

# INFORMATION PACKET

## APPLICATION

**Residences at Salisbury Square, LLC**  
**Salisbury, MA**  
**Telephone Line: 978 465-9922**  
**TTD/TTY 508-990-2620**



This packet contains specific information on the background, eligibility requirements, selection priority categories, application process and the affordable rental housing program that is the Residences at Salisbury Square, LLC.

The managing agent 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 will be required to submit additional information at that time.

### Monthly Rents are determined by income (see Table 1).

unit size	30% income limit	50% income limit	60% income limit
3 Bedroom	Subsidized	X	X
2 Bedroom	Subsidized	\$975	\$1,180
1 Bedroom	Subsidized	X	\$985
Studio	X	\$561	X

(Rents subject to change)

## Application Deadline: Dec 18, 2018 @ 5:00 PM

### Information Sessions:

Oct 25, 2018 @ 6:00 PM Salisbury Council on Aging  
 43 Lafayette Road, Salisbury

Nov 26, 2018 @ 1:30 PM Newburyport Council on Aging  
 331 High Street, Newburyport

Free parking is available, sites are accessible.

Applications are available at [www.ywcanewburyport.org/affordable-housing](http://www.ywcanewburyport.org/affordable-housing)



Revised: 10/3/18



eliminating racism  
 empowering women  
**ywca**  
 Greater Newburyport

## I) 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 the Residences at Salisbury Square, LLC 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.

All units have income eligibility criteria. Households with incomes over 60% of the area median are ineligible for this housing opportunity. Please see **Table 1** for income limits.

38% of the units have been reserved for households whose income is below 30% area median. An additional 24% of units for households whose income is below 50% of area median and the remainder of the units (38%) for those households whose income is below 60% of the area median.

In addition to the income eligibility criteria, preferences will be given to households who meet one of the following criteria (specific documentation will be required):

Eleven units are reserved during the initial lottery for households who currently live, work or attend school in the Town of Salisbury (initial lottery only).

Three units are reserved for households in which at least one member is disabled in accordance with Mass Rehabilitation Commission.

One two bedroom unit is available for a household in which at least one member is disabled and requires the use of a wheelchair.

Eleven units are reserved for households who meet the definition of homeless.

The Residences at Salisbury Square have established the following occupancy standards regarding household size:

Studio	1-2 people
1BR	1-2 people
2BR	2-4 people
3 BR	3-6 people

The Residences at Salisbury Square has established screening for suitability criteria that include criminal history check, credit and rental history. These criteria are written as part of our tenant selection plan, which is available for review.



## II) Eligibility Requirements

### Income

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 sixty percent of median income for the local area in addition, units are reserved for incomes below 60%, 50% and 30% area median income, as determined by federal department of Housing and Urban Development (HUD). **These income limits are subject to change upon HUD release of updated income limits.**

**TABLE 1** The maximum income allowed for this program is:

family size	30% income limit	50% income limit	60% income limit
6 person household 3 bedroom only	\$37,530/year \$3,128/month		
5 person household 3 bedroom only	\$34,950/year \$2,913/month		
4 person household 2 or 3 bedroom	\$32,340/year \$2,965/month	\$53,900/year \$4,492/month	\$64,680/year \$5,390/month
3 person household 2 or 3 bedroom	\$29,130/year \$2,428/month	\$48,550/year \$4,046/month	\$58,260/year \$4,855/month
2 person household 1 or 2 bedroom	\$25,890/year \$2,158/month	\$43,150/year \$3,596/month	\$51,780/year \$4,315/month
1 person household 0 or 1 bedroom	\$22,650/year \$1,888/month	\$35,750/year \$2,979/month	\$45,300/year \$3,775/month

To be eligible to rent an affordable apartment at the Residences at Salisbury Square, annual income must be within a particular range, set by the maximum income levels above. Asset levels are limited as well.

## III) Preferences

### A) 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.



## **B) 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.

### **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.

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.

### **4) Additional Preferences within CBH**

Those within an institution at time of application will have a preference over those at risk of institutionalization.

## **C) Sensory Unit**

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



## **D) Local Preference**

Eleven units will be reserved during the **initial lottery** for households who meet the local preference criteria.

### **1) Local Preference Criteria**

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 town at the time of application.
- b) Municipal Employees: Employees of the Town of Salisbury
- c) Employees of Local Businesses located within the Town of Salisbury
- d) Households with children attending the Salisbury Elementary School or the Triton Regional Middle or High Schools.

### **2) Durational Requirement (how long)**

There are no durational requirements related to local preference. Applicants who have a bona fide offer to work in the Town of Salisbury are eligible for local preference.

### **3) Initial Lottery Only**

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

## **IV) 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.

## **V) Tenant Selection Process**

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

Applications whose households exceed the occupancy standards (7 or more individuals) will be rejected. Applicants will be notified that they are ineligible and will have 14 days to appeal their decision.

Applications will be considered complete when they have all of the required signatures of all household members over the age of 18 and when they have fully completed the income and asset sections. Incomplete applications will be notified that they are ineligible and will have 14 days to complete the information.

Complete applications for eligible applicants must be received or postmarked by **12/18/2018 at 5:00 PM** in order to be entered into the lottery. Applications received or postmarked after that date will be added to the end of the waitlist in the order they were received.

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.



Revised: 10/3/18



eliminating racism  
empowering women  
**ywca**  
Greater Newburyport

Registration numbers will indicate whether an applicant is eligible for the local preference lottery (including the open lottery) or the open lottery only.

The YWCA will first conduct the local preference lottery in accordance with the AFHMP. In order to promote fair housing goals, the local preference lottery will reflect the racial and ethnic population percentages of the Boston Metropolitan Region. To accomplish this, a random drawing of applicants who indicate that they are a racial or ethnic minority from outside the local preference pool, will be conducted until the local preference lottery is balanced with minority applicants.

Each ballot in the local preference lottery will be drawn and listed in the order drawn.

Unit assignments will occur after the open lottery.

All ballots will be placed in the open lottery.

Each ballot in the open lottery will be drawn and listed in the order drawn.

Unit assignments will occur after the open lottery.

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

- Local preference (11 units)
- Community Based Housing (3 units)
- Sensory Unit (1 unit)
- Homeless Units (11 units)
- 30% AMI units
- 50% AMI units
- 60% AMI units

The YWCA 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.

For additional detail please see the Affordable Fair Housing Marketing Plan which is available on our website at [www.ywcanewburyport.org/affordable-housing](http://www.ywcanewburyport.org/affordable-housing).





## **VI) Certification**

Applicants will be called in the order they were drawn in accordance with the preferences established. At that time, the applicant must provide complete documentation of eligibility. Including:

- income documentation (Application pages 6-7)
- asset documentation (Application pages 8-9)
- documentation to establish a preference (if applicable, Application pages 3-4)

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

## **VII) Screening Process**

All applicants will be subject to screening criteria and must agree to:

- Social Security Number verification,
- Criminal Offenders Records Investigation,
- Government Sanctions,
- Bankruptcies, Liens and Judgments
- Evictions,
- Landlord and Personal references,
- Ability to pay rent (considering rental assistance where applicable) and
- A determination that the prospective tenant does not require supportive services provided by the YWCA in order to maintain tenancy.
- A credit reference check, however, credit score is not used as a criteria.

Applicants who are eligible for a Section 8 Voucher or Massachusetts Rental Voucher Program Voucher will also be subject to a complete screening by Community Teamwork Inc in order to receive the voucher.

A tenant may be denied a unit for any of the following reasons:

- The applicant has a police record which displays unacceptable or criminal behavior, which would impact his/her ability to meet lease requirements.
- Recent or repeated bankruptcies, liens or financial judgements that indicate an inability to pay rent
- Recent evictions
- Poor landlord or personal references
- A determination that YWCA services (beyond case management) will be required to maintain tenancy.

If an applicant is rejected for any of these reasons, a letter shall be sent to them 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.



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.

## **VIII) Description of Apartments**

Residences at Salisbury Square represent 42 apartments located in the center of Salisbury. The apartments are located on a bus line and near interstates 95 and 495.

Residences at Salisbury Square include heat and hot water. Electricity and air conditioning are metered separately and the responsibility of the tenant. Each unit will have new kitchen appliances.

Coin operated laundry is located within the property.

Smoking is prohibited in all of its forms within the buildings. 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.

Parking is available on site by permit. The number of vehicles is limited. Limited parking will be available for guests

Pets are not permitted.

The public library is located less than one tenth of a mile from the apartments.

Tenants will have discounted access to the YWCA fitness facility in Newburyport as well as discounted swim lessons.

There are many employment opportunities within a 5 mile radius. There are many local amenities including Salisbury Beach, a movie theater and shopping within a 5 mile radius.



# Residences at Salisbury Square, LLC

## Affordable Rental Housing Application

For more information call (978) 465-9922  
**TTD/TTY 508-990-2620**  
 please print clearly

Project: Residences at Salisbury Square, LLC Address: 18 Maple Street/29 Elm Street Salisbury, MA 01952	Application Received: Date: _____ Time: _____  By: _____
<b>Return Application to:</b> YWCA Greater Newburyport 13 Market Street Newburyport, MA 01950	<b>Referral Information:</b> 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 10.
- Completion of the Household Income Section (pages 5-7)
- Completion of all household assets, as described under Household Assets Section (pages 8-9)
- Provide verification for preferences (pages 3-4)

**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 to the following locations: 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:	
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				
5				
6				

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

## C. Affirmative Marketing

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

Household Race (head of household) is

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

Household Ethnicity (head of household) is:

- 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 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.

## 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. Verification of homeless status is 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. Community Based Housing

Two one-bedroom units and one two-bedroom unit 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 units will be provided to applicants who meet the CBH requirements and are at risk of institutionalization.

[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* (page 11).

## H. Sensory Disability Preference

One of the 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.

## I. Local Preference

	Current Resident	Copy of driver's license, utility bill
	Municipal Employee	Copy of paystub, letter from town with an offer of employment
	Employee of a local business	Copy of paystub or letter from employer, letter from employer with an offer of employment
	Child attending Salisbury elementary school or triton regional middle school or high school	Current report card or a letter from school indicating a child is currently enrolled

## J. Service Animals

Residences at Salisbury Square only allows service animals, no other pets are permitted (documentation will be required).

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 Residences at Salisbury Square, 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 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

<b>Household Member (Name):</b>			
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:	
<b>Household Member (Name)::</b>			
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:	
<b>Household Member (Name)::</b>			
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:	
<b>Household Member (Name)::</b>			
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? <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 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 Residences at Salisbury Square, 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), credit checks, landlords, discharge plans and personal references.

\_\_\_\_\_ 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 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 (age 18 and above must sign)**).

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-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: \_\_\_\_\_

