

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

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

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

I. Name: _____ Birthdate: _____

+Social Security # _____ - _____ - _____

Phone #s: Home (_____) _____ Cell (_____) _____

Email Address: _____

Current Address: Street _____

+List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head. Disclosure of SSN is not required for individuals age 62 or older and receiving assistance as of January 31, 2010 (**must provide information on where assistance is being received**). **SSN is not required for applicants not contending eligible immigration status**

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age Sex</u>	<u>Sex</u>	<u>Social Security</u>	<u>Student circle which applies</u>	<u>Citizenship Status circle which applies</u>
	Head of Household					NO FT PT	Citizen Non-Citizen

Do you expect a change in your household composition within the next 12 months? Yes No

If yes, please explain: _____

II. Do you or any member of your household currently live in Federally Assisted Housing? No Yes

If yes, are you receiving subsidy assistance? No Yes If yes, what is your current rent portion \$ _____, and what is the effective date of your most recent Annual Re-certification? _____

III. Do you own your own home? Yes No (If no, skip to section V) 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 VI) 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. NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: _____ Telephone: _____
Address: _____
How long have you known this person? _____

Name of Character Reference: _____ Telephone: _____
Address: _____
How long have you known this person? _____

VI. Have you/we ever been evicted or considered for eviction proceedings? No Yes
If yes, please explain? _____

X. Are you or any household member subject to a lifetime sex offender registration in any state? No Yes
If yes, is the registration a lifetime requirement? Yes No

XI. Please list all states and dates where you or any member of your household have lived: _____

***Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program .**

VII. Do you have any pets? No Yes if yes, type/description _____

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 need these features and would like to be given preference for one of these apartments, please check this box. (ACC)

Do you have a Mobile voucher? Yes No **If Yes, Housing Authority?** _____

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

MONTHLY AMOUNTS ONLY	You	Other Applicant
Social Security (gross)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
S.S.I. (Disability Payments)	\$ _____	\$ _____
Interest /Dividends	\$ _____	\$ _____

Other (Alimony, etc.) \$ _____ \$ _____

Salary (Gross Amt.) \$ _____ \$ _____

Total Monthly Income \$ _____ \$ _____

If employed? (employer name, address, telephone)

Name: _____ Telephone: (____) _____

Address: _____

Assets

a. Bank Accounts

<u>Bank Name</u>	<u>Address (City & 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 & 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. Are you a U.S. Citizen? Yes No **or** Non-citizen with immigration status? Yes No

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.

X. 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.

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****