

# Longfellow House



## Homeless Set Aside Unit Only

### Requirements:

Must be 62 years of age or older

Must be homeless and actively working with HomeStart

Must provide a Vacancy Clearing House Certificate of Homelessness

Must be income-eligible

Dear Applicant:

Thank you for your interest in Longfellow House apartments. Attached please find the application package that you requested. It is extremely important that you fully understand the application as well as all documents enclosed. Therefore, if you should need assistance understanding and/or filling anything out, please contact the management office and we will be happy to assist you. This property is subsidized by the Department of Housing and Urban Development (HUD).

Please be aware that if the application is incomplete at submission, it will be rejected, returned to you, and will not be evaluated until all required information has been re-submitted.

There are two distinct Wait List categories for your consideration. Please read carefully.

Waitlist 1 Program: Subsidized  
Age Requirement: 62 Years of Age or Older  
Non-Elderly Disabled – 18 Years of age or Older  
Unit Type: Studio Only  
Maximum Occupants: 2 Persons  
Income: Cannot exceed \$ 57,900 for one person household  
Cannot exceed \$ 66,200 for two-person household  
30% of total income

Waitlist 2 Program: Subsidized  
Age Requirement: 62 Years of Age or Older  
Non-Elderly Disabled – 18 Years of age or Older  
Unit Type: 1 Bedroom Only  
Maximum Occupants: 2 Persons  
Income: Cannot exceed \$ 57,900 for one person household  
Cannot exceed \$ 66,200 for two-person household  
30% of total income





# Longfellow House

Managed by Rogerson Communities

885 South Street, Roslindale, MA 02131

VOICE: (617) 524-6971 TDD: (617) 363-2300



## LONGFELLOW HOUSE RENTAL APPLICATION



SIZE OF APARTMENT NEEDED: 0BR [ ] 1BR [ ]

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY

Applicant Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_

2nd Applicant Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship To Applicant \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and Address

Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PART A - FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

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 names, addresses, dates of previous tenancies and phone numbers of previous landlords if at current address less than 3 years.

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 Housing Expenses: \$ \_\_\_\_\_

### PART C - NEED FOR SPECIALLY ADAPTED UNIT

Longfellow House has available four (4) units specially adapted for wheelchair use. The entry is by means of an accessible path; doors have levered handles; the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower level storage; the bathroom includes special grab bars, a hand held shower, and mirrors set at a lower level. All hallways and doorways are fully accessible.

Do you have a handicap or disability requiring you to 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 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.)

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
				0
			TOTAL FOR PART E:	0
			Plus Employment Income from Part D:	0
			Total Gross Income:	

## PART F - ASSETS

List all checking and savings accounts, IRAs, Keoghs, 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 medical expenses or special expenses for the care of any household members who are disabled or handicapped that are not covered by insurance: \_\_\_\_\_

## 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? (Section 8, Section 236, etc.) 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 \_\_\_\_\_ If no, do you have legal alien status? yes \_\_\_\_\_ no \_\_\_\_\_
6. 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: _____             | b. Name: _____             |
| Address: _____             | Address: _____             |
| Phone: _____               | Phone: _____               |
| Relationship to you: _____ | Relationship to you: _____ |

## **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 recipiency.

### **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) 363-2300 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Ms. 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.

### **Longfellow House 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. Farnsworth House will make reasonable accommodation in cases where problematic history can be shown to be a consequence of disability, and applicant and Farnsworth House agree to a mechanism 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 which 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, prostitution, crimes of physical violence to person or property, rape, assault or breaking and entering. Court and/or probation records, where applicable, must be provided by each applicant/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,

**PART J - 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

\_\_\_\_\_ Hispanic

\_\_\_\_\_ 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  
Tel: (617) 635-4408***

