



**SHILLMAN HOUSE
MARKET RATE APPLICATION**

Thank you for your interest in Jewish Community Housing for the Elderly’s (JCHE) senior living community Shillman House. To apply for an apartment please complete this application and return it with a fully-refundable* deposit of \$750 (payable to JCHE) to Betsy Closs, Executive Director, Shillman House, 49 Edmands Road, Framingham, MA 01701. Apartment selection is in order of receipt of application and deposit. If you have questions, please call 508-405-8602 or email bcloss@jche.org.

If you are interested in our Income Qualified Apartments you may submit a separate application (available on our website www.jche.org.)

*Once you have selected your apartment your deposit becomes non-refundable, unless you are unable to move to Shillman House due to health (a physician letter is required). Your \$750.00 deposit will be credited toward your first month rent.

GENERAL INFORMATION Please Print

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

NUMBER OF APPLICANTS FOR THIS UNIT 1 _____ 2 _____

APPLICANT 1

Mr./Mrs./Ms./Miss/Dr.

First Name _____ Last Name _____

Street _____

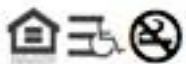
City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address: _____

Date of Birth _____ Social Security Number: _____ - _____ - _____

Marital Status: Single Married Widowed Divorced



CO-APPLICANT (IF APPLICABLE)

Mr./Mrs./Ms./Miss/Dr.

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address: _____

Date of Birth _____ Social Security Number: ____ - ____ - ____

Marital Status: Single Married Widowed Divorced

ALTERNATE CONTACT

Relationship to Applicant: Son Daughter In-Law Niece/Nephew Sibling
Attorney Financial Advisor Social Worker Other _____

Mr./Mrs./Ms./Miss/Dr. First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____

FINANCIAL INFORMATION

| | |
|----------------------------|--|
| Employment Income | \$ _____ per month x12 = \$ _____ per year |
| Social Security Income | \$ _____ per month x12 = \$ _____ per year |
| Employer Pension | \$ _____ per month x12 = \$ _____ per year |
| Interest & Dividend Income | \$ _____ per month x12 = \$ _____ per year |
| Annuity Income | \$ _____ per month x12 = \$ _____ per year |
| Life Insurance Benefits | \$ _____ per month x12 = \$ _____ per year |
| Support from Family | \$ _____ per month x12 = \$ _____ per year |
| Rental Income | \$ _____ per month x12 = \$ _____ per year |
| Other _____ | \$ _____ per month x12 = \$ _____ per year |
| Total Income | \$ _____ per month x12 = \$ _____ per year |

Assets

What are your assets/savings? \$ _____

Are assets held in a trust? _____ Does the applicant have access to the trust? _____

If you own your home, what is its approximate value? \$ _____

APARTMENT SELECTION

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

What is your preferred apartment size (check all that you will accept)?

One bedroom/One Bath Two Bedroom/One Bath Two Bedroom/One and a Half Baths

Will you accept an apartment when one is offered to you? _____

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 your needs: _____

CURRENT HOUSING INFORMATION

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

I live in a home or condominium which I own.

I rent an apartment

I live with family.

I have other living arrangements. **Please describe:** _____

Present Landlord (if applicable) _____

Street _____

City _____ State _____ Zip _____

Telephone _____

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

OPTIONAL INFORMATION

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

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

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

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 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.

Signed under the pains and penalties of perjury.

| | | | |
|------------------------------------|-------------|---------------------|-------------|
| _____ | _____ | _____ | _____ |
| Head of Household/Applicant | Date | Co-Applicant | Date |

Mail or Deliver with fully-refundable* Deposit of \$750 to:

Executive Director
Shillman House
49 Edmands Road
Framingham, MA 01701

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