



SOMERVILLE COMMUNITY CORPORATION

This is an important notice. Please have it translated. Este é um aviso importante. Queira mandá-lo traduzir. Este es un aviso importante. Sirvase mandarlo traducir. ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY Ceci est important. Veuillez faire traduire. 本通知很重要。請將之譯成中文。 នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង

LOTTERY APPLICATION

Property/Address: 293 Alewife Brook Pkwy & 52 Sydney St, Somerville MA

5 NEWLY RENOVATED SUBSIDIZED APARTMENTS

One, Two & Three Bedroom Apartments Available for Income Eligible Families and Individuals

Household Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Maximum Income	\$36,200	\$41,400	\$46,550	\$51,700	\$55,850	\$60,000

Units come with a subsidy, tenants will pay owner 30% of their income for rent and owner pays all utilities.

PROJECT PREFERENCE: ALL units have a preference for Chronically Homeless families and individuals or Homeless families and individuals.

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure to sign the last page. If you need additional space to provide an answer, please attach additional sheet(s).

Applications (AND verification of Homeless and/or Local Preference, if applicable) must be submitted to:

The Somerville Community Corporation,
337 Somerville Ave, 2nd Fl., Somerville MA 02143

APPLICATION DEADLINE: 4 pm on Dec 28, 2017

Application must be brought to the above location by 4 pm on December 28, 2017. If you chose to mail the application and it is received after 4 pm on December 28, 2017, it will not be accepted (so if mailing, be sure to mail your application at least 1 week before the delivery deadline).

After the lottery has occurred, chosen applicants will work with management to complete a more comprehensive application and collect further preference and income verification documentation. Call 617-776-5931 x-231 for more information about the application process, language assistance, application translations, or reasonable accommodations for persons with disabilities. Tdd/tty: (800) 439-2370.

1. Please provide all the following contact information for the Head of Household.

Applicant's Name: _____

Current Address: _____

Mailing Address: _____

Primary Phone: (_____) _____ Alternate Phone: (_____) _____



2. Household Information - Complete the following information for each household member that will occupy the unit at time of move-in.

Name (Last, First, MI)	Relationship to the Head of Household	Gender	Racial Designation*	Ethnic Designation**	Birth Date (mm,dd,yyyy)
	Head of Household				

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino". ***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify). ****Ethnic Designation:** H = Hispanic/Latino or NH = Not Hispanic/Latino

3. What bedroom size are you requesting?

<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom
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4. Check a box below if applying for Homeless Preference. You MUST ATTACH VERIFICATION.

<p><input type="checkbox"/> Chronically Homeless - As more fully defined at 24 CFR 578.3, a homeless Individual with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter AND who has been homeless and lived in such places continuously for at least 12 months or on 4 separate occasions in the last 3 years (with the 4 occasions totaling at least 12 months and separated by at least 7 consecutive days of other housing); or a Family with an adult head of household who meets this same criteria.</p> <p><input type="checkbox"/> Homeless - A household who lives in a place not meant for human habitation, a safe haven, or an emergency shelter.</p>
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5. Check a box below if applying for Local Preference. You MUST ATTACH VERIFICATION.

<p><input type="checkbox"/> Local Preference - A person who has a sole residence or a place of employment in Somerville/Arlington MA; a person who resides in a shelter or transitional housing in Somerville/Arlington, MA; or a person who lives outside of Somerville/Arlington but who was last displaced from permanent housing in Somerville/Arlington, MA and who has not secured other permanent housing.</p>
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6. Income Information – List all income such as Wages, Salaries , Tips, Self-Employment income, Welfare, Social Security, TANF, SSI, Pensions, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Military Pay, etc.

Household Member's Full Name	Source of Income	Monthly Gross Amount (before taxes)

7. Asset Information - List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. DO NOT include clothing, furniture or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution

Do you own any Real Estate?
 Yes No If yes, provide address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years?
 Yes No If yes, provide amount and date of sale/transfer: _____

8. This housing opportunity comes with the offer of ongoing case management (services not mandatory) provided by the Somerville Homeless Coalition (SHC). SHC can assist with residents' transition from homelessness to housed. SHC is committed to working with residents to ensure they are able to maintain their housing. Services SHC may be able to assist residents with:

Referrals to provide maximize income	Referral to services
<ul style="list-style-type: none"> ○ SNAP benefits /WIC ○ Veteran benefits ○ TAFDC / EAEDC application assistance ○ SSDI/SSI applications assistance ○ Unemployment application assistance 	<ul style="list-style-type: none"> ○ Employment Search/Job Training ○ Mental Health Providers ○ Substance Abuse treatment ○ Education Services (GED/post secondary) ○ Legal Services ○ Elder Services ○ Early Head Start Services

SCC will not discriminate against applicants on the basis of race, creed, color, religion, national or ethnic origin, citizenship, ancestry, class, race, marital status, disability, presence of children, source of income, age, sexual preference, gender identity, genetic information, or any other basis prohibited by law.

Signature Clause:

I understand that the owner is relying on this information to prove my household's eligibility for housing. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy, including doing a CORI check. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the Owner's resident selection criteria.

I hereby grant this property owner the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature

Date

Signature

Date

Signature

Date

Signature

Date