700,000.

## APARTMENT SELECTION

Please check off all housing you wish to apply for. A separate waiting list is maintained for each choice.

**1-BEDROOM APARTMENT**    or     **2-BEDROOM APARTMENT**

**1-BEDROOM MOBILITY ACCESSIBLE APARTMENT**    or     **2-BEDROOM MOBILITY ACCESSIBLE APARTMENT**

At least one person with mobility impairment in need of features for apartments built out for accessibility. Applicants for accessible apartments may also apply for a standard apartment.

**1-BEDROOM SENSORY ADAPTED APARTMENT**

At least one person with visual and/or hearing impairment in need of features that are built out for sensory accessibility. Applicants for a sensory apartment may also apply for a standard apartment.

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 an apartment or development, or have alternative requirements for receiving communication from us?     Yes     No

If yes, please explain:

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## VOLUNTEER REQUIREMENT

All Opus Newton residents agree to contribute 10 volunteer hours each month to the Opus community. Staff will schedule time with you to help you develop a plan for your volunteer time that fits your abilities, interests, lifestyle, and the needs of the Opus community.

## HOUSING INFORMATION

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

- I live with another person(s). Who do you live with? \_\_\_\_\_
- I live in a home that I own.
- I rent an apartment. What is your current monthly rent? \_\_\_\_\_
- I live in project-based government-subsidized housing.
- I have a Mobile Housing Voucher. Circle one: MRVP Housing Choice Voucher (S8) VASH Other \_\_\_\_\_
- I have other living arrangements. Please describe: \_\_\_\_\_

Present landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Add additional landlord addresses if you have lived at the above residence for less than seven years.

Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Have you ever been evicted from your home?  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

Will you be bringing a car with you to Opus Newton?  Yes  No

## MARKETING INFORMATION

### How did you hear about Opus Newton?

- Housing Navigator website
- Metrolist
- 2Life Communities / Opus email
- Family or friends
- Housing advocate/Caseworker
- Flyer
- Online search engine
- Housing Authority
- Library
- Senior center
- Live in the neighborhood
- Newspaper ad
- Social media
- Other: \_\_\_\_\_

## 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):

**Race:**  White  Black  Asian  American Indian / Alaskan Native  Other: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

Why do you want to move to Opus Newton?  
\_\_\_\_\_

## INFORMATION THAT MAY IMPROVE YOUR RANKING IN THE LOTTERY

Certain circumstances may qualify you for a preference. Lottery applicants with preferences will rank higher than those who do not. 2Life Communities will use the following preference categories in descending order; kindly check off any situation that applies to you:

### 1. Accessibility (owner adopted preference)

- Those applicants that require the features of a mobility accessible apartment will have preference for these two apartments.
- Those applicants that require the features of a visual/sensory accessible apartment will have preference for this apartment.

### 2. City of Newton Residency Preference during initial lease-up only

Are you currently a resident of the City of Newton, employed by the City of Newton, or employed by a local business within the City, or have a valid offer of employment within the City?  Yes  No

*2Life Communities Services, Inc., acting as management agent for Opus Newton (the "Development"), does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, 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 the Development, its employment, or in its programs, activities, functions or services.*

*2Life Communities 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].*

## CONFLICT OF INTEREST DISCLOSURE

Please state if you have a relationship with the owner, developer, or sponsor of Opus Newton, including its officers, employees, agents, elected or appointed officials, or consultants.  Yes  No

## 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.**

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Head of household / Applicant	Date	Co-Applicant	Date
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All 2Life Communities are non-smoking.

*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.*

*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。如果您需要語言協助，請致電 617-912-8491*

*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.*

*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*