



INFORMATION PACKET APPLICATION

**YWCA Market Street Apartments, LLC
Newburyport, MA
Telephone Line: (978) 225-6210 X 11**

This packet contains specific information on the background, eligibility requirements, selection priority categories, application process and the affordable rental housing program that is YWCA Market Street Apartments, LLC.

The developer of this project, YWCA Greater Newburyport, invites you to read this information and submit an application if you think that 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 may be required to submit additional information at that time.

For persons with disabilities who need assistance completing an application, please contact Andrea Morris at the ARC of Greater Haverhill, Newburyport. (978) 373 0552,

introduction

The YWCA Greater Newburyport is dedicated to eliminating racism, empowering women and promoting peace, justice freedom and dignity for all. As such, it has structured its housing programs, including YWCA 11 Market Street Apartments to reflect these values. We believe that this mission directs us to support women and families in a variety of life circumstances, including but not limited to households who are homeless, disabled and extremely low income.

This housing project has been funded through the combination of several Federal, State and local sources each with its own eligibility criteria.

Income Target – please see the attached chart for current income limits

60% of units for households whose income is below 30% of area median income

40% of units for households whose income is below 50% of area median income

In addition to the income target, households must meet one of the two following criteria depending upon which unit they are seeking:

disability

Two units are reserved for households in which at least one member is disabled in accordance with Mass Rehabilitation Commission and who provide suitable documentation.

homelessness

Eight units are reserved for households who meet the definition of homeless and who provide suitable documentation.

Applicants must meet all HUD eligibility criteria. This application is designed to collect all of the necessary information to allow us to determine your eligibility for this program.

occupancy standards

The YWCA 11 Market Street Apartments has established the following occupancy standards regarding household size:

| | |
|--------|------------|
| Studio | 1 person |
| 1BR | 1-2 people |
| 2BR | 2-4 people |

screening criteria

The YWCA 11 Market Street Apartments has established screening for suitability criteria that include criminal history check, substance abuse concerns, credit and rental history. These criteria are written as part of our tenant selection plan, which is available for review.



eligibility requirements

To be eligible to apply for renting an affordable apartment, the combined annual income from all income sources of all income-earning members in the household must be at or below fifty percent of median income for the local area or thirty percent of median income for the local area, as determined for 2017 by federal department of Housing and Urban Development (HUD). The maximum income allowed for this program is:

| family size | 30% income limit | 50% income limit |
|--|------------------------------------|------------------------------------|
| 4 person household 2 bedroom only | \$30,000 / year \$2,500 / month | \$51,700 / year \$4,308 / month |
| 3 person household 2 bedroom only | \$27,900 / year \$2,325/ month | \$46,550 / year \$3,879 / month |
| 2 person household 1 or 2 bedroom | \$24,800 / year \$2,067 / month | \$41,400 / year \$3,450 / month |
| 1 person household Studio & 1 bedroom | \$21,700/ year \$1,808 / month | \$36,200 / year \$3,017/ month |

To be eligible to rent an affordable apartment at 11 Market Street, annual income must be within a particular range, set by the maximum income levels above. Asset levels are limited as well. In addition, the household must be either homeless (for the studio and 2BR apartments) OR disabled and eligible for the Community Based Housing program (for the 1BR apartments).

homelessness:

For the purposes of this rental opportunity, a household is defined as homeless when the household:

- a) lack a fixed, regular, and adequate nighttime residence or
- b) have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), an institution providing temporary residence for individuals intended to be institutionalized, or
- c) who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation 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 which is used on a regular (i.e., nightly) basis. An adequate residence is one that is 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 to be 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.

community-based housing:

For the purposes of this rental opportunity, the definition of disabled is as follows: an applicant must: (1) have a disability, (2) be institutionalized or at risk of institutionalization, and (3) not be eligible for the Facilities Consolidation Fund Program (FCF). Definitions for each of these follows. In addition, the applicant must be certified as a "PCE," or person considered eligible, by the Mass Rehab Commission.

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.

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.

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.

preferences

One of the studio units will be marketed with a preference for an applicant with a sensory (hearing or visual) disability.

The two one-bedroom units will be marketed as Community-based Housing (CBH) units. These units will be marketed with a first preference for applicants who meet the CBH eligibility requirements above and are currently institutionalized in a nursing facility, long term rehabilitation center or hospital,

A second preference will be giving to applicants who require a wheelchair and who also meet the CBH requirements.

Applicants seeking a CBH unit MUST complete the *Mass Rehabilitation Commission Certificate On Application for Community-Based Housing* which is attached as an appendix to the application.

income and asset determination:

Gross Annual 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.

Annual income is income anticipated to be received in the coming 12-month period 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 over the age of 18, 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 partner must be counted in annual income.

The developer will review bonus pay, overtime pay or other periodic compensation on a case-by-case basis. If the compensation is not a regular occurrence or is not expected to continue, it may be excluded from the determination of income.

Annual income also 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.

Upon receipt of a completed and signed application including all signed attachments, the application will be reviewed to determine whether the household meets the threshold eligibility criteria. All applicants will be notified in writing as to whether they are eligible. Further documentation may be required.

tenant selection process

All applications will be reviewed for eligibility after they have been received. Applications which do not meet the income guidelines or eligibility criteria will be rejected. Applicants will be notified that they are ineligible and will have 14 days to appeal their decision.

Applicants that meet the income guidelines and eligibility criteria will be placed on the waiting list in the order in which they were received. Applicants will be notified that their name has been placed on the list.

Applicants are chosen based on their placement on the waitlist according to the appropriate unit. In addition, YWCA Market Street Apartments has three priorities, please see above. Applicants with one of these preferences will be taken prior to applications without a priority for the appropriate unit. Otherwise, applicants will be taken in the order received.

Every six months, applicants will be asked if they are still interested in remaining on the waitlist and asked if their eligibility has changed. Applicants who fail to respond to the

update will be removed from the waitlist. Applicants whose eligibility has changed and or no longer eligible for the units will be removed from the waitlist.

When an apartment becomes available, the next application will be contacted. At that time, the applicant must provide complete documentation of eligibility. Including:

- income documentation (pages 13-14)
- asset documentation (pages 15-16)
- documentation of homelessness OR
- completion of the Certification for Massachusetts Rehabilitation (page 18).

Applicants should immediately contact the office to express interest in the unit and will have two weeks to provide all documentation.

In addition, applicants will be subject to screening criteria and must agree to:

- a Criminal Record Background Check
- financial review and credit check
- contacting prior landlords and
- personal reference check

The developer reserves the right to share information concerning applicants with other organizations involved in the application process, including the Massachusetts Rehab Commission, Community Teamwork, Inc. and the ARC of Greater Haverhill-Newburyport. These agencies reserve the right to request additional information at any point in the qualification process.



description of apartments

YWCA Market Street Apartments represent 10 apartments located in downtown Newburyport. The apartments are located in close proximity to the river walk and rail trail walking areas.

YWCA Market Street Apartments have heat, hot water, electricity and air conditioning included. Each unit will have new kitchen appliances. Each unit has a wall mounted air conditioner. All units have hard wood floors.

The commuter rail is approximately one mile from the apartments and can be accessed along the rail trail. There is an MVRTA bus line within 1/10th of a mile from the units. The Newburyport industrial area begins one mile from the apartments.

Newburyport has several public parks with recreational opportunities for adults and children. Many of these parks are within walking distance and public beaches are within short drives. The public library is within one mile of the apartments.

Coin operated washer and dryers are available in the building.

Parking is available on site but there are no reserved parking spaces for tenants.

For a nominal annual fee, tenants have access to the YWCA Greater Newburyport which is located next to the development.

ywca market street apartments, llc affordable rental housing application

For more information call (978) 225-6210 x11
please print clearly

| | |
|--|---|
| Project: YWCA Market Street Apartments, LLC Address: 11 Market Street Newburyport, MA 01950 | 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 are applicants and must sign on page 9.
- Completion of the Household Income Section (pages 13-14)
- Completion of all household assets, as described under Household Assets Section (pages 15-16)

COMPLETED APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED.

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

Return completed application in person or by mail to:

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



household information

A. head of household

| | | | | |
|-------------------|---|------|----------------|-----------------|
| Name: | | | Phone Numbers: | Indicate Best # |
| Street: | Unit # | | Cell: | |
| City: | State: | ZIP: | Home: | |
| Email: | | | Work: | |
| Social Security # | Please indicate the best manner to contact you: | | | |

B. household composition

| | Name | Relationship to Head | Birth Date | Student? Y/N |
|---|------|----------------------|------------|-----------------|
| 1 | | Head | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Please note that due to the size of the units, we have established a maximum household size of 4.

C. preferences

The two one-bedroom units will be marketed as Community-based Housing (CBH) units. These units will be marketed with a first preference for applicants who meet the CBH eligibility requirements listed in the lottery information packet, and are currently institutionalized in a nursing facility, long term rehabilitation center or hospital.

- Check here if you meet this preference category. Verification will be required from a licensed health professional.

A second preference for the one-bedroom units will be provided to applicants who require a wheelchair and who also meet the CBH requirements.

- Check here if you meet this preference category. Verification will be required from a licensed health professional.

Applicants seeking a CBH unit MUST complete the *Mass Rehabilitation Commission Certificate On Application for Community-Based Housing* which is attached as an appendix to the application.

One of the studio units will be marketed with a preference for an applicant with a sensory (hearing or visual) disability.

- Check here if you have a sensory disability requiring visual or hearing accommodations. Verification will be required from a licensed health professional.

D. affirmative marketing

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) | |

E. 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 your landlords for the past five years 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.

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

| Name | Complete Address | Phone Number (s) | Relationship to reference |
|------|------------------|------------------|---------------------------|
| | | | |
| | | | |
| | | | |

F. homelessness

You may certify that you are homeless below. Verification of homeless status is required from a social worker, case manager or similar professional once an apartment is available.

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

G. pet information

YWCA 11 Market Street Apartments only allows service animals, no other pets are permitted.

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

annual household income

Households must meet certain maximum income limits in order to be eligible to rent a unit at YWCA Market Street Apartments, as outlined in the Information Package. Gross Annual 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.

Annual income is income anticipated to be received in the coming 12-month period 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 over the age of 18, 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 annual income. Income from assets as defined in the asset section below is also included in annual 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.

Please complete the income worksheet on the following page and check all items that apply below.

Please check off attached items:

- For earned income: 8 weeks' consecutive recent pay stubs.
- For SSI State Supplement Program, or SSP: income verification of monthly amount received for current year. Call 1-877-863-1128.
- For welfare assistance and pension income: statements indicating amount received for current year.
- For unemployment benefits: 4 consecutive recent statements or approval of benefits letter from Office of Labor and Workforce Development. Call 617-626-6800.
- For child support and alimony: court order or verification from the Department of Revenue of benefits received.
- For TANF/AFDC/ Food Stamps: most recent statement of benefits. Call 877 382 2363 for food stamp (SNAP) statement.
- For workmen's compensation : approval of benefits form # DOL.203 or signed and dated letter from your employer on company letterhead stating amount received.
- For veteran's benefits: award letter VA form 22-1993 or signed and dated letter from your VA agent.
- No income: a notarized statement is required for every household member who is 18 years of age or older who receives no income.
- Student status: if the household includes member(s) who are 18 years of age or older and is a full-time student, please submit proof of enrollment to receive the appropriate deduction.
- Medical expenses: if a member of the household is elderly, disabled, or handicapped, certain unreimbursed medical expenses can be deducted. Please submit proof of payment to receive the appropriate deduction.
- If self-employed, please attach signed and notarized year to date profit and loss statement.
- For interest and dividend income: 3 most recent monthly statements showing balance in all accounts.
- For IRA or other income derived from restricted accounts: 3 most recent statements indicating regular amounts received and annual amount received for current year.



household income worksheet

| Household Member (Name): | | | |
|----------------------------------|----------------|-------------------|----------------|
| Sources of Income | Monthly Amount | Sources of Income | Monthly Amount |
| Wages | | Unemployment | |
| Alimony | | TANF | |
| Child Support | | Interest | |
| Social Security | | Other: | |
| Pension | | Other: | |
| Veteran's Benefits | | Other: | |
| Household Member (Name):: | | | |
| Sources of Income | Monthly Amount | Sources of Income | Monthly Amount |
| Wages | | Unemployment | |
| Alimony | | TANF | |
| Child Support | | Interest | |
| Social Security | | Other: | |
| Pension | | Other: | |
| Veteran's Benefits | | Other: | |
| Household Member (Name):: | | | |
| Sources of Income | Monthly Amount | Sources of Income | Monthly Amount |
| Wages | | Unemployment | |
| Alimony | | TANF | |
| Child Support | | Interest | |
| Social Security | | Other: | |
| Pension | | Other: | |
| Veteran's Benefits | | Other: | |
| Household Member (Name):: | | | |
| Sources of Income | Monthly Amount | Sources of Income | Monthly Amount |
| Wages | | Unemployment | |
| Alimony | | TANF | |
| Child Support | | Interest | |
| Social Security | | Other: | |
| Pension | | Other: | |
| Veteran's Benefits | | Other: | |



household assets

Annual 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? ____ yes ____ 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 and consent to release information

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 and in support of 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 Market Street Apartments, and does not guarantee an offer of rental. I/We consent to the release of information to other organizations involved in the application process, including the Massachusetts Rehab Commission, Community Teamwork, Inc. and the ARC of Greater Haverhill-Newburyport. These agencies reserve the right to request additional information at any point in the qualification process.

_____ I/We understand that additional third party information may be collected on our behalf later in this process. This information may include, among other items, reference checks, Criminal Offender Registry Information (CORI), and credit checks.

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

Your signature(s) below gives consent to the YWCA Greater Newburyport, the Massachusetts Rehab Commission, Community Teamwork, Inc. and the ARC of Greater Haverhill-Newburyport to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant/Co-Applicant (all adult household members must sign).

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE



**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: _____

