| Internal Use: | |
|----------------|--|
| Date Received: | |
| | |
| Time Received: | |



DUO WORKFORCE APPLICATION

| Primary Applicant: |
|---|
| First Name: |
| Last Name: |
| Email: |
| Address Street: |
| City, State, ZIP: |
| Phone: |
| Household Details: |
| How many adults (18 years+) are in the household? * |
| *Do not include live-in-aides in the total household count above. |
| How many couples are in the household? * 0 1 *Most programs require couples to share a bedroom. |
| How many children are in the household? |
| Bedroom Preference*: Studio 1 Bedroom 2 Bedroom * Select all that you are interested in. You will be placed on waitlists based on household composition. |
| Do you qualify for the local preference as either a resident of OR employed in the City of Chelsea? Yes, I qualify for the local preference No, I do not qualify for the local preference |
| What is your household gross annual income? * |
| * Enter total GROSS annual income for all household members. Include income from employment, SSA/SSI/SSDI, TANF, Child Support (court ordered or otherwise), Alimony, Retirement, Pension, Unemployment, Military Pay, and Recurring Gift Incom Include net income for self-employment. |
| What are your combined household assets? * * Assets and income from assets are part of the total household income calculation. Values will be determined when |
| * Assets and income from assets are part of the total nousehold income calculation. Values will be determined when completing the initial certification. |

Does your household require an adaptable apartment to accommodate any physical, visual or hearing impairments? PHYSICAL* VISUAL HEARING

*Examples of adaptable apartment features include wider clearances and lower countertops. Grab bars are features that can be added to any type of apartment and are not considered an adaptable feature. Verification from a qualified third party may be required.





Does anyone in your household have a reasonable accommodation due to a disability that requires an additional bedroom? * YES NO

* Only select 'Yes' if you need an additional bedroom for reasons related to a disability such as additional medical equipment, a live-in aide, etc. Verification from a 3rd party will be required. Note: You will be able to request accommodations other than an additional bedroom at a later point in the process.

Do you have a Housing Voucher, such as Section 8? YES NO

Will you use the residence as your primary home and maintain it as your primary residence in the future? YES NO

Does any household member own real estate? * YES NO

* Real estate ownership may impact overall household eligibility depending on the specific affordable program for which you are applying. Additional verification of real estate ownership will be required at the time of an apartment offer.

Are ALL household members currently Full or Part-time students? * YES NO

* Household student status may impact eligibility depending on the specific program for which that you are applying. Additional student status verification will be required at the time of an apartment offer.

| RACE: | (OPTIONAL) (Please check all boxes that | Native Hawaiian or Pacific Islander |
|---------|---|-------------------------------------|
| apply): | | Hispanic or Latino |
| | Alaskan Native and Native American | White (not of Hispanic origin) |
| | Asian | Other (please |
| | Black or African American | specify) |

I acknowledge that if my email address is provided in this application, JMC & Co. will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to JMC & Co.

Applicant's Signature

Return to: DUO Apartments

100 Grandview Road, Suite 205

Braintree, MA 02184

workforcehousing@jmcandco.com

Fax Number: 781-849-0157

Date

To Apply On-line, scan this QR code:



This is an important document. If you require language interpretation, please contact the agent for this development directly (DUO 857-578-2835) and request interpretation services in your own language. If the agent does not speak your primary language, they will contact a translator who will provide language assistance.

Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo (DUO 857-578-2835) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.



