

ANNA BISSENETTE HOUSE

1640 Washington Street
Boston, MA 02118
617.369.1568 (TTY 711)
PeabodyProperties.com

LOTTERY SELECTION

Anna Bissonnette House
1640 Washington Street
Boston, MA
Wednesday, August 30th
10AM

You do not need to be in attendance for the selection process since you will be notified of your position on the waiting list.

Income Limits (as of 4/14/17)*

| # HH | 50% AMI |
|------|----------|
| 1 | \$36,200 |
| 2 | \$41,400 |
| 3 | \$46,550 |
| 4 | \$51,700 |

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services. 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。

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone abaixo ou vem a 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.

នេះ គឺជាឯកសារសំខាន់មួយ។ ប្រសិនបើលោកអ្នក ចាំបាច់ត្រូវបានបកប្រែសូមទូរស័ព្ទលេខខាងក្រោមនេះឬ មកទៅទីតាំងការងាររបស់យើងផ្ទាល់។
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 dhokomenta muhiim ah. Haddii aad rabto tarjumaad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

مراجعة كتيبة، این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما منتقل شوید. هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو ان

Telephone: 781-794-1000

AFFORDABLE HOUSING OPPORTUNITY REOPENING WAIT LIST

Anna Bissonnette House will be accepting applications for studio & 1 bedroom housing units under the Section 8 Program. Applicants must be seniors 62+ as well as persons with disabilities who are under age 62. Eligible applicants will be placed on an existing waiting list by random order via a lottery, not by the order in which the completed application is received.

Applications will be accepted from Thursday, July 20, 2017 and ending on Saturday, August 19, 2017 either in person or via the mail. They must be received or postmarked with a date of July 20th through August 19th. Applications received after this date will not be accepted for the lottery. Please note office hours for Anna Bissonnette House: Monday thru Friday 8:30 a.m. to 4:30 p.m.

Interested applicants may apply in person at the site located at Anna Bissonnette House, 1640 Washington St., Boston, or retrieve an application from Ruggles Assisted Living, 25 Ruggles Street, Roxbury, MA (Monday thru Friday 8 a.m. to 4 p.m.) or by downloading the application at www.PeabodyProperties.com.

Completed application should be submitted to: Anna Bissonnette House, 1640 Washington Street, Boston, MA 02118 in person or by mail by Saturday, August 19, 2017. NOTE: Applications will not be sent or received by fax or e-mail. Please call in advance at (617) 369-1568 or MA TTY: Dial 711 or 1.800.439.2370 if a reasonable accommodation request or assistance with limited English proficiency is needed.

All applicants must be determined eligible in accordance with the Department of HUD regulations and must meet the family size requirements for a designated bedroom size as well as maximum income of all family members. The waiting list will remain open after the lottery period and applications will be processed in order of receipt from that point forward.

*Median income levels, rents & utility allowances are subject to change based on HUD guidelines (HUD.gov). Please inquire in advance for reasonable accommodation. Information contained herein subject to change without notice.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state or local law in the access or admission to its programs or employment or its programs, activities, functions or services. Copies of the Peabody Properties, Inc. Reasonable Accommodation Policy are available upon request. Assistance animals welcome.



Anna Bissonnette House Preliminary RENTAL Application Instructions

Please read this notice in full before completing in your application.

Additional information is available by calling Peabody Properties at (617) 369-1568

Eligibility Criteria

1. Your total household income and assets must be within the required limits:
Include as income: income of all household members 18 years of age and older, include gross income from employment, including overtime, bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc..
Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include automobile(s) and other personal property.)
2. If claiming a Preference, your lottery application must include the applicable verification for the preference being claimed.
3. Your household size and composition must be appropriate for the unit size.
4. You have not committed any fraud in connection with any federal or state housing assistance program, and not owe rent or other amounts in connection with housing assistance.
5. You intend to reside in the development as your primary residence.
6. You must be a senior 62+ or disabled under the age of 62.

Application Process

1. You must fill out the application completely and it must be returned no later than August 19, 2017. If unsigned or incomplete, your Preliminary Application will be rejected.

Applications may be obtained from the following locations:

| By calling or in person | On the WEB | In Person |
|-------------------------|-----------------------|-------------------------|
| Anna Bissonnette House | PeabodyProperties.com | Ruggles Assisted Living |
| 1640 Washington Street | | 25 Ruggles Street, |
| Boston, MA 02118 | | Roxbury, MA 02119 |
| Phone: (617) 369-1568 | | |
| | | |

2. Please submit completed application to Anna Bissonnette House, 1640 Washington Street, Boston, MA 02118.
3. If unsigned or incomplete, your Preliminary Application will be rejected.
4. Information provided on this Lottery Application will be treated as confidential.
5. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
6. Your household can file only one application, and no household member can appear on more than one application.
7. Preliminary Applications will be reviewed as quickly as possible. You will be notified by mail of receipt of your application, your application number, and your eligibility for the rental housing lottery.
8. The lottery consists of a blind selection, from a container, of coupons bearing applicant identification numbers. The order in which your coupon is drawn, plus your preference category, if any, determines your ranking for a particular unit type.
9. Priority for the accessible units will be for families which require the adapted feature of the unit.
10. If your Lottery Rank Application indicates that you have a high likelihood of being offered a unit, you will be required to attend an interview and complete a rental application.
11. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.

It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran's status, national origin or ancestry.



Anna Bissonnette House Preliminary Lottery Application

Please See Application Instruction Sheet

Applying for : Studio ☐ 1 Bedroom ☐

FOR INCLUSION IN THE LOTTERY,
COMPLETED APPLICATIONS MUST BE
RECEIVED NO LATER THAN AUGUST 19, 2017

Application may be delivered or mailed to:
Anna Bissonnette House
1640 Washington Street
Boston, MA 02118

Management use only:

Date/Time Rcd _____

Application # _____

Lottery # _____

Applicant's Name: _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Co-Applicant's Name: _____ Soc. Sec. # _____ Address (if different) _____

City: _____ State: _____ Zip: _____ Home #: _____ Work # _____

INCOME VERIFICATION (including investment income. Income must be reported for all household members age 18 and older.)

Total gross income: Includes income from all sources such as employment, investments, social security, child support and alimony, etc.

| | Household Members | Relationship | Date of Birth | Gross Annual Income | Source of Income | Value of Assets | Full Time Student Yes / No |
|---|-------------------|--------------|---------------|---------------------|------------------|-----------------|----------------------------|
| 1 | SELF | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

HOMELESS PREFERENCE - Verification of Preference MUST be supplied with the application

PLEASE CHECK APPLICABLE BOX

- | | | |
|--|------------------------------|-----------------------------|
| 1. People who are homeless due to fire, earthquake, flood, or other disaster | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. People who are homeless or will be made homeless due to public action such as urban renewal or other public | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. People who are homeless or will be made homeless due to public action related to sanitary code violations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. People in emergency situations, whose life or safety is threatened by a lack of suitable housing, such as victims of domestic abuse or those with medical emergencies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

HANDICAPPED ADAPTED: If you or a member of your household need or prefer a unit with special design features, please check appropriate box:

Mobility ☐ Vision ☐ Hearing ☐ Other ☐

RENTAL ASSISTANCE: Do you have any rental assistance ie. Section 8 Mobile Voucher , MRVP (Mass Rental Voucher Program) Yes ☐ No ☐

Citizenship: Are you a U.S. Citizen? Yes ☐ No ☐ If no, do you have permanent resident alien status? Yes ☐ No ☐

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

RACE OR NATIONAL ORIGIN (Your response to this section is voluntary)

- | | | |
|---|--|--|
| <input type="checkbox"/> White / Non-Minority | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Cape Verdean / Other: _____ |

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

Please read each item below carefully before you sign.

- I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
- I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.
- I understand that I may submit only one application per household and that duplicate household applications will disqualify my household from the lottery.

Applicant's Signature _____ Date _____

Co-Applicant Signature _____ Date _____

