

The Community Builders, Inc.
Management Agent

Mission Springs Housing for the Elderly, Inc.
100 Summer Street
Holliston, MA 01746
Telephone: (508) 893-8021 • Fax: (508) 893-8033

Application No.
Interviewer
Applicant's Last Name
Date and Time Received

APPLICATION FOR SUBSIDIZED HOUSING

- 1) **Current Family Composition** Complete the following information for each member of your family (including yourself) who will be occupying the apartment.

Name	Soc. Security #	Date of Birth	Age	Sex	Relationship
<i>Applicant</i>					
<i>Spouse</i>					
<i>Other</i>					

- 2) **Current Address and Telephone Number**

Street Address	City and State	Zip	Home Phone Number

- 3) **Do you anticipate any changes in your family composition?** Yes No

If yes, please explain: _____

4) **Current Living Situation** Check those which apply.

Do you own your own home? Yes (Go to #7) No
Do you rent? Yes (Go to #5) No
Do you live with others? Yes No
If yes, who do you live with? _____ (Go to #6)

Do you have other living arrangements? Yes No
If yes, please explain: _____
_____ (Go to #6)

5) **Current Landlord**

Name	Street Address	City and State	Zip	Telephone Number
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6) **Previous Addresses** If you have moved within the last five years, please list your previous addresses, landlords, and dates of occupancy in the spaces provided below.

Street Address	City and State	Zip	Landlord's Name	Phone Number	Dates of Occupancy
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7) **Do you now live or have you ever lived in subsidized housing?** Yes No

If yes, when did you live in subsidized housing? Move-In Date _____ Move-Out Date _____

Reason for moving: _____

Have you ever been evicted? Yes No

If yes, why were you evicted?: _____

8) **Are you a member of a legal minority group?** (This question is optional.) Yes No

If yes, please specify: Black or African American Asian American Indian or Alaska Native

Hispanic or Latino Native Hawaiian or Other Pacific Islander

Other (please specify) _____

9) **As a result of a disability, do you require a unit with accessible features?** Yes No

If yes, please explain the features you require: _____

Please include a letter from a physician or other qualified source verifying that your condition warrants the features you specified. (You are not obligated to reveal that you have a disability, but if you choose not to reveal your disability you will not be eligible for a unit with accessible features.)

10) **Does anyone help you with your daily activities?** Yes No

	Personal Care	Housework	Shopping	Meals	Other Activity (specify)
Who Assists					
How Often					

11) **Do you expect this would change if you move to this facility?** Yes No

If yes, how? _____

I give my permission to Mission Springs Housing to share the information in Questions 10 and 11 with BayPath Elder Services, Inc. in order to coordinate resources and provide services that I may request.

Name _____ Date _____

12) **Do you own any real estate?** Yes No

If yes, please include a letter from a realtor or appraiser stating an opinion of value of your property. If other than your present address, please specify the property's (or properties') address(es).

Street Address	City	State	Zip Code	Market Value	Mortgage Due

13) **Does anyone listed in Question #1 have paid employment?** Yes No

Position	Employer's Name	Employer's Address
<i>Applicant</i>		
<i>Spouse</i>		
<i>Other (specify)</i>		

14) **Sources of Income** Please specify the GROSS monthly amounts (before any deductions for taxes, health insurance, etc.) for the following items:

Source of Income	Applicant's Monthly Income	Spouse's Monthly Income	Other's Monthly Income (specify)
<i>Social Security</i>	\$	\$	\$
<i>Supplemental Security Income</i>	\$	\$	\$
<i>Salary</i>	\$	\$	\$
<i>V.A. Pension</i>	\$	\$	\$
<i>R.R. Pension</i>	\$	\$	\$
<i>Teacher's Pension</i>	\$	\$	\$
<i>Other Pension or Annuity (specify)</i>	\$	\$	\$
<i>General Assistance</i>	\$	\$	\$
<i>Alimony</i>	\$	\$	\$
<i>Other (specify)</i>	\$	\$	\$

15) **Does anyone listed in Question #1 have a Savings/Checking Account?** Yes No

Account #	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	
	%	\$	

16) **Does anyone listed in Question #1 have Certificates of Deposit?** Yes No

CD #	Rate of Interest	Term of CD	Principal Amount	Bank Name
	%		\$	
	%		\$	
	%		\$	

17) **Does anyone listed in Question #1 own Stocks, Mutual Funds, or Bonds?** Yes No

Stocks/Mutual Funds

Bonds

Name of Company

Paying Company

Shares

Current Value

Current Value per Share

Interest Earned

Dividend Paid

18) **Does anyone listed in Question #1 own U.S. Savings Bonds?** Yes No

If yes, please list on a separate sheet of paper who purchased the bonds, when the bonds were purchased, the series number(s), and the amount of the bonds. Please attach the list to your application.

19) **Does anyone listed in Question #1 own an IRA, 401K, annuity, life insurance policy, or other asset not disclosed in Questions #15-18 above?** Yes No

If yes, please specify: _____

20) **Has anyone listed in Question #1 disposed of any assets during the two years preceding the date of this application?** Yes No

Type of Asset

Date Disposed

Dollar Amount Received

\$

\$

\$

21) **Do you expect any change in your income or assets during the next 12 months?** Yes No

If yes, please specify: _____

22) **Are any adults in your household full-time students?** Yes No

23) **Do you own a pet?** Yes No

If yes, please specify type of pet: _____

24) **How did you hear about this property?**

25) **Why do you want to move to this property?** Please use another sheet of paper if additional space is required.

26) **References** Please give three references (other than family members).

Name	Street Address	City and State	Zip	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that the foregoing information will be used to determine my eligibility for an apartment. Therefore, I grant consent for management to verify information on this application. Furthermore, I acknowledge that any false information may make me ineligible for an apartment.

Date

Applicant's Signature

Date

Spouse's or Other's Signature

