Somerville Community Corporation

**Invitation to Apply: 100 Homes Program**

**Multiple Apartments Available at Different Income and Rent Levels**

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

Check Your Eligibility and Rent Level Below:

**Income Limits by Household Size**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Size** | **50% AMI** | **60% AMI** | **80% AMI** | **100%AMI** |
| **1** | $44,800 | $53,760 | $66,640 | $83,300 |
| **2** | $51,200 | $61,440 | $76,160 | $95,220 |
| **3** | $57,600 | $69,120 | $85,680 | $107,100 |
| **4** | $63,950 | $76,740 | $95,200 | $119,000 |
| **5** | $69,100 | $82,920 | $102,816 | $128,520 |
| **6** | $74,200 | $89,040 | $110,432 | $138,040 |
| **7** | $79,300 | $95,160 | $118,048 | $147,560 |
| **8** | $84,450 | $101,340 | $125,664 | $157,080 |

**100 Homes Rent Limits for Income-Eligible Households**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bedrooms** | **50% AMI** | **60% AMI** | **80% AMI** | **100%AMI** |
| **Studio** | $1,120 | $1,436 | $1,511 | $1,979 |
| **1** | $1,200 | $1,540 | $1,619 | $2,120 |
| **2** | $1,440 | $1,849 | $1,943 | $2,544 |
| **3** | $1,663 | $2,129 | $2,244 | $2,940 |
| **4** | $1,855 | $2,355 | $2,503 | $3,279 |
| **5** | $2,046 | $2,580 | $2,762 | $3,618 |

**PROJECT PRIORITY: People facing displacement. Details Below (Page 3).**

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 priority status, if applicable)** must be submitted to:

Attn: Real Estate Division

The Somerville Community Corporation

337 Somerville Ave, 2nd Fl., Somerville MA 02143

**APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS**

**New priority and non-priority applicants may apply at any time and be added to the priority or non-priority wait list in chronological order based on the date application is received. When units become available, applicants will be offered unit that fit their housing size requirements in the order that they are positioned on the wait list.**

Applicants that are offered unit and are interested in moving in will work with management to complete a more comprehensive application; collect further local preference, priority waitlist, and income verification documentation; undergo a criminal background check; and provide reference(s) from past landlord(s). Call 617-410-9910 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: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

1. **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 |  |  |  |  |
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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

|  |
| --- |
| Does your household have any housing assistance such as a Section 8 voucher, MRVP, Permanent Supportive Housing voucher, or other assistance to be used to help pay for housing costs?  ❑Yes ❑No If yes, please write the type and source of housing assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What bedroom size(s) are you requesting? (Make 1-2 selections below)**

❑ 1 Bedroom ❑ 2 Bedroom ❑ 3 Bedroom ❑ 4 Bedroom ❑ 5 Bedroom

1. **Check a box below if applying for Priority status. You MUST ATTACH VERIFICATION.**

❑  **Priority Application**

**Persons who will be displaced** due to a no-fault eviction or no-fault nonrenewal of lease. This application must be accompanied by supporting documentation: a valid notice to quit, or notice of nonrenewal of lease, or a court order. **Persons who have been displaced within the last year** are still eligible for priority status if the supporting documentation is dated within the last 12 months and if the household has not permanently settled elsewhere since being displaced.

**-OR-**

**Persons with a rent subsidy voucher that will expire within 2 months if not placed,** such as Section 8 or MRVP. This application must be accompanied by a letter from the Housing Authority.

**-OR-**

**Persons with funding for Permanent Supportive Housing (PSH**) from a Continuity of Care (CoC) organization. This application must be accompanied by a letter from the CoC.

1. **Check a box below if applying for Local Preference. You MUST ATTACH VERIFICATION.**

❑ **Local Preference** –

**Persons currently living in Somerville** as documented with the application by one of the following forms of address identification: a utility bill, bank statement, voter registration, lease, rent receipt, letter from a landlord, medical record noting address, letter from a Somerville Public School Administrator, health care clinician or social worker or other reasonably verifiable third party evidence of address within Somerville.  In the event that the applicant is relying on a form of third party verification not specifically set forth in this section the applicant shall also provide his/her/their own sworn statement under oath as to their living address in Somerville.

**-OR-**

**Persons experiencing homelessness** (living in a shelter or EA hotel/motel, doubled up, or on the streets or in other places not meant for human habitation), **or displaced from Somerville within the last year,** **and with their** **last permanent residence in Somerville** as documented with the application by a form of address identification listed above.

1. **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)** |
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1. **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.**

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| --- | --- | --- | --- |
| **Household Member** | **Asset Type** | **Asset Value or Current Balance** | **Name of Financial Institution** |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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 criminal background check and contacting past landlords. 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