

YWCA Residences at Ingalls Court 1 LLC

Affordable Rental Housing Application

For more information call (978) 465-9922
TTD/TTY 508-990-3010
 please print clearly

Project: YWCA Residences at Ingalls Court 1, LLC Address: 14 Ingalls Court Methuen, MA 01844	Application Received: Date: _____ Time: _____ By: _____
Return Application to: YWCA Greater Newburyport 13 Market Street Newburyport, MA 01950	Referral Information: Agency: _____ Contact: _____ Phone: _____ Email: _____

Your application must include:

Please check off attached items below:

- Signed application form including all pages. ALL adult household members must sign on page 9.
- Completion of the Household Income Section (page 6)
- Completion of all household assets, as described under Household Assets Section (pages 7-8)

COMPLETED APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. APPLICATIONS WILL BE ASSIGNED A NUMBER FOR THE LOTTERY AND THEN RETAINED IN THE ORDER IN WHICH THEY WERE DRAWN DURING THE LOTTERY.

Important: All fields must be filled in with the information requested or with “N/A” for “not applicable”. Do not leave fields blank.

Completed applications may be returned in person or by mail to:

YWCA Greater Newburyport
13 Market Street, Newburyport, MA 01950

YWCA’s mission embraces support of equal access to all of its programs. YWCA will not discriminate on the basis of gender and invites all who are interested to apply for this affordable housing program.



Household Information

A. Head of Household

Name:			
Street:			
City			
State/Zip			Check Preferred Phone
Cell Phone			
Home Phone			
Email			

B. Household Composition (all household members must be 62 years of age or older at the time of application)

	Name	Relationship to Head	Birth Date	Student? Y/N
1		Head of Household		
2				

Please note that due to the size of the units, we have established a maximum household size of 2.

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.):

Head of Household Race

- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander

Head of Household Ethnicity

- Other (not White)
- Hispanic or Latino
- Not Hispanic or Latino



D. Rental History

Current Landlord Name: _____ Phone: _____ Address: _____	Is this the address listed above? _____ yes _____ no
Prior Landlord Name: _____ Phone: _____ Address: _____	Your Prior Address Street: _____ City/State/Zip: _____
Reason for leaving: _____	
Prior Landlord please go back 5 years Name: _____ Phone: _____ Address: _____	Your Address Street: _____ City/State/Zip: _____
Reason for leaving: _____	

After we determine your threshold eligibility, we will contact past landlords to determine if you had any lease violations, disruptive behaviors, poor housekeeping practices or if you were evicted for lease violations or non-payment of rent. A home visit will also be conducted.

E. Personal References

Please provide personal references, if you have not lived in an apartment for the past five years, at least two of these references cannot be related to you.

Name	Complete Address	Phone Number (s)	Relationship to reference

F. Homelessness

Five units have been set aside for homeless households. You may certify that you are homeless below. Homeless status **will be required** from a social worker, case manager or similar professional once an apartment is available.

Check all that apply:	
<input type="checkbox"/>	I lack a lack a fixed, regular, and adequate nighttime residence
<input type="checkbox"/>	I live in a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
<input type="checkbox"/>	I live in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations.
<input type="checkbox"/>	I have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations
<input type="checkbox"/>	I am sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.



G. Community Based Housing

Four one-bedroom units set aside for those who qualify for the Community-based Housing (CBH) program. These units will be marketed with the following

First Priority: Persons with disabilities (as that term is defined in 760 CMR 60.02) who are living in institutions or are at risk of institutionalization, and are not eligible for the FCF program as set out in St. 2004, c.290, Line Item 4000-8200. Of all persons eligible for this priority, for units that incorporate special design features, preference shall be given to those persons with a documented need for the special design features.

b) Second Priority: All persons with disabilities living in institutions or at risk of institutionalization.

c) Third Priority: All persons with disabilities.

Applicants seeking this preference **MUST** complete the *Mass Rehabilitation Commission Certificate on Application for Community-Based Housing* which is attached as an appendix to the application.

Check here to all that apply	
<input type="checkbox"/>	I am disabled, living in an institution, at risk of institutionalization and require a unit with special design features
<input type="checkbox"/>	I am disabled, living in an institution, at risk of institutionalization
<input type="checkbox"/>	I am disabled

H. Sensory Disability Preference

One unit will be marketed with a preference for an applicant with at least one member who has a sensory (hearing or visual) disability. Preference status **will be required** once an apartment is available. A blind applicant does not need to provide documentation for this preference.

Check here to all that apply	
<input type="checkbox"/>	I have a disability requiring visual accommodations
<input type="checkbox"/>	I have a disability requiring hearing accommodations

I. Local Preference

You may certify that you qualify for the local preference. Preference status **will be required** once an apartment is available. Please note, local preference applies only to the initial lottery. Applicants chosen through the local preference lottery are NOT eligible for a Section 8 voucher.

Check here to all that apply	
<input type="checkbox"/>	I am a current resident of the City of Methuen.
<input type="checkbox"/>	I am a municipal employee of the City of Methuen or have a valid offer to work as a municipal employee
<input type="checkbox"/>	I am employed by a business with operations in the City of Methuen or have a valid offer to work for a business with operations in the City of Methuen.
<input type="checkbox"/>	I have a child who attends the Methuen Public School system.



J. Preference for Disabled Households Needing Services Offered at YWCA Residences at Ingalls Court by Element Care (24 CFR 983.251 (d)).

This preference applies to all disabilities that would benefit from services offered by Element Care on-site at YWCA Residences at Ingalls Court 1.

Applicants seeking this preference **MUST** complete the *Preference for Disabled Households Needing Services Qualification Form* which is attached as an appendix to the application.

Check here to all that apply	
<input type="checkbox"/>	My disability interferes with my ability to obtain and maintain housing
<input type="checkbox"/>	Without the services offered by Element Care at the YWCA Residences at Ingalls Court I would be unable to obtain or maintain housing.

K. Service Animals

YWCA Residences at Ingalls Court 1 LLC only allows service animals, no other pets are permitted.

Type of service animal	Service Need

L. 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.



Household Income

Households must meet certain maximum income limits in order to be eligible to rent a unit at YWCA Residences at Ingalls Court 1. Gross Household Income will be determined in a manner set forth in 24 CFR 5.609 and the HUD Technical Guide for Determining Income and Allowances for the HOME Program or any successor regulations.

Gross income is income anticipated to be received from all sources, including all wages and salaries prior to deductions, overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, social security, supplemental security income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members, unless the member is a full-time student**. For such students, the first \$480 of the student's income must be counted in the household's income. The entire income for full-time students who are the head of household or spouse must be counted in income. Income from assets as defined in the asset section below is also included in income.

Below is a list of potential income sources, this list does not represent a complete listing of income sources.

All income sources must be declared.

When an apartment becomes available, you will need to provide documentation for each income source.

Household Income Worksheet

Household Member (Name):			
Sources of Income	Gross Monthly	Sources of Income	Gross Monthly
Wages		Unemployment	
Social Security		TANF	
Pension/Annuity		Interest	
Alimony		Other:	
Veteran's Benefits		Other:	
SSI or Supplemental		Other:	
Household Member (Name):			
Sources of Income	Gross Monthly	Sources of Income	Gross Monthly
Wages		Unemployment	
Social Security		TANF	
Pension/Annuity		Interest	
Alimony		Other:	
Veteran's Benefits		Other:	
SSI or Supplemental		Other:	



Household Assets

Income includes the actual income generated by liquid assets, that is, cash or assets that can be converted easily to cash, including cash in checking savings accounts, certificates of deposit and money market accounts. Also counted as assets are: 1) the value of real estate holdings and other forms of capital investment; 2) restricted accounts, such as IRA's, 401K's, or SEP's, if the holder has access to the fund even through a penalty may be assessed; 3) funds in a retirement pension that can be withdrawn prior to retirement or termination of employment; 4) cash value of life insurance policy available to the applicant before death; 5) cash value of a revocable trust; 6) personal property held as an investment such as gems or coin collection; and 7) lump sum receipts such as inheritance, lottery winnings, settlements on insurance claim, and any other amounts that are not intended as periodic payments. When an asset produces little or no income, imputed income is calculated by multiplying the total amount of those assets over \$5,000 by 1%. This amount is included in gross income.

Below is a list of potential asset sources, this list does not represent a complete listing of asset sources. All assets must be declared. When an apartment becomes available, you will need to provide documentation for each asset source.



Household Assets Worksheet

	Name of Institution	Balance \$
Checking Account		
Savings Account		
Trust Account		
Certificates of Deposit		
Life Insurance Policy		
Mutual Funds, Stocks or Bonds		
Restricted accounts (IRA, 401k, or pension)		
Personal property held as investment (gems, jewelry etc.)		
Other:		

Real Estate Property If you own any property			
Type of Property		Location of Property	
Appraised Market Value of Property	\$	Mortgage or outstanding loans	\$
Amount of annual insurance	\$	Amount of most recent tax bill	\$
Have you disposed of any property in the last 2 years			
Market Value When Sold	\$	Sale Price	\$
Date of Transaction	/ /		

Does any member of the household have an asset owned jointly with someone who is NOT a member of the household			
Type of Asset		Location	
Appraised Market Value of Property	\$	Mortgage or outstanding loans	\$
Does the member of the household have access to the asset? <input type="checkbox"/> yes <input type="checkbox"/> no Please explain: _____			

Have you disposed of any other asset in the last 2 years			
Market Value When Sold	\$	Sale Price	\$
Date of Transaction	/ /	Description:	



Application Certification

This form must be signed by all adult household members and returned with your application.

Please 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 understand that the use of this application is for tenant assessment to provide an opportunity to rent a home at YWCA Residences at Ingalls Court 1, and does not guarantee an offer of rental.

_____ I/We understand that if my/our application is selected during the lottery process or comes to the top of the wait list, I/We will be required to provide documentation in accordance with HUD regulations, for all preferences selected as well as income and asset verification.

_____ I/We understand that if my/our application is selected during the lottery process or comes to the top of the wait list, I/We will be subject to a tenant screening process which includes Criminal Offender Registry Information (CORI), credit, landlords, and personal references checks as well as a home visit.

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

No applications will be considered complete unless each item above is initialed and the application is signed and dated by the Applicant/Co-Applicant.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

Reasonable Accommodation

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices or services or to request a reasonable modification in the housing when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. Persons applying for housing may also request a reasonable accommodation for assistance with the application.

Equal Housing Opportunity

YWCA Greater Newburyport will not discriminate based on race, color, national or ethnic origin, citizenship, ancestry, class, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance resiliency, religious, sex, sexual orientation, gender identity, veteran/military status, source of income or any other basis prohibited by law in any aspect of tenant selection or matters related to continued occupancy.



MASS Rehabilitation Commission Certificate on Application for Community-Based Housing

Dear Certifier:

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 of 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 homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration, or a person designated by MRC as a certifier.

Applicant's Name: _____

Yes No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

Yes No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

Yes No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature of health professional)

(Date)

Name: _____

Address: _____

Phone: _____



Preference for Disabled Households Needing Services Qualification Form

For YWCA Residences at Ingalls Court 1, Element Care PACE will be the organization that makes the determination of disability. Element Care PACE will provide this signed certification that either attests to or rejects each applicant's need for services in accordance with said section. Element Care PACE is regulated by the Center for Medicare and Medicaid Services (CMS) and will follow CMS protocols in determining disability. Element Care PACE will not charge applicants for this determination.

This form **CANNOT** be completed by the applicant.

There is **no charge** to the applicant for the completion of this form.

Applicants may contact Element Care PACE by

Phone: 978-645-2464 (x2464)

Applicant Name: _____

Check here to all that apply	
	The applicant's disability interferes with her/his ability to obtain and maintain housing
	Without the services offered by Element Care at the YWCA Residences at Ingalls Court she/he would be unable to obtain or maintain housing.
	Based on the info provided the applicant may qualify for Element Care PACE

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature of health professional)

(Date)

Name: _____

Address: _____

Phone: _____

