

# 75 AMORY **AFFORDABLE RENTAL HOUSING OPPORTUNITY** SELECTION BY LOTTERY - 1, 2 & 3 BEDROOM APARTMENTS



75 Amory Avenue, Jamaica Plain, MA | **617.983.0052 (TTY 711)** | **Live75Amory.com**

### Info Session:

Wednesday, 10/5/16  
4 & 6 P.M., held at

### Julia Martin House

90 Bickford Street  
Jamaica Plain, MA

### Lottery Drawing

Time, Date and Location  
T.B.D.

### Mail Completed

### Application To:

Peabody Properties, Inc.  
c/o 75 Amory Lottery  
536 Granite Street  
Braintree, MA 02184;  
or fax: 617.983.0078

### Deadline:

Postmarked by 11/2/16

A striking addition to the Jackson Square neighborhood, 75 Amory brings contemporary style with a modern flair to this community of thirty-nine; one-two & three bedroom apartment homes. Ground floor apartments enjoy a private outdoor patio space with added amenities that include vibrant community gathering space and laundry care suite. Excellent public transit options include the MBTA Orange Line stop at Jackson Square, just 0.2 miles away. Keeping you close to everything the city has to offer, you'll enjoy a diverse nightlife scene, great restaurants, shopping and coffee houses. Jamaica Plain abounds with picturesque public parks and playgrounds – your serenity in the city. Relax, you're home!

### Affordable Program Guidelines, Rents & Maximum Income Limits\*

Type	# of Apts.	Rents*	% Income	# HH	30% AMI	50% AMI	60% AMI
1BR	4	\$1028	60%	1	\$20,650	\$34,350	\$39,450
1BR	2	\$841	50%	2	\$23,600	\$39,250	\$45,180
1BR	4	**	30%	3	\$26,550	\$44,150	\$50,820
2BR	16	\$1233	60%	4	\$29,450	\$49,050	\$56,460
2BR	2	\$1010	50%	5	\$31,850	\$53,000	\$61,020
2BR	1	**	30%	6	\$34,200	\$56,900	\$65,520
3BR	3	\$1409	60%				
3BR	4	\$1150	50%				
3BR	3	**	30%				

\*\* Rent determined by PHA based on income of applicant  
AMI = Area Median Income, as of 3/28/16

### Application Pick-Up Locations (available beginning 10/5/16 - 10/26/16):

Julia Martin House, 90 Bickford Street, Jamaica Plain; or  
online [Live75Amory.com](http://Live75Amory.com); or  
by phone 617.983.0052 (TTY 711)



\*Preferences, including min. 1 per bedroom may apply. Median income levels, rents & utility allowances are subject to change based on HUD guidelines (HUD.gov). Please inquire in advance for reasonable accommodation. Info contained herein subject to change w/o notice.

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 embaixo 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។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ**

**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទុំ។**

**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 dhokomentii muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.**

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone: 781-794-1000

**RIGHT TO REASONABLE ACCOMMODATION**

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

**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.

# 75AMORY

## Preliminary Lottery Application

Please see Application Instruction sheet

**FOR INCLUSION IN THE LOTTERY, COMPLETED APPLICATION MUST BE POSTMARKED NO LATER THAN NOVEMBER 2, 2016.** Application may be mailed/faxed to: Peabody Properties, Inc., 75 Amory Lottery, 536 Granite St., Braintree, MA 02184; FAX: 617.983.0078

Management use only:  
 Date/Time Rc'd: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Lottery #: \_\_\_\_\_

Applying for: 1BR  2BR  3BR

**HANDICAPPED ADAPTED:**

If you or a member of your household need or prefer a unit with special design features, please check appropriate box:  
 CBH  Mobility  Vision  Hearing  Other  Please specify \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**INCOME VERIFICATION** (including investment income. Income must be reported for all household members over 18):  
 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							

**HOME OWNERSHIP:** Do you currently own your own home? Yes  No

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

**PREFERENCE INFORMATION:**

The following are the preferences attached to this project. Lottery participants who qualify for these preferences will be ranked higher than those that do not.

**"Handicap Household"** shall mean applicant with a disabled household member who is in need of an accessible unit. Accessible units are available for persons with mobility, hearing, or vision impairments that substantially limit one or more major life activities. This shall include but not be limited to those who have the inability to walk, difficult walking, hearing difficulties, lack of coordination, and difficulty interpreting and reacting to sensory data.

Do you or a member of your household need an accessible unit?  Yes  No

If yes, you will be required to provide supporting documentation by a physician treating you for the disability.

**"Boston Resident"** shall mean any individual whose permanent principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Are you seeking preference as a resident of the City of Boston?  Yes  No

If yes, attach proof of residency – copy of two (2) utility bills 1 from each utility company in your name dated within the last 60 days; e.g., (1) electric, (1) oil, (1) gas, or (1) telephone (landline only). If utility bills cannot be provided, the following documentation **must** be provided: current signed lease **AND EITHER** proof of voter registration from City of Boston Election Department **OR** proof of automobile insurance (showing the address where the car is garaged). An official letter from a shelter may also be accepted in lieu of a current signed lease.



**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)

- Not - Hispanic / Latino
- Hispanic / Latino
- Native American or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Black / African American
- White / Non-Minority
- 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.**

1. I hereby certify that the information provided in this Lottery Rank application is correct to the best of my knowledge.
2. I understand that this is a Lottery Rank application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.
3. 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's Signature

\_\_\_\_\_  
Date



# 75AMORY

## Preliminary Lottery RENTAL Application Instructions

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

Additional information and applications are available by calling Peabody Properties, Inc.

### 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, including 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. Divestment of assets within one year of application for less than full value and fair cash value will be counted for imputation of income at full and fair value.
3. Your household size and composition must be appropriate for the unit size.
4. You must be credit-worthy and have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent, or have assets equal to at least two years of rent.
5. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
6. You intend to reside in the development as your primary residence.
7. Note: Individuals with a financial interest in the development and their families are not eligible to apply.

### Application Process

You must fill out the application completely and return postmarked no later than November 2, 2016 to Peabody Properties, Inc., 75 Amory Lottery, 536 Granite Street, Braintree, MA 02184.

**PLEASE NOTE: If unsigned or incomplete, your Preliminary Application will be rejected.**

1. Information provided on this Lottery Application will be treated as confidential.
2. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. Your household can file only one application, and no household member can appear on more than one application.
4. 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.
5. 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.
6. Priority for the accessible units will be for families which require physical accommodations.
7. 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.
8. 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.
9. The Lottery time, date and location is T.B.D. All Applicants are encouraged, but not required, to attend the Lottery drawing.
10. For more information, please call 617.983.0052.

*It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law.*



# 75AMORY

## HOME Program Applicant - Conflict Of Interest Statement

Pursuant to HOME Rule at 24 CFR Part 92.356(f) "No Owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) may occupy a HOME assisted unit affordable housing unit in a project."

I \_\_\_\_\_ (Print Name) am applying for a unit in this development assisted with HOME funds.

I certify that I am not an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor)

OR

I certify that I am an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) but claim the following exemptions/factors be considered:

- The exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- I am a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity and the exception will permit me to receive generally the same interests or benefits as are being made available or provided to the group or class;
- I have withdrawn from functions or responsibilities or the decision making process with respect to the specific assisted activity in question;
- The interest or benefit was present before I was in a position as described in 24 CFR Part 92.356(c);
- Undue hardship will result either to the participating jurisdiction or the applicant when weighed against the public interest served by avoiding the prohibited conflict; and
- Any other relevant considerations:

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 75AMORY

## DHCD Program Applicant - Conflict Of Interest Statement

Pursuant to DHCD "No Owner, developer or sponsor of a project assisted with DHCD funds (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) may occupy a DHCD assisted unit affordable housing unit in a project."

I \_\_\_\_\_ (Print Name) am applying for a unit in this development assisted with HOME funds.

I certify that I am not an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor)

OR

I certify that I am an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) but claim the following exemptions/factors be considered:

- The exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- I am a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity and the exception will permit me to receive generally the same interests or benefits as are being made available or provided to the group or class;
- I have withdrawn from functions or responsibilities or the decision making process with respect to the specific assisted activity in question;
- The interest or benefit was present before I was in a position as described in 24 CFR Part 92.356(c);
- Undue hardship will result either to the participating jurisdiction or the applicant when weighed against the public interest served by avoiding the prohibited conflict; and
- Any other relevant considerations:

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 75AMORY

## Limited English Proficiency (LEP) Services

For sites subject to Executive Order 13166, HUD's guidance requires that property owner's translate all vital documents into the foreign languages that are prevalent in that property owner's community.

Agent/Management shall determine, as part of its obligation, to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Tenant Selection Plan.

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English can be Limited English Proficient, or "LEP," are entitled to language assistance with respect to a particular type of service, benefit, or encounter.

### The below notice is included as part of all Letters and Notices:

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.

Esté 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 embaixo 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។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ**

**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទុំ។**

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 tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone: 781-794-1000





# 75AMORY

## CBH Screening

In order to qualify for one of the Community Based Housing (CBH) units, an applicant must provide the Management Agent with a certificate from the Massachusetts Rehabilitation Commission (MRC) or its designee(s) which reliably establishes that a member of the applicant's household:

1. Has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency; **and**
2. Is institutionalized or is at risk of institutionalization in a nursing facility, hospital, or long term rehabilitation; **and**
3. Is ***not*** currently a client of DMH or DMR who is eligible for the Facilities Consolidation Fund.

A sample of the certification form that MRC or its designee(s) will use is attached. The Management Agent will provide a blank form to any potentially eligible applicant along with the contact list for MRC and other designees. The contact list is updated regularly and can be found on DHCD's web site at: <http://mass.gov/dhcd/components/housdev/want/CBH.htm>.



# 75AMORY

## Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

-----

Applicant's Name: \_\_\_\_\_

- Yes  No    Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.
- Yes  No    Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF).
- Yes  No    Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital.

Explanation (please state if the individual is currently institutionalized)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

