



## YWCA Greater Newburyport Affordable Housing Pre-Application

Thank you for considering YWCA Affordable Housing. YWCA has four different affordable housing options. Please select all for which you believe you are eligible and would like to apply.

YWCA affordable housing have both **income eligibility requirements** AND many units have either program restrictions or eligibility requirements described below.

Filling out a Pre-Application does **not** guarantee eligibility or qualification for an apartment.

### Pre-Application Instructions

- 1) All household members over the age of 18 **MUST** sign and date the last page of this Pre-Application. Pre-Applications unsigned by all household members will be returned without review.
- 2) Please complete all sections of this application. Please do not leave any sections blank. If a section does not apply to you, please put “**N/A**” into the section.
- 3) If you make a mistake, please cross out the error, write the correct information above the error and initial next to the correct information.
- 4) You may return the application in person or by mail to YWCA Greater Newburyport, 13 Market Street, Newburyport, MA 01950. Please check our website for current hours of operation.
- 5) Once your application has been submitted, it is your responsibility to notify the YWCA in writing of any change of address, phone, email, income situation, or household composition.
- 6) Periodically, YWCA will update its waitlists. It is your responsibility to respond to these waitlist updates. Failure to do so will result in your household being removed from the waitlist.

Put an **X** in each box that matches you and your needs. Documentation of income, homeless status (if necessary), household size and more will be required during the application process.

Put me on the wait list	Properties	Homeless	Community Based Housing*	Studio or SRO 1 or 2 people	1 bedroom 1 or 2 people	2 bedroom 3 to 4 people	3 bedroom 3 to 6 people
	Residences at Salisbury Square	Preference not required	Available				
	ROOF Over Head	Required	Not Available	Not an option	Not an option		Not an option
	YWCA at Hillside <b>SRO Only</b>	Preference not required	Not Available		Not an option	Not an option	Not an option
	YWCA Market Street Apartments	Required, Except CBH	Available		CBH Only		Not an option

\*The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk or institutionalization. The CBH program seeks to ensure that through the availability of CBH, individuals with disabilities will be able to live as independently as they are able in their own apartments.



# YWCA Affordable Rental Housing Pre-Application

For more information call (978) 465-9922 x14

**TTD/TTY 508-990-2620**

please print clearly

## A. Head of Household

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Mailing Address Apt # City State Zip Code

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work

\_\_\_\_\_  
Email

What is the best way to contact you? \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_ Mail

Do you have someone helping you with this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
If Yes: Name of person helping you. Agency Name of person helping you

\_\_\_\_\_  
Phone of person helping you. Email of person helping you.

May YWCA contact the person helping you? \_\_\_\_\_ Yes (please initial) \_\_\_\_\_ No

## B. Household Composition

	Name	Relationship to Head	Birth Date	Student Y/N
1		Head		
2				
3				
4				
5				
6				

Please note that due to the size of the units, we have established a maximum household size of 6.



### C. Affirmative Marketing

(Optional) Please complete the following section to assist us in fulfilling affirmative marketing requirements (For informational purposes only: responses will not affect your application, information may be used to supplement the local preference lottery.):

Household Race (head of household) is \_\_\_\_\_ Household Ethnicity (head of household) is:

- |                                                              |                                                 |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Hispanic or Latino     |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Native American or Alaska Native    |                                                 |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander |                                                 |
| <input type="checkbox"/> Other (not White)                   |                                                 |
| <input type="checkbox"/> White                               |                                                 |

### D. Your Household (check all that apply)

- \_\_\_ I/We live in an institution because of a permanent disability and am not a DMH or DDS client or otherwise eligible for FCF housing.
- \_\_\_ I/We live in risk of being sent to an institution because of a permanent disability and not a DMH client or otherwise eligible for FCF housing.
- \_\_\_ I/We lack a fixed regular and adequate nighttime residence.
- \_\_\_ I/We live in a public or private place not ordinarily used as a regular sleeping accommodation for human beings
- \_\_\_ I/We live in a motel, hotel, trailer park or camping ground due to the lack of alternative adequate accommodations.
- \_\_\_ I/We have a primary nighttime residence in a supervised, publicly or privately operated shelter or temporary accommodations.
- \_\_\_ I/We share housing of other persons due to loss of housing, economic hardship or a similar reason.
- \_\_\_ I/We have a sensory disability requiring visual or hearing accommodations.
- \_\_\_ I/We have a mobility disability requiring a wheelchair accessible unit.

### E. Total Income

A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income. This includes wages, tips, bonuses, commission's Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self Employment Income, Public Assistance (excluding food stamps), Interest earned on Assets, Annuities, Workers Compensation, and Recurring Contributions (such as money someone gives you to help pay your bills OR gives you as spending money OR the person pays your bills directly.)



Please Indicate **Monthly** Amounts for All Income Sources for all Household Members.

Household Member	First Source	Second Source	Third Source

**F. Household Assets**

Assets include checking and saving accounts, investment, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example 401K, 403B, Roth Keogh or other retirement investments), whole life insurance policy, real estate. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

Value of household Assets: \$ \_\_\_\_\_  
 Income Earned from Assets: \$ \_\_\_\_\_

**G. Does the household have a Federal or State mobile housing voucher?**

\_\_\_\_ Yes    \_\_\_\_ No    Agency: \_\_\_\_\_

YWCA will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to 1) determine the applicant household’s ability to pay rent for a unit that does not have a project based subsidy or 2) advise applicant household who are applying for a unit with a project based rental subsidy that if they move into such a unit that already has a subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

**H. After you complete your Pre-Application**

After YWCA Greater Newburyport receives your completed Pre-Application, we will make a preliminary determination of eligibility based on program criteria and the information you provide. If your household appears to be eligible for housing, your household will be placed on one or more waitlists according to your selection above. But this does not mean your household will be offered an apartment. Every household must be screened to qualify for an apartment.

If your household does not appear to be eligible based on the information you provide, you will receive a letter denying your Pre-Application and you will not be placed on the waitlist. We will provide you a reason why your Pre-Application was denied. Instructions for the appeal will be included in your denial letter.

If you do not receive any information from the YWCA within 30 calendar days of submitting this Pre-Application, please contact the property manager directly at 978-465-9922 x14.



## I. Nearing the top of the waitlist/ documentation

As your application nears the top of the waiting list, YWCA will require documentation to verify your income and your assets. If you indicated that you are homeless or disabled, YWCA will require verification to ensure compliance with program regulations.

YWCA suggests that you begin collecting all documentation required to qualify for housing now and continually update the information. This will be necessary for all affordable housing programs, not just our own.

## J. Application Certification and Consent to Release Information

Head of Household must initial each of the following Items:

\_\_\_\_\_ I/We certify that the information in this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury.

\_\_\_\_\_ I/We understand that the provision of false information may lead to program ineligibility as well as additional penalties imposed by regulatory agencies.

\_\_\_\_\_ I/We certify that we understand that this is not an offer of housing and that when the I/We come to the top of the waitlist, our household will need to complete a full application which will include documentation of income, assets, household composition and preferences to be used to determine whether our household is eligible and whether or not a unit will be offered to our household.

\_\_\_\_\_ I/We certify that no member of our family has a financial interest in the development.

\_\_\_\_\_ (Optional) I/We allow YWCA Greater Newburyport to contact the agency listed on page 1 of this application in order to assist with the application process.

No pre-applications will be considered complete unless signed and dated by the Applicant and **all adult household members age 18 and above**.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Completed pre-applications may be returned to the following locations: in person or by mail to:

**YWCA Greater Newburyport - 13 Market Street - Newburyport, MA 01950**



**The YWCA Greater Newburyport**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 & Tax Credit** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **Section 8 & Tax Credit** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **Section 8 & Tax Credit**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 8 & Tax Credit** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If The YWCA chooses to remove the abuser or perpetrator, The YWCA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, The YWCA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, The YWCA must follow Federal, State, and local eviction procedures. In order to divide a lease, The YWCA may, but is not

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, The YWCA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, The YWCA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.**

If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The YWCA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The YWCA emergency transfer plan provides further information on emergency transfers, and The YWCA must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

The YWCA can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from The YWCA must be in writing, and The YWCA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The YWCA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to The YWCA as documentation. It is your choice which of the following to submit if The YWCA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by The YWCA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or



stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, The YWCA does not have to provide you with the protections contained in this notice.

If The YWCA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), The YWCA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, The YWCA does not have to provide you with the protections contained in this notice.

### **Confidentiality**

The YWCA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of The YWCA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The YWCA must not enter your information into any shared database or disclose your information to any other entity or individual. The YWCA, however, may disclose the information provided if:

- You give written permission to The YWCA to release the information on a time limited basis.
- The YWCA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires The YWCA or your landlord to release the information.

VAWA does not limit The YWCA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, The YWCA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules





than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if The YWCA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If The YWCA can demonstrate the above, The YWCA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Boston Regional Office, Attn: Director, Multifamily Division, 10 Causeway Street, 3rd Floor, Boston, MA 02222

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at:

[https://www.hud.gov/sites/dfiles/Housing/documents/Revised\\_VAWA\\_QA.pdf](https://www.hud.gov/sites/dfiles/Housing/documents/Revised_VAWA_QA.pdf)

Additionally, The YWCA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Section 8 & Tax Credit, YWCA Property Mgr.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

### **Jeannie Geiger Crisis Center 24 hour hotline: 978-388-1888**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

