



## 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 1 or 2 people	Need a 3 bedroom 1 or 2 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		CBH Only	Not an option	Not an option
	YWCA Market Street Apartments	Required, Except CBH	Available				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

Email: [Housing@WYCANewburypot.org](mailto:Housing@WYCANewburypot.org)

Phone: (978) 465-9922 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):

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 no 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 **ALL Gross Income** (amount before taking deductions for expenses or taxes) for all Household Members.

Household Member	Source of Income	Amount of income	(select one)
		\$	Weekly/Monthly/Annually
		\$	Weekly/Monthly/Annually
		\$	Weekly/Monthly/Annually
		\$	Weekly/Monthly/Annually

**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-Applicaiton, please contact Housing@YWCANewburyport.org



## 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**

