

Joseph T. Cefalo Memorial Complex

RENTAL APPLICATION

(Affordable Programs)

THIS COMMUNITY HAS AGE-RESTRICTED APARTMENTS

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

This community is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means “No Smoking” not “No Smokers”. Everyone is welcome to apply.

Instructions for Head of Household:

1. This is a community that has age-restricted apartments. For eligible applicant households, at least one household member must be aged 62 or older or disabled, as defined by HUD.
2. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. “Whiteout”).
3. All household members (aged 18 or older) must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household’s application to be declined.**
4. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
5. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
6. Filling out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្រិត ចាំបាច់ត្រូវចង់បានការបកប្រែ
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (781) 662-0223 or TTY 711



TTY:711

245 W. Wyoming Ave., Melrose MA 02176 ■ Tel (781) 662-0223 ■ TTY: 711
Email : cefalo@beaconcommunitiesllc.com

This form must be filled out in English. Please print neatly in ink. All fields are required.
Read the instructions on the cover page before completing each item.

1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apt. #

City State Zip Code

() -- Home Cell Work
Area Code Telephone Number

Email Address

2. Bedroom size requested? 1-BR 2-BR Handicap Accessible

3. How many children under 18 in your household? _____

4. List all the States where all household members have lived:

5a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense? Yes No

5b. Are you or any household member required to register as a Sex Offender for any duration? Yes No

If "Yes", for which States: _____

6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice Voucher, MRVP, HUD-VASH, etc.)? Yes No

If Yes, list Agency: _____

7. Do you or does any member of your household need any specific features or unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? Yes No

If "Yes", please describe: _____

8. List yourself and all others who will live with you. Include unborn children and live-in aides.

#	Relation	Last Name	First Name + Middle Initial	Social Security Number	Birthdate (mm / dd / yyyy)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months? Yes No

If "Yes", please explain: _____

If you do not have a Social Security Number:

Were you 62 years of age or older as of 1/31/2010? Yes No

Were you living in affordable housing on 1/31/2020? Yes No

9. Optional Information: Gender, Ethnicity, Race and Disability Status of household members

#	Gender (Male/Female/Decline)	Ethnicity (Hispanic/Non-Hispanic/Decline)	Race (White/Black or African American/Asian/American Indian or Alaska Native/Native Hawaiian or Other Pacific Islander/ Other or Decline)	Disabled? (Yes/No)
1-Head of Household				
2				
3				
4				
5				
6				
7				
8				



10. Income and assets for all household members. Provide gross (not net) amounts for all questions.

10a. Total monthly income \$ _____
Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Value of household assets. \$ _____
Assets include bank accounts, investments, and real estate of all household members.

10c. Income Source(s): *Check all that apply.*

- Wages SSA SSI – Federal SSI – State
- Child support Pension Unemployment Public Assistance
- Interest/annuity income Worker’s Compensation Someone pays my bills/gives me money
- Other income source: _____ Household has no income

11. Do you anticipate a change in your household income in the next 12 months?

Yes No

If “Yes”, please explain: _____

12. How did you hear about us?

- Advertising: _____
- Website: _____
- Social Media: _____
- Friend: _____
- Other: _____

13. Smoke-Free Community

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. _____ (Initial here)

14. What is your current housing situation? Own Rent Other

If “Other”, please describe: _____

15. What is the current monthly rent or mortgage payment: \$ _____

16. Check utilities paid by you: Heat Electricity Gas Other _____
(List Type)

17. What is the approximate cost of utilities paid by you? (excluding phone, cable TV & Internet):

\$ _____



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15. Landlord history of past 5 years			
Current Landlord		Prior Landlord	
Address		Address	
Phone Number		Phone Number	
Duration		Duration	
If you need additional space, please check this box <input type="checkbox"/> and use a blank sheet of paper.			

Certification of applicant: I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X

 Signature of head of household *Date*

X

 Signature of spouse or co-head of household *Date*

X

 Signature of co-head of household *Date*

X

 Signature of co-head of household *Date*

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).