



METRO MANAGEMENT

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METRO MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Application Received Date _____

SITES:

Senior Housing: 62 + Older

- ☐ Barnes School (Non-smoking)
- ☐ Lewis Mall (Non-smoking)
- ☐ Cheverus School (Non-smoking)
- ☐ Villa Michelangelo (Non-smoking)
- ☐ Dalrymple School (Non-smoking)
- ☐ 41 North Margin

SIZE OF APARTMENT NEEDED:

0BD 1BD 2BD 3BD 4BD
☐ ☐ ☐ ☐ ☐

UNIT TYPE REQUESTED

Wheelchair Adapted Unit
☐ Yes ☐ No

Elderly / Disabled:

- ☐ Lyman School (Non-smoking)
- ☐ Woodbury (Non-smoking)
- ☐ Landfall (Non-smoking)

Hearing/ Visual Adapted Unit
☐ Yes ☐ No

L.C.A. II / Scattered Sites/Greenway/Paris Village/ East Boston AOP(Please circle)

- ☐ Market Rent
- ☐ Basic Rent
- ☐ Low Rent

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Metro Management office.

Applicant: _____
LAST MIDDLE FIRST

Present Address: _____
STREET APT. CITY STATE ZIP

Mailing Address: _____
(if different) STREET APT. CITY STATE ZIP

Home Telephone: _____ Business Telephone: _____



Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/ Alaskan Native ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ Hispanic
☐ White (not of Hispanic origin)

PRESENT LANDLORD

Name: _____ Telephone: _____

Address: _____
STREET APT. CITY STATE ZIP

Is your current residency rented to you ☐ Yes ☐ No

If No, explain: _____

Are you currently under lease ☐ Yes ☐ No

If Yes, when does this lease expire: _____

Present housing cost per month \$ _____ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

List all states where applicant has resided _____

What are your reasons for moving? _____

How did you hear about this housing development? _____

REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone: _____

Address: _____

Name of Previous Landlord/Official _____ Telephone: _____

Address: _____

NOTE: If you are unable to provide a landlord or other housing reference, please provide other references that have known you for one year or more and are not related to you.

Name of Reference _____ Telephone: _____

Address: _____

Name of Reference _____ Telephone: _____

Address: _____



FAMILY COMPOSITION

Please complete the following information for each member of your family, including yourself, who will occupy the apartment.

Name	Relationship	Date of Birth	Sex	Occupation	Social Security Number	Full Time Student (circle one)
	Head					Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. _____

Do you currently have a household pet? ☐ Yes ☐ No

If Yes, what type? _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household.

1. Individual Employed: _____

Name of Present Employer _____ Telephone: _____

Address: _____

Years Employed: _____ Position: _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

2. Individual Employed: _____

Name of Present Employer _____ Telephone: _____

Address: _____

Years Employed: _____ Position: _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

3. Individual Employed: _____

Name of Present Employer _____ Telephone: _____

Address: _____

Years Employed: _____ Position: _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly



OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Child Care, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe: _____

3. Is your present apartment too small for your family? Yes ____ No ____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ____ No ____

If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.



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 persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

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

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management company describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Metro Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Eligibility for HUD-assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available **without regard to actual or perceived sexual orientation, gender identity, or marital status.**

If the Agent has determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for the 60-day period, during which the applicant shall try to obtain documentation. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant shall be determined to be ineligible and removed from the waiting list. The Agent may, however, extend the time period for an additional 60 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 60-day period.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.