

INCOME RESTRICTED APARTMENTS

INCOME ELIGIBILITY FOR SUBSIDIZED APARTMENTS

HUD adjusts income limits for subsidized housing yearly. The current maximum allowable yearly income for Shillman House apartments is as follows:

One Bedroom \$40,500 (one person); \$46,260 (two persons)

Two Bedroom \$46,260 (two persons); \$52,020 (three persons); \$57,780 (four persons)

These income limits are subject to change

Are you interested in a subsidized apartment at Shillman House? Yes ____ No ____

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

("Income from assets" includes income from stocks, bonds, real estate, checking and savings account balances, certificates of deposit, money market accounts, IRAs, and the surrender value of whole life insurance policies.)

APARTMENT SELECTION (SUBSIDIZED)

At least one occupant of each apartment must be age 62 or older.

Check all housing for which you wish to apply. A separate waiting list is maintained for each choice.

One Bedroom Unit

One person 62 or older or two persons, one of whom is 62 or older, are eligible to apply for a one-bedroom apartment. No more than two persons may occupy a one-bedroom unit.

Wheelchair-Accessible One Bedroom Unit

One person age 62 or older or two persons, one of whom is age 62 or older, are eligible to apply for a one-bedroom apartment. No more than two persons may occupy a one-bedroom unit. There are a limited number of one-bedroom apartments that have been specially designed to be accessible for people with mobility impairments. Applicants must demonstrate that they require the features of the wheelchair accessible apartment. *Applicants for a wheelchair accessible apartment may also apply for a standard apartment.*

Two Bedroom Unit

Two or more persons, one of whom is age 62 or older, are eligible to apply for a two-bedroom apartment. Priority will be given to those that are not couples. No more than four persons may occupy a two-bedroom unit.

Wheelchair-Accessible Two Bedroom Unit

Two or more persons, one of whom age 62 or older, are eligible to apply for a two-bedroom apartment. No more than four persons may occupy a two-bedroom unit. Priority will be given to those that are not couples. There are a limited number of two-bedroom apartments that have been specially designed to be accessible for people with mobility impairments. Applicants must demonstrate that they require the features of the wheelchair accessible apartment. *Applicants for a wheelchair accessible apartment may also apply for a standard apartment.*

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 _____

Address _____

Telephone _____

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

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

If yes, please explain: _____

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 Amer. Indian/Alaskan Native Other

Ethnicity

Hispanic Non-Hispanic

Why do you want to move to Shillman House? _____

NOTICES

JCHE does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

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 JCHE 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 JCHE, 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.

I hereby certify that I have read the question on page 4 describing the right to reasonable accommodation for persons with disabilities.

Signed under the pains and penalties of perjury.

Applicant	Date	Co-Applicant	Date



JCHE is a non-smoking community

SUBSIDIZED UNIT PRIORITY CHECKLIST

JCHE 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 JCHE immediately.

(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.

- Local Preference – Current Resident:**

A household in which at least one member is living in the Town of Framingham.

- Local Preference – Employee in the Town:**

An employee who works in the Town of Framingham, including those with a bona fide offer of employment in the Town of Framingham.

- Community Based Housing Certification**
 - 1. An applicant with at least one member with a disability who is considered eligible under the Community Based Housing Program.

Signed under the pains and penalties of perjury.

Printed Name _____

Signature _____

Date _____

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.

ANNUAL INCOME WORKSHEET

This worksheet will assist you in estimating your total 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 Estimated Annual Income:

SOURCE OF INCOME	TOTAL PER YEAR
Social Security (before Medicare deductions)	
S.S.I.	
Pension	
Salary (before taxes and other deductions)	
Other Income	
Income from Assets (see below to calculate this amount)	**
TOTAL ESTIMATED GROSS ANNUAL INCOME	

YOU ARE ELIGIBLE IF YOUR GROSS ANNUAL INCOME IS \$38,580 OR LESS FOR ONE PERSON, \$44,100 OR LESS FOR TWO PEOPLE

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.)	_____	_____ 2% Imputed	_____
TOTAL:			** Place this amount in the box above “Income from Assets”

Have you given away (to family, charity, or others) any assets (money, property, bank accounts, etc.) worth more than \$1000 for less than their actual value in the last 24 months? Yes No

If “Yes”, please state amount \$ _____, and type of asset: _____

NOTE: If there is any change in your financial situation, please let us know immediately.