

**eliminating racism  
empowering women**

**ywca**

**Greater Newburyport**



**YWCA Residences at Ingalls Court 2  
Information Packet and Application**

**Lottery Deadline Monday August 31<sup>st</sup> 2026 5:00 PM**

YWCA Residences at Ingalls Court  
14 Ingalls Court, Methuen, MA 01842  
Phone: 978-225-6517 TTD/TTY 508-990-2620

This packet contains specific information on the background, eligibility requirements, selection priority categories, application process for the affordable rental housing program that is the YWCA Residences at Ingalls Court 2 LLC.

The managing agent of this project, YWCA Greater Newburyport, invites you to read this information and submit an application if you think you meet the eligibility requirements. Submission of an application does not assure you an apartment. If you are selected through this process, you must be deemed eligible through further evaluation, and you will be required to submit additional information at that time.

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

Applications are available at:

[www.ywcanewburyport.org/ingalls-court2/](http://www.ywcanewburyport.org/ingalls-court2/)

or by calling 978-225-6517

**Senior Housing**

All applicants must be  
**62 years of age or older** in  
order to occupy a unit

**Element Care PACE  
may provide assistance in  
completing this application  
978-645-2464 (x2464)**



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## I) General Information

### A) YWCA Greater Newburyport

The mission of the YWCA Greater Newburyport (YWCA) is to eliminate racism, empower women and promote peace, justice, freedom and dignity for all. YWCA has provided affordable housing since 1885 and has worked with homeless households since 1998. We view affordable housing as central to our mission.

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.

### B) The YWCA Residences at Ingalls Court

The YWCA Residences at Ingalls Court is designed to allow Seniors (age 62 and over) to age in place. Residents who choose to enroll in Element Care's PACE program will have access to a wide variety of medical and social services available ON-SITE, including primary care physicians and nurse practitioners, nurses, behavioral health specialists, physical therapists, nutritionists, and other services.

For PACE participants who need in home care, Element Care PACE may provide aid with chores, home health services, medication management, in-home nursing and more.

For additional information regarding Element Care PACE, please see page 14 of this information package.

Enrollment in PACE is **not** required to access the affordable housing offered in this development. Tenants who do not qualify for PACE or who choose not to enroll in PACE will have access to Element Care's case management services at no charge if they choose.

The YWCA Residences at Ingalls Court is located adjacent to the Nevins Nursing Home and Rehabilitation Center. If it becomes medically necessary for tenants to access nursing home or rehabilitation services, they may choose to use Nevins. By choosing Nevins, tenants will be close to family and friends who may be able to visit more often as they are located so close to home.



**1) Designed to encourage “aging in place”**

The YWCA Residences at Ingalls Court will utilize features to help seniors age in place. These include:

- Each unit will have a roll in shower, so seniors do not have to step over a traditional tub
- Grab bars will be installed in all showers
- Kitchens will be designed so that they can be easily converted to wheelchair accessible units
- Bedrooms are designed to accommodate wheelchairs
- Color schemes will aide seniors with wayfinding
- Signage will be appropriately designed for those with poor eyesight
- All walking surfaces will be evaluated for traction and walking stability
- All units are designed to be visitable by people in wheelchairs
- A walking path around the building
- Security cameras

**2) Unit Size According to Income Eligibility**

|           | I)<br>30% AMI<br>Rental Subsidies | 30 % AMI and<br>CBH<br>Rental Subsidies<br>Accessible | 30% AMI no<br>subsidy fixed rent | Low-Income below<br>50% AMI | Low-Income below<br>60% AMI | Total # of Units | Sensory Unit |
|-----------|-----------------------------------|---|----------------------------------|-----------------------------|-----------------------------|------------------|--------------|
| 1 Bedroom | 12                                | 4   | 8                                | 5                           | 19                          | 48               | 1            |

**3) Transportation**

All units are located close to public transportation and provide easy access to major interstate highways:

- 1/10<sup>th</sup> of a mile from a MVRTA Bus Stop
- Less than 1 mile from loop connector with access to I-93 and I-495
- Tenants enrolled in Element Care PACE will receive free rides to medical appointments

**4) Local Amenities**

There are many local amenities, only a few are mentioned (all mentioned are accessible by MVRTA bus)

- .8 Miles to the Nevins Public Library
- .5 Miles to the Methuen Rail Trail
- 1.1 Miles to the Nevins Bird Sanctuary
- 1.5 Miles to Holy Family Hospital
- 1.9 Miles to Market Basket
- 2.5 Miles to the AMC Movie Theaters
- 2.5 Miles to the Loop Shopping Center



## 5) Utilities

Heat, hot water and electricity are included in the rent.

## 6) Appliances

Each unit will have a refrigerator, oven and stove. On-Site, coin operated laundry.

## 7) Parking

Parking is available on site by permit. One vehicle limited per household. Limited parking available for guests.

## 8) Smoking

Smoking is prohibited in all of its forms within the buildings and anywhere on the Nevins Campus. This prohibition includes but is not limited to cigarettes, cigars, pipes, marijuana (including medical marijuana), water pipes, electronic cigarettes (also known as vaping) and any other form that requires ignition.

**Smoking is NOT permitted** on the premises of YWCA Residences at Ingalls Court, Element Care PACE or the Nevins Nursing Home and Rehabilitation Center.

## C) 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. The Agent shall affirmatively market to minorities and persons with disabilities as specified in its Affirmative Fair Housing Marketing Plan (AFHMP) as approved by EOHLC.

## D) Reasonable Accommodations and/or Modifications

1. Applicants and/or residents 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 and/or Modifications may be necessary to afford Applicant and/or Resident with disabilities an equal opportunity to live successfully in, use and enjoy the housing and community.
  - a. The applicant and/or resident must meet the definition of disabled:
    - 1) The applicant and/or resident have a physical or mental condition that affects one or more major life activities or
    - 2) The applicant and/or resident has a record of such a condition or
    - 3) The applicant and/or resident is regarded as having such a condition.
  - b. In order to qualify for a Reasonable Accommodation and/or Modification the need must be related to a disability and there must be a nexus between the disability and the request.



## E) Limited English Proficiency

Assistance will be provided to persons of Limited English Proficiency. The Project will comply with HUD regulations and final guidance requiring properties receiving federal financial assistance must take measures to improve access to federally assisted programs, services and activities for persons who, as a result of national origin, are limited in their English proficiency.

## II) Eligibility

### A) Income Eligibility

To be eligible to apply to rent an affordable apartment, the combined annual income from all income sources of all income-earning members in the household must be at or below the income limits described below. These income limits are based on the 2025 federal department of Housing and Urban Development (HUD)

**These income limits are subject to change upon HUD release of updated income limits.**

**TABLE 2 The maximum income allowed for this program is:**

| Family size        | 30% income limit               | 50% income limit               | 60% income limit               |
|--------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 person household | \$29,700/year<br>\$2,475/month | \$49,500/year<br>\$4,125/month | \$59,400/year<br>\$4,950/month |
| 2 person household | \$33,930/year<br>\$2,828/month | \$56,550/year<br>\$4,713/month | \$67,860/year<br>\$5,655/month |

**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.

### B) Age Restriction

All tenants must be 62 years of age or older to be eligible for housing. For 2 person households, both tenants must be 62 years of age or older to qualify.

### C) Household Size

Based on size of the units, applications will only be accepted from single person and two person households



## III) Preferences

### A) Local Preference

A preference will be provided for Thirty-Three units only during the during the initial lottery for households who meet the local preference criteria.

#### 1) Local Preference Categories

Applicants will be considered for the local preference if they are one or more of the following categories:

- a) Current residents: A household in which one or more members is living in the City of Methuen at the time of application
- b) Municipal Employees: Employees of the City of Methuen
- c) Employees of Local Businesses located within the City of Methuen
- d) Households with children attending school in Methuen.

#### 2) There are no durational requirements related to local preference

Applicants with a bona fide offer working for Methuen or local business are eligible for local preference

#### 3) Local preference is restricted to the initial drawing of the lottery

If an applicant drawn through the local preference lottery is determined ineligible, the unit becomes available to the next applicant on the waitlist. If a tenant selected through the local preference option leaves the unit, the unit is assigned to the next eligible applicant on the waitlist. No local preference waitlist will be maintained.

#### 4) Local Preference ineligible for Section 8 Vouchers

Applicants chosen through the local lottery are not eligible to receive a Section 8 voucher as a result of the local lottery. If the same applicant were to be chosen through the open lottery or waitlist, they would be eligible to receive a Section 8 lottery if they are otherwise eligible.

### B) Community-Based Housing (CBH):

A preference will be provided for four units in which at least one member is disabled according to the definitions below.

**a) 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.

### **1) Disability**

Applicant with a disability is 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 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. This definition includes elders with disabilities.

### **2) Institutionalization**

An applicant who is institutionalized, or at risk of institutionalization, is living in or at risk of being placed in a nursing facility, long term rehabilitation center or hospital.

### **3) Not Eligible for FCF**

The Facilities Consolidation Fund (FCF) Program funds housing in the same manner as CBH but is targeted to clients of the Department of Mental Health and the Department of Developmental Services. CBH is intended to provide housing for persons who are not clients of these departments. An eligible applicant may have a mental health or cognitive disability but does not receive services from one of these two agencies.

## **C) Homeless**

Five units will be reserved for homeless households who meet the definition below. An applicant will be considered homeless, unless otherwise provided by EOHLC, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

- (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or
- (b) an institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or
- (c) a public or private place not designed, or ordinarily used as, a sleeping place for human beings.



This definition shall include households who:

- a) are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- b) are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations
- c) are living in emergency or transitional shelters
- d) are abandoned in hospitals; or are awaiting foster care placement
- e) who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- f) who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- g) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless because they are living in circumstances described above

In addition, according to McKinney-Vento, a fixed residence is one that is stationary, permanent, and not subject to change. A regular residence is one used on a regular (i.e. nightly) basis. An adequate residence is one sufficient for meeting both the physical and psychological needs typically met in home environments. Therefore, households who lack a fixed, regular, and adequate residence will be considered homeless.

A household may be deemed homeless if they are facing imminent eviction due to no cause of their own, failure to pay rent or a violation of terms of lease. A formerly homeless household living in transitional housing will be considered homeless according to this definition. Documentation must be provided to support homelessness.

In all cases, the documentation must be current and can include:

- a) a letter from a shelter
- b) a letter from a provider of services to homeless households
- c) a letter from the public schools indicating that the family has been determined homeless
- d) a letter from law enforcement or the court
- e) sufficient documentation from providers who are not provider to homeless households.
- f) a phone conversation between YWCA staff and any of the above can be used in place of a letter when such conversation is supported by a memo.
- g) YWCA may accept other documentation that demonstrates homeless status.



## D) Sensory Unit

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

## E) Preference for Disabled Households Needing Services Offered at YWCA Residences at Ingalls Court (24 CFR 983.251 (d))

- a) preference is not restricted to a specific disability
- b) the disability must interfere with their ability to obtain and maintain themselves in housing AND
- c) who without services will not be able to obtain or maintain themselves in housing AND
- d) the services cannot be provided in a nonsegregated setting.
- e) disabled residents shall not be required to accept the particular services offered at the project.

For this project, Element Care PACE will be the organization that makes the determination of disability. Element Care PACE will provide a 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.

To be eligible for this preference, services do not need to be provided by Element Care but may be provided by any licensed health care provider.

For additional information about Element Care PACE and the services they provide, see page 14.

## IV) Application Process

### A) Completing an Application

#### 1) Submission of Applications

Completed applications must be returned to the YWCA Greater Newburyport by mail, or be delivered by hand, prior to deadlines, if any.

**Applications will not be accepted by fax or email.**

#### 2) Complete Applications

##### a) *Eligible*

Applications will be considered complete when they have all the required signatures of all household members over the age of 18 and when they have fully completed the income and asset sections and provided proper documentation. Eligible applicants will be notified that their application is complete and that they have been placed in the lottery or on the waiting list.



**B) *Ineligible***

Applications that are determined to be ineligible or incomplete will be entered into the lottery or waitlist as ineligible. Applicants will be notified why their application is ineligible or incomplete and will be given 14 calendar days to dispute the determination of ineligibility and provide documentation that establishes eligibility or complete the application.

Applicants who successfully dispute their determination of ineligibility or who complete the application will be designated eligible for the lottery or will retain their position on the waitlist. Applicants who are unsuccessful in their dispute of their eligibility or those who fail to complete their application will not be entered into the lottery and will remain ineligible on the waitlist.

Applicants who fail to respond within the 14 calendar days but are shown to be eligible will be entered into the lottery (if they respond prior to the final deadline) or will be added to the end of the waitlist.

**3) Preferences Assigned**

Applications will be given preferences only when the applicant completes the preferences sections and signs that the information is correct.

Only applicants who provide their race and ethnicity may be used to supplement the local preference lottery. Applicants who falsify this section will be rejected for the unit and placed at the end of the waitlist; other preferences may still apply.

Applicants who indicate their income is below a threshold level and their income is determined to be over that threshold will be offered the next available unit within the appropriate income level unless their income exceeds the eligibility criteria.

**B) Post Lottery**

All applications accepted into the lottery that are not assigned units during the initial draw, will be placed on the waitlist in the order that they were drawn.

After the lottery, applications will be added to the waitlist in the order in which they were received using date and time, as long as the waitlist remains open.

Available units will be assigned according to income eligibility, preferences for services needed, Community Based Housing (CBH), sensory unit and homelessness.



## V) Lottery and Resident Selection Process

### A) Ballots

Only applicants who meet the eligibility requirements shall be entered into the lottery. Qualified applicants will be given a Registration Number. Each Registration Number will be placed on a ballot.

Registration numbers will indicate whether applicant is eligible for local preference lottery or the open lottery.

### B) Local Preference Lottery

All applicants who indicate they qualify for the local preference will be placed in a local preference lottery.

The YWCA of Greater Newburyport will evaluate the number of racial and ethnic minorities who indicate they qualify for a local preference. If an applicant does not complete the race and ethnicity section, they will be counted as a white applicant. If the total number of ethnic and racial minorities does not constitute 33% of the total pool of eligible applicants, the YWCA will add eligible applicants who represent ethnic or racial minorities in the following manner.

All eligible applicants who do not indicate a local preference and who indicate that they are a racial or ethnic minority, will be placed in a random drawing to balance the pool of applicants in the local preference lottery. Applications will be drawn at random until the pool of candidates represents 33% racial and ethnic minorities. All applications not drawn will continue to be eligible for the open lottery.

Once the applicant pool is balanced, ballots will be drawn randomly and listed in the order drawn. Once all of the local preference ballots have been drawn, the ballots will ALL be placed into the open lottery.

Unit assignments will occur after the open lottery.

### C) Open Lottery

After the local preference lottery, all ballots will be placed in the open lottery. The ballots will be randomly drawn and listed in the order drawn.

Unit assignments will occur after the open lottery.



## D) Post Lottery

### 1) Assignment of Units

1) Units are not assigned in the order in which they were drawn but are assigned by proceeding down the list in the following manner:

a) **Local Preference:** These thirty-three units will be awarded by proceeding down the list based on the local preference lottery. As long as an applicant meets eligibility and preference requirements, the applicant will be assigned a unit until thirty-three units are filled. All other preferences apply.

**NOTE: No Section 8 Housing Vouchers may be awarded through the local preference lottery.**

- b) **Community Based Housing:** These four (4) units will be awarded by proceeding down the local or open lottery list of the first applicant requiring Community Based Housing with a preference for those who are currently institutionalized. All other preferences apply.
- c) **Homelessness:** These five (5) units will be awarded by proceeding down the local or open lottery list to the first income eligible applicant who is homeless. All other preferences apply.
- d) **Sensory Unit.** This one (1) unit will be awarded by proceeding down the local or open lottery list to the first income eligible applicant requiring a sensory unit. All other preferences apply.
- e) **Disabled Households Needing Services Offered at YWCA Residences at Ingalls Court by Element Care.** Twenty-Four (24) units will be awarded by proceeding down the open lottery list to the first income eligible applicant who meets this preference. All other preferences apply.
- f) All remaining **60% AMI units** will be awarded by proceeding down the open lottery list to the first income eligible applicant.
- g) All remaining **50% AMI units** will be awarded by proceeding down the open lottery list to the first income eligible applicant.
- h) All remaining **30% AMI units** will be awarded by proceeding down the open lottery list to the first income eligible applicant.



## 2) Waitlist

The YWCA of Greater Newburyport will retain a list of households who are not awarded a unit, in the order that they were drawn from the open lottery. If any of the initial applicants do not accept a unit, the unit shall be offered to the highest ranked applicant on the open lottery list in accordance with preferences and eligibility even if the original applicant was drawn from the local preference lottery.

After the completion of the lottery deadline, the YWCA will continue to accept applications as they may be submitted. All applications received after the lottery deadline will be time and date stamped and given a registration number. Any vacancies that arise after the completion of the lottery will be filled first by applicants from the open lottery list of who were not awarded a unit, and then on a first come first served basis based on eligibility and preferences.

If it is determined that a waitlist of more than five years is established for a particular unit type, YWCA will close the waitlist for that specific unit type. Waitlists that re-open will be advertised for a least 10 days and then an open lottery will be held to re-establish the waitlist.

## 3) Notification to Applicants

After units have been assigned, applicants will be notified whether they have been assigned a unit or their placement on the waitlist.



## **VI) Screening**

### **A) Screening**

When an applicant becomes eligible for a unit, the applicant will be subject to the YWCA's tenant screening process. The tenant screening process applies to all applicants who have been assigned a unit. The tenant screening process includes the following components:

- Social Security Number verification
- Criminal Offenders Records Investigation
- Government Sanctions
- Bankruptcies, Liens and Judgments
- Rental history/reference checks
- Evictions
- Landlord and Personal references
- Ability to pay rent (considering rental assistance where applicable)
- A credit reference check, however, credit score is not used as a criteria
- A home visit

### **B) Denial Appeal Process**

If an applicant is rejected for any of the reason in the Tenant Selection Plan, a letter shall be sent stating the reason(s) for rejection. Applicants who are denied a unit during the screening process may request a meeting within 14 days of denial to meet with the YWCA to review the material upon which a decision was made.

Applicants may provide additional information or may correct inaccurate information made in the denial of the unit. The YWCA will review the new material, if any, and make a decision within 7 days.





Element Care PACE helps older adults live safely and comfortably at home and in their community for as long as possible, while reducing unnecessary hospital stays or nursing facility care. As a nonprofit healthcare organization, Element Care provides comprehensive healthcare and supportive services for eligible older adults through the Program of All-Inclusive Care for the Elderly (PACE).

For residents of the **YWCA Residences at Ingalls Court**, Element Care offers a unique advantage: **many healthcare services are provided right in the same building**, including an adult day health center making it easier and more convenient to get the care you need without traveling from home. When you enroll in Element Care, you are supported by a dedicated interdisciplinary care team that coordinates your medical care, medications, therapies, transportation, and social supports all through one program and one trusted team.

Your care team is backed by an extensive network of specialists, hospitals, and community partners to ensure seamless, high-quality care at every stage.

**Important:** Residents who are enrolled in Element Care may receive a **housing preference** at the **YWCA Residences at Ingalls Court**, making enrollment an important step for those interested in living in this community.

### **Element Care PACE eligibility requirements:**

- Age 55+ (62+ to reside at YWCA Residences at Ingalls Court)
- Live in the service area, including YWCA Residences at Ingalls Court outlined in this packet
- Want to live at home but need extra support to stay safe and avoid nursing home care
- Monthly income must be less than \$2,982

**To learn more about Element Care PACE visit [www.elementcare.org](http://www.elementcare.org) or call 978-645-2464 (x2464)**



# The PACE Interdisciplinary Team Model of Care

At Element Care PACE we believe quality health care takes a team. We treat you as a whole person...not a symptom or a condition. By working together, your IDT (Interdisciplinary care team) of highly skilled individuals (pictured below) can coordinate all your care and better support your overall wellness goals.



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# YWCA Residences at Ingalls Court 2 LLC Affordable Rental Housing Application

For more information

[www.ywcanewburyport.org/ingalls-court2/](http://www.ywcanewburyport.org/ingalls-court2/)

email [housing@ywcanewburyport.org](mailto:housing@ywcanewburyport.org)

call (978) 225-6517

TTD/TTY 508-990-3010

**PLEASE PRINT CLEARLY**

|   |   |
|---|---|
| Project: YWCA Residences<br>at Ingalls Court 2, LLC<br>Address: 12 Ingalls Court<br>Methuen, MA 01844 | Application Received:<br>Date: _____ Time: _____<br><br>By: _____                               |
| <b>Return Application to:</b><br>YWCA Greater Newburyport<br>13 Market St<br>Newburyport, MA 01950    | <b>Referral Information:</b><br>Agency: _____<br>Contact: _____<br>Phone: _____<br>Email: _____ |

Your application must include:

*Please check off attached items below:*

- Signed application form including all pages. ALL adult household members must sign page 11.
- Completion of the Household Income Section (page 8)
- Completion of all household assets, as described under Household Assets Section (pages 10)

**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:**

**Mail or in person: YWCA Greater Newburyport 13 Market St Newburyport, MA 01950**

**In person only to YWCA Residences at Ingalls Court, 14 Ingalls Court, Methuen**

**Lottery Deadline: Monday August 31<sup>st</sup> 2026 5:00 p.m.**

**Information Session: Thursday July 30th 1:00 p.m. at 14 Ingalls Court, Methuen MA**

**Lottery: September 29<sup>th</sup> 2026 time to be determined**

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   |  |  |                       |
| <b>Email</b> |  |  |                       |

## 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?<br>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. Race and Ethnicity

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,):

|  |     |    |
|--|-----|----|
| Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | Yes | No |
|--|-----|----|

| RACIAL CATEGORY (Check as many as apply)                     |   |
|--|---|
| <input type="checkbox"/> Black or African American           | Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ghanaian, and South African.   |
| <input type="checkbox"/> Asian                               | Individuals with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  |
| <input type="checkbox"/> Native American or Alaska Native    | Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya. |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.   |
| <input type="checkbox"/> White                               | Individuals with origins in any of the original peoples of Europe, including, for example, English, Spanish, German, Irish, Italian, Polish, and Scottish.  |
| <input type="checkbox"/> Other                               | Non-White   |



### D. Rental History

|   |  |
|---|--|
| Current Landlord<br>Name: _____<br>Phone: _____<br>Address: _____ | Is this the address listed above?<br>_____ yes _____ no      |
| Prior Landlord<br>Name: _____<br>Phone: _____<br>Address: _____   | Your Prior Address<br>Street: _____<br>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

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 have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations |
| <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 am sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.                  |
| <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"/> |  |



**G. 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 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.  |

**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 all that apply     |  |
| <input type="checkbox"/> | I have a disability requiring visual accommodations  |
| <input type="checkbox"/> | I have a disability requiring hearing accommodations |

**I. Community Based Housing**

On pages 13 and 14 of this application is a form which must be filled out by a **health care professional**. Please remove the form from this application to give to your provider. Once completed by the provider, please include with your application.

**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.

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

**Third Priority:** All persons with disabilities.

|  |   |
|--|---|
| <b>Check all that apply</b><br>Applicants applying for this preference <b>MUST</b> have the “ <b>Mass Rehabilitation Commission Certificate on Application for Community-Based Housing</b> ” form <b>completed by a health professional.</b> |   |
| <input type="checkbox"/>   | I am disabled, living in an institution, at risk of institutionalization <b>and require a unit with special design features</b> |
| <input type="checkbox"/>   | I am disabled, living in an institution, at risk of institutionalization  |
| <input type="checkbox"/>   | I am disabled   |



**J. Preference for Disabled Households Needing Services on-site at YWCA Residences at Ingalls Court (24 CFR 983.251 (d)).**

This preference applies to all disabilities that would benefit from services provided on-site at YWCA Residences at Ingalls Court.

The services do not need to be provided by Element Care but may be provided by any licensed health care provider.

On pages 15 and 16 of this application is a form which must be filled out by Element Care. There is no cost for this service. Once completed by Element Care, please include with your application.

|                             |   |
|-----------------------------|---|
| <b>Check all that apply</b> |   |
| <input type="checkbox"/>    | My disability interferes with my ability to obtain and maintain housing   |
| <input type="checkbox"/>    | Without on-site services I would be unable to obtain or maintain housing. |

**K. Service Animals**

YWCA Residences at Ingalls Court 2 only allows service animals, no other pets are permitted.

| Type of service animal | Service Need |
|------------------------|--------------|
|                        |              |
|                        |              |

**L. Housing Voucher**

Does the household have a Federal voucher (like Section 8 Housing Choice Voucher) or a State voucher (like MA's MRVP Mobile 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

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Households must meet certain maximum income limits in order to be eligible to rent a unit at YWCA Residences at Ingalls Court 2. 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 all income.**

**Household Income Worksheet**

| <b>List all income below</b> |                  | <b>Check here if you have Zero income.</b> |                         |
|------------------------------|------------------|--|-------------------------|
| Household Member             | Source of Income | Amount of income                           | (select one)            |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |
|                              |                  | \$   | Weekly/Monthly/Annually |



## 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        |                     |            |
| Pension                              |                     |            |
| Personal property held as investment |                     |            |
| Venmo/ Zelle                         |                     |            |
| Other:                               |                     |            |

| <b>Real Estate Property If you own any property</b> |    |                                |    |
|---|----|--------------------------------|----|
| 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 | \$ |
|   |    |                                |    |

| <b>Have you disposed of any property in the last 2 years</b> |     |            |    |
|--|-----|------------|----|
| Market Value When Sold                                       | \$  | Sale Price | \$ |
| Date of Transaction  | / / |            |    |

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

| <b>Have you disposed of any other asset in the last 2 years</b> |     |              |    |
|---|-----|--------------|----|
| 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.

\_\_\_\_\_ I consent to the YWCA sharing my contact information with Element Care for the purpose of determining eligibility for a preference and to receive information regarding PACE (optional).

**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.



# Community-Based Housing Program Certificate of Eligibility (October 2024)

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are either living in an institution or are at risk of institutionalization and are seeking housing in the community.

• **INSTRUCTIONS: PAGE 1 TO BE COMPLETED BY CERTIFYING/REFERRING AGENCY**

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH Program housing unit. Note that all questions below must be answered for the certification to be considered complete.

## 1. Applicant's Information

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Applicant's Last 4 Digits of Social Security Number: XXX-XX-\_\_\_\_\_

## 2. Disability Certification

Yes  **Does the Applicant have a disability as defined below? To be eligible for the Community-Based Housing Program, the answer to question #2 must be "yes"**

No  *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. Major life activities include self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.*

## 3. DMH/DDS Participation

Yes  **Is this Applicant a current client of the Department of Mental Health (DMH) or Department of Developmental Services (DDS)? To be eligible for the Community-Based Housing Program,**

No  **the answer to question #3 must be "no"**

## 4. Current Situation (complete A or B below) To be eligible for the Community-Based Housing Program, the answer to question #4A or #4B must be "yes"

Yes  **A. Is the applicant currently residing in an institution (i.e., nursing facility, long term rehabilitation center or hospital)? Please list the name and location of the Institution below**

No  Name of Institution \_\_\_\_\_

Location (city/town) of Institution \_\_\_\_\_

Yes  **B. Is the applicant at risk of institutionalization? Note that this includes those applicants who are experiencing chronic homelessness. If yes, please describe how the applicant's current**

No  **No situation places them at risk of institutionalization.**

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

## By signing below, I certify that:

- The above information is true and accurate to the best of my knowledge; and
- I am a medical, psychological or allied mental health and human services professional or case manager who has knowledge of the individual above and am qualified to make this determination

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

Title: \_\_\_\_\_

Agency/Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

More information about the CBH Program is available online at <https://www.mass.gov/info-details/community-based-housing-cbh> or by emailing [CBHUnits@mass.gov](mailto:CBHUnits@mass.gov)

## Community-Based Housing Program Certificate of Eligibility (October 2024)

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are either living in an institution (i.e., nursing facility, long term rehabilitation center or hospital) or are at risk of institutionalization and are seeking housing in the community.

### INSTRUCTIONS: PAGE 2 TO BE COMPLETED BY HOUSING OWNER/PROPERTY MANAGER

---

Please complete the information below to confirm that the applicant listed on Page 1 has completed the tenant selection process and signed a lease for the designated CBH unit and return to [CBHunits@mass.gov](mailto:CBHunits@mass.gov).

**By signing below, I certify that:**

- As of \_\_\_\_\_ (date) the individual listed on Page 1 has executed a lease for the designated CBH unit.

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

Title: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

More information about the CBH Program is available online at <https://www.mass.gov/info-details/community-based-housing-cbh> or by emailing [CBHUnits@mass.gov](mailto:CBHUnits@mass.gov)



# Preference for Disabled Households Needing Services Qualification Form

For YWCA Residences at Ingalls Court 2, Element Care will be the organization that makes the determination of disability.

Element Care will provide this signed certification that either attests to or rejects each applicant's need for services in accordance with said section.

On-site services do not need to be provided by Element Care but may be provided by any licensed health care provider.

Element Care is regulated by the Center for Medicare and Medicaid Services (CMS) and will follow CMS protocols in determining disability.

Element Care will not charge applicants for this determination.

## THIS FORM MUST BE COMPLETED BY AN ELEMENT CARE PROFESSIONAL

Applicants may contact Element Care PACE by **Phone: 978-645-2464**

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

| <b>Check here to all that apply (All Must be checked to qualify)</b> |  |
|--|--|
| <input type="checkbox"/>   | The applicant's disability interferes with her/his ability to obtain and maintain housing                                      |
| <input type="checkbox"/>   | Without services offered on-site at the YWCA Residences at Ingalls Court she/he would be unable to obtain or maintain housing. |

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

\_\_\_\_\_  
(Signature of **Element Care Professional**)

\_\_\_\_\_  
(Date)

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

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone: \_\_\_\_\_

