

**TOWN OF  
WESTON**



**BROOK SCHOOL APARTMENTS**

44 School Street  
WESTON, MA 02493-2556  
(781) 786-5190 FAX (781) 786-5199

**ELDERLY  
Subsidized & CPA Rental Preliminary Application**

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For office use only:      Date & Time Rcvd \_\_\_\_\_      Type: Sub CPA  
Inc Lvl: EL\* VL L MOD(CPA)      Size: 1BR 2BR      Pref: ACC W Sec 8 EL Income  
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**PLEASE PRINT CLEARLY**

**APPLICANT INFORMATION:**

**Race (optional)**    Caucasian    African American    Latino    Asian    Native American    Other \_\_\_\_\_

**Applying for:**    HUD\* Subsidized Apt    One Bdrm    Two\*\* Bdrm    \*\*Minimum of two occupants  
CPA Apt (Weston Affiliation Only)    One Bdrm

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**+Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone #s:** Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:** Street \_\_\_\_\_

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

**II. List all persons who will occupy the apartment with the applicant:**

<u>Name</u>	<u>Date of Birth</u>	<u>+Soc. Sec #</u>	<u>Relation to Applicant</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

+Social Security Number reporting exemptions for those who do not contend eligible immigration status and those who were receiving federal subsidy and over 62 years old prior to January 31, 2010

**III. Do you own your own home?** Yes No (If no, skip to section IV) If yes, complete below:

How long have you lived there? \_\_\_\_\_ Monthly Mortgage/Condo Payments \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_

**IV. Do you rent?**  Yes  No (If no, skip to section V) If yes, complete below:

**Current Landlord**

Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Tel. # (\_\_\_\_\_) \_\_\_\_\_

Dates you have lived at present address? From: \_\_\_\_\_ To: PRESENT

Monthly Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

**Previous Rental History**

**(this information must be completed if your current occupancy is less than 5 years)**

1. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel. # (\_\_\_\_\_) \_\_\_\_\_

Dates you lived there? From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel. # (\_\_\_\_\_) \_\_\_\_\_

Dates you lived there? From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

**V. Have you/we ever been evicted or considered for eviction proceedings?**  No  Yes if yes, when and please explain \_\_\_\_\_

**VI. Do you have any pets?**  No  Yes if yes, type/description \_\_\_\_\_

**VII. Preferences: The below preferences are considered when making a placement**

- HUD Extremely Low Income Preference\* - HUD requires we fill 40% of the vacancies with applicants meeting the current "Extremely Low" income limit guidelines. If we have not met the 40% requirement in the year, then your application may be passed over in order to meet this requirement.

- Several apartments are designed for the mobility impaired for example a wheelchair, etc. If you are in need of these features and would like to be given preference for one of these apartments, please check this box. (ACC)

- Do you currently hold a Mobile Section 8 Certificate?  Yes  No Amount Allowed for rent \$ \_\_\_\_\_

**VIII. Income Information** (for you and any other person occupying the apartment): HUD requires we fill 40% of our vacancies with applicants at the current "Extremely Low" income limit. If your income is higher than the "Extremely Low" level, your application may be passed over in order to meet this requirement

<u>MONTHLY AMOUNTS ONLY</u>	<u>You</u>	<u>Other Applicant</u>
Social Security (gross)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
S.S.I. (Disability Payments)	\$ _____	\$ _____
Interest /Dividends	\$ _____	\$ _____
Other (Alimony, etc.)	\$ _____	\$ _____
Salary (Gross Amt.)	\$ _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

If employed? (employer name, address, telephone)  
 Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

**Assets**

**a. Bank Accounts**

<u>Bank Name</u>	<u>Address (City &amp; State)</u>	<u>Current Balance</u>
Checking _____	_____	\$ _____
Savings _____	_____	\$ _____
CD(s) _____	_____	\$ _____
IRA(s) _____	_____	\$ _____

**b. Life Insurance:** Cash Value \$ \_\_\_\_\_  Term  Whole Life

**c. Securities/Annuities**

<u>Name</u>	<u>Address (City &amp; State)</u>	<u>Current Market Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**d. Real Estate (other than address listed above) :**

Most Recent Assessed Value \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

**e. Disposed Assets** - Have you disposed of any assets for less than fair market value during the two years preceding this application?  No  Yes If yes, the date you disposed of assets\_\_\_\_\_. The amount you received \$ \_\_\_\_\_; The market value of assets at the time of disposition \$ \_\_\_\_\_

**f. Receive Gifts** - Do you receive regular monetary gifts or non-cash contributions (food, clothing, utilities, rent, etc.) from a family member or agency?  No  Yes\* \*If yes, please fill out below

<u>Type of Gift</u>	<u>Value</u>	<u>Dates Given</u>	<u>Duration Period</u>
_____	\$ _____	_____	_____

**IX. Have you/we ever been convicted of a misdemeanor or a felony?**  No  Yes \* if yes, when and explain \_\_\_\_\_

**X. Are you or any household member subject to a lifetime sex offender registration?**  No  Yes

**XI. Please list all states and dates where you have lived:** \_\_\_\_\_

**XII. Are you a U.S.Citizen?**  Yes  No **or** Non-citizen with immigration status?  Yes  No

**XIII. Do you have a Weston affiliation?** (check the appropriate box)  Yes(if yes, continue below)  No

- Current or former Weston resident  Current or former Town employee
- Direct relative of a Weston resident  Former Metco parent or Metco student.

**XIV. Why do you/we want to live at the Brook School Apartments and how did you hear about us.** \_\_\_\_\_

**THIS IS A PRELIMINARY APPLICATION. Additional information will be requested at a later date. Full background checks are done on each applicant, which include credit reports, references, C.O.R.I. and S.O.R.I. checks. Your signature gives consent to the management to verify any and all information contained in this application.**

I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct. If any information is found to be false or incorrect, I understand it could be cause for rejection of my application. I/we further understand that it is my/our responsibility to notify Brook School Apartments of any change of address which would

prevent delivery of any correspondence from Brook School, including notice of apartment availability and Wait List updates. I/we understand that if I/we do not respond to correspondence, including Wait List updates sent by regular US Mail, my/our application will be removed from the Wait List.

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1. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The Weston Elderly Housing Committee will consider those applicants who at the time of their application **meet the Section 8 or CPA criteria** which include income, age, handicap or affiliation.

**\*\*INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE REJECTED AND RETURNED\*\***

**\*\*Return this application with copies of: most recent tax forms; Social Security annual award letter; birth certificate(s) or passport(s); copy of driver's license(s) or other government photo identification\*\***

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