

Council Tower
2875 Washington Street
Roxbury, MA 02119
TEL (617) 427-8194 (617) 427-5161 FAX
councilapts@rogerson.org

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a government-assisted affordable housing program, supervised by the Department of Housing and Urban Development (HUD). Council Tower is a **Smoke-Free & Drug-Free**, high-rise building comprised of 144 affordable apartments developed specifically for elderly individuals (62 years of age and older), or individuals requiring the special design features of a wheelchair-adapted unit. Amenities include on-site laundry, a computer learning center, a fitness center, and a community roof deck with unrivaled views of the Boston skyline. Rent includes heat, hot water, central A/C, and electricity.

Please note the following before completing and returning this application. The application should be filled out very carefully. Leaving out information pertaining to the number and names of existing household members applying to live in the unit, or their incomes may result in disqualification. In addition, **DO NOT USE WHITE-OUT** anywhere on the application. Only the application itself should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.

Other Eligibility Factors: In addition to meeting age and annual income requirements other eligibility factors will be applied. These include:

- A. Credit History
- B. Criminal Background History
- C. Citizenship and Non-Citizenship eligibility status

FY 2026 Income Limits:

Extremely Low Income- *(30 percent of the area's median income level)*

1 person	\$36,000
2 persons	\$41,150

Very Low Income- *(50 percent of the area's median income level)*

1 person	\$60,000
2 persons	\$68,600

Should you have any questions, please do not hesitate to contact the management office at (617) 427-8194 at councilapts@rogerson.org.

Sincerely,
Council Tower Management



RENTAL APPLICATION

Council Tower has been developed specifically for elderly individuals (62 years of age and older), or individuals requiring the special design features of a wheelchair-adapted unit. For this reason, questions related to age are permissible and do not violate fair housing provisions.

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY**DATE:** _____Your Full Name _____ Sex (Optional): ☐ Male ☐ Female ☐ Decline to Answer DOB _____2nd Occupant Name _____ Sex (Optional): ☐ Male ☐ Female ☐ Decline to Answer DOB _____

Present Address _____

Street and Address

City

State

Zip

Phone

PART A FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name _____ Phone _____

Address _____

Years There _____ Monthly Rent _____

Does Rent Include Heat? yes _____ no _____ Does Rent Include Electricity? yes _____ no _____

Estimated Cost of Heat Per Year _____ Estimated Cost of Electric Per Year _____

Below List of Names, Addresses, Dates of Previous tenancies, and Phone Numbers of Previous Landlords

1. _____

2. _____

PART B FILL IN ONLY IF YOU OWN YOUR OWN HOME

1. Monthly Mortgage _____ Present Balance on Mortgage _____

2. Real Estate Tax Per Year _____

3. Insurance Premium Per Year _____

4. Utilities (Gas, Oil, Electricity) Per Month _____

5. Other Expenses: _____

PART C NEED FOR SPECIALLY ADAPTED UNIT

Council Tower has available eight (8) units specially adapted for wheelchair use. The entry is by means of an accessible path; the doors have levered handles; and, the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower-level storage. The bath includes special grab bars, a handheld shower, and mirrors set at a lower level. The halls and doorways are extra wide.

Do you have a handicap or disability which requires that you occupy the above-described wheelchair-adapted unit?

yes _____ no _____

PART D EMPLOYMENT

1. Employer Name _____ Phone _____

Address _____

Position _____ How Long There _____

Gross Salary (Before Taxes) _____ Per week month year (circle one)

2. If Second Household Member is Employed Give the Same Information Below:

PART E INCOME (OTHER THAN EMPLOYMENT)

Please provide the following information for each person, including yourself, who will be residing in the apartment. ALL sources of income must be stated. These include salary, social security, pension, SSI, interest, dividends, trust income, rent from other properties, allowances from family, and any other income. Please give gross income amounts (before deductions have been taken out, for example, for health insurance or taxes.)

PLEASE NOTE: In order to be eligible for Council Tower, your annual income cannot exceed \$60,000 for a one-person household and \$68,600 for a two-person household. The extremely low-income limit is \$36,000 for a one-person household and \$41,150 for a two-person household.

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
			TOTAL FOR PART E:	
			Plus Employment Income from Part D	
			Total Gross Income	

PART F - ASSETS

List all checking and savings accounts, IRA's, Keoughs, and Certificates of Deposit below.

Family Member	Account Type	Bank Name	Account Number	Current Balance	Interest Rate

List other assets:

Trust Fund \$ _____ Mutual Funds \$ _____ Bonds or Stocks \$ _____ Other Assets \$ _____

Paid Life Insurance \$ _____ Cash \$ _____

1. Do you own a home or other real estate? yes _____ no _____

If yes, what is its market value? \$ _____

2. Have you given away or sold any property or other assets in the past two years? yes _____ no _____

If yes, what is the current market value of the asset(s)? \$ _____

PART G – MEDICAL EXPENSES (OPTIONAL, for determining medical allowances in determination of monthly rent)

1. Name of Insurance _____ Premium Amount \$ _____
Name of Insurance _____ Premium Amount \$ _____

2. List any special expenses for care of household members who are disabled or handicapped:

3. Do you have any medical expenses not covered by insurance? _____

If yes, describe briefly: _____

PART H - CURRENT HOUSING CONDITION

1. Do you wish to move? yes _____ no _____ If yes, why? _____
2. How many people live in your house? _____ How many bedrooms in your home? _____
3. Are you being displaced from your current housing? yes _____ no _____ If yes, please explain the Circumstances: _____
4. Are you without or about to be without housing? yes _____ no _____ If yes, please explain the circumstances. _____
5. Are you living in substandard housing which affects your health or safety? yes _____ no _____ If yes, please note which items you believe are unsafe or unhealthy: _____
6. Are you now living in government subsidized housing? (For example, section 8, section 236, Public Housing) yes _____ no _____
7. Do you plan to have anyone living with you who is not listed on this application? yes _____ no _____ If yes, please explain: _____

PART I - OTHER INFORMATION

1. When could you accept occupancy if you were selected as a resident? _____
2. Do you have a car? _____ Year, make, model: _____
3. Do you have a pet or pets? Please describe: _____
4. How did you hear about these apartments? _____
5. Are you a United States Citizen? yes _____ no _____ Or, do you have legal alien status which you can verify? yes _____ no _____
6. Are any family members currently full-time students? yes _____ no _____ If so what Educational Institute? _____
7. Please list the names, addresses, and phone numbers of two relatives or friends who know how to contact you, and who could be contacted if we cannot reach you, or in an emergency.

a. Name: _____ Address: _____ Phone: _____ Relationship to you: _____	b. Name: _____ Address: _____ Phone: _____ Relationship to you: _____
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7. If you apply for a one bedroom, and a one bedroom is not available, should we contact you for a studio apartment? yes _____ no _____

PART J: ADDITIONAL REQUIRED INFORMATION

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required) _____.

Are you or any member of your household age 62 or older as of January 31, 2010, do not have a SSN, and were receiving HUD rental assistance at another location on January 31, 2010? yes _____ no _____

Have you or any member of your household resided outside of Massachusetts? _____. If yes, please list all the states of residence for each household member. _____

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

FAIR HOUSING AND 504 INFORMATION

FAIR HOUSING POLICY

Rogerson Communities offers all units on an open occupancy basis. Rogerson Communities does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, veteran history, or public assistance reciprocity.

TDD RELAY

TDD relay service is available to all applicants and residents through the use of a NYNEX TDD relay operator. For TDD assistance, please call 1-(800) 439-2370.

504 COORDINATOR

Rogerson Communities' 504 Coordinator may be reached by calling (617) 469-5800 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Maggie Gonzalez, 504 Coordinator, Rogerson Communities, One Florence St., Roslindale, MA 02131.

REASONABLE ACCOMMODATIONS

Rogerson Communities is committed to offering reasonable accommodations to applicants, residents and employees who have physical, developmental, or mental limitations or challenges. Requests for units adapted for the physically challenged, or other accommodations in policy or procedures, require confirmation of the limitation which will be accommodated by the change. A description of the "qualifying handicap" may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation. Reasonable accommodations are also limited by the financial ability of the development to make any needed changes. Changes in policy, procedures, and design may be governed by the following considerations:

1. The requested accommodation will not result in an undue administrative burden,
2. The requested accommodation will not result in an undue financial burden, and/or
3. The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

Council Tower Minimum Suitability Standards

Evidence of any of the following will be deemed a failure to meet minimum eligibility standards.

1. History of failure to meet rent and/or other financial obligations on a timely basis. Reasonable accommodation will be made in cases where problematic history can be shown to be a consequence of disability, and applicant and Roslindale House agree to provide a mechanism approved by Roslindale House to guarantee timely payment of rent.
2. A history of behavior or criminal activity by any member of the applicant household which might interfere with the health, safety, security, or peaceful enjoyment of other residents. Examples of activity that could lead to rejection include, without limitation, the possession, distribution and/or use or sale of illegal drugs, illegal sale of or public drinking of alcohol, crimes of physical violence to person or property, rape, prostitution, assault or breaking and entering. Court and/or probation records, where applicable, must be provided by each occupant, in accordance with Massachusetts General Laws.
3. Any previously displayed behavior by any member of the applicant household which would severely impinge upon the safety, health, peace, or well-being of the other residents. Documented physical destruction of property or vandalism would also be grounds for disqualification.
4. Previously evicted due to problems caused by any applicant or member of the applicant household or their guests. Reasonable accommodation will be made if such problems can be shown to be a consequence of disability and these problems have appropriately been resolved.
5. False information on the application (determined upon verification of information).
6. Demonstrated inability to live in a residential setting without using illegal drugs and without abusing controlled drugs or alcohol.
7. Demonstrated inability to be able to meet the obligations of the lease.
8. An incomplete application.

PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application and the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing.

Additional information may be necessary to complete the application process.



3. I hereby give Rogerson Communities Management authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application.

APPLICANTS SIGNATURE: _____ DATE: _____

SECOND APPLICANT'S SIGNATURE: _____ DATE: _____

RACE/NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor the owner'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 or whether or not the information is furnished

_____ White/Non-Minority

_____ African American

_____ Am. Indian/Native American

_____ Asian

_____ Other _____

_____ I do not wish to furnish the above information

This Housing is available on an equal opportunity basis. If you feel that you have been discriminated against in the application process contact:

***Boston Fair Housing Commission
City Hall-9th Floor
1 City Hall Plaza
Boston, MA 02201***

ACKNOWLEDGEMENT OF SMOKE-FREE HOUSING POLICY

This notice is being mailed to you because you are currently an applicant on the waiting list for an apartment at Council Tower. By signing and returning this form, you are acknowledging receipt of this notice and indicating that you wish to remain on the waiting list and agree to abide by this new rule if, and when, you are offered an apartment.

COUNCIL TOWER is a “Smoke-Free” community. This means that smoking is prohibited in **all areas of the building including common areas, individual units, and services areas**. This non-smoking policy was developed to mitigate (i) the irritation and known health risks from secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; and (iii) the increased risk of fire from smoking.

Definition of Smoking: The term “smoking” means inhaling, exhaling, breathing, or carrying any lighted cigar; cigarette; e-cigarette; pipe; tobacco product or similar lighted product in any manner; marijuana including medical marijuana; herbal smoking products “Legal Weed” or products known as “bath Salts” or other legal or illegal substances in any other form.

- Residents agree and acknowledge that the premises to be occupied by Resident and Resident’s household have been designated as a smoke-free environment. Resident and members of Resident’s household shall not smoke anywhere in the apartment rented by the Resident, within any of the common areas of the building, building entryways, or areas near any exterior window or door. Residents shall not permit any guests, visitors or invitees under the control of the Resident to do so and shall be responsible to inform their guests of the non-smoking policy.
- Resident shall promptly notify the Owner/Property Manager in writing of any incident where tobacco smoke is migrating into the Resident’s apartment from sources outside of the Resident’s apartment.
- Resident acknowledges that Owner/Property Manager adoption of a smoke-free living environment, and the efforts to designate the rental complex as smoke-free, does not in any way change the standard of care that the Owner/Property Manager would have to a Resident household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. Owner/Property Manager specifically disclaims any implied or express warranties that the building, common areas, or Resident premises will have any higher or improved air quality standards than any other rental property.
- Resident acknowledges that Owner’s adoption of a smoke –free building does not make the Owner or any of its managing agents the guarantor of Resident’s health or of the smoke-free condition of the Resident’s apartment and the common areas. However, Owner shall take reasonable steps to enforce the smoke-free terms of the Lease. Owner is not required to take steps in response to smoking unless Owner is put on notice of the presence of cigarette smoke, via agent, personal knowledge, and/or written notice by Resident.
- Resident acknowledges that Owner’s ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by Resident and Resident’s guests or invitees.
- Residents acknowledge that non-compliance with the non-smoking requirements may result in termination of tenancy.

Failure to comply with the Smoke-Free Housing Policy will be considered a material lease violation.



Nothing in the rules above shall be construed to restrict the power of any county, parish, city, municipality, town or village to adopt and enforce additional local laws, ordinances, or regulations that comply with at least the minimum applicable standards to establish smoke-free public places.

The resident agrees that the owner/agent and/or property staff will have immediate access to the unit if the owner/agent and/or property staff suspect a violation of the smoke-free policy.

By signing this form, I acknowledge that I have read and understand the new Smoke-Free policy that is now in effect at COUNCIL TOWER. I wish to remain on the waiting list and agree to abide by this rule if, and when, I am offered residency.

Applicant

Date

Applicant

Date

Dear Applicant:

This letter is being distributed to every head of household upon recertification as required by HUD. This letter is not meant to imply that you, or other members in your household, have not complied with the requirement to provide proof of your social security number, we are simply notifying everyone of this new rule.

New HUD Social Security Number Requirement

Effective January 31, 2010, all household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a Federal, State or local agency, a medical provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statements
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

For eligibility purposes, applicants do not need to disclose or provide verification of a Social Security Number for household members to be placed on a waiting list. However, applicants must disclose a Social Security Number and provide adequate documentation to verify each Social Security Number for all non-exempt household members before they 1) can be screened, 2) can participate in the eligibility interview or 3) can be housed.

Exceptions to Disclosure of Social Security Number

The Social Security Number requirements do not apply to:

- 1) Individuals who do not content eligible immigration status.
 - When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have each resident's Citizenship Declaration on file- whereby the individual did not content eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.
- 2) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
 - The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

- Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. This documentation must be retained in the resident file. An owner/agent cannot accept a certification from the applicant (a self-certification) stating they qualify for the exemption
- The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

If all non-exempt household members have not disclosed and/or provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the day they are first offered an available unit to disclose/verify the Social Security Numbers.

During this 90-day period, the applicants may retain their place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers for all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Secondary Verification of the Social Security Number

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated, and any assistance paid in error must be returned to HUD. (Optional) If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

Signature

Date

Signature

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)