



**RENTAL APPLICATION  
 COLEMAN HOUSE**

Thank you for your interest in Jewish Community Housing for the Elderly (JCHE). This application may be used for apartments located at Coleman House on 677 Winchester Street, Newton, MA 02459. Please complete and return this application by mail to JCHE Rental Office on 30 Wallingford Road, Brighton, MA 02135 or fax to 617-912-8429. Upon receipt, your name will be placed on the appropriate waiting list for the apartment type you have selected.

**AT LEAST ONE APPLICANT MUST BE 62 YEARS OR OLDER. (Please call the rental office for exceptions)**

**GENERAL INFORMATION**

The following information is required for each person who will be living in your apartment at JCHE. *Note:* Social Security Numbers\* and Immigration Status must be verified (\* SSN information exceptions for applicants who were age 62 or older on 1-31-10, and who did not have a SSN and receiving HUD rental assistance at another location on 1-31-10; and those household members that do not contend eligible immigration status). **Please attach a copy of your Social Security card(s) and a copy of the evidence of your legal immigrant status (for non-citizens), such as a Green Card or form I-94.**

Head of Household

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First name* \_\_\_\_\_ *Social Security No.* \_\_\_\_\_ *Date of Birth*

U.S. Citizen  Yes  No If not a US Citizen: Alien Registration or Admission Number \_\_\_\_\_

Employed  Unemployed  Retired  Male  Female  Prefer not to disclose  
*Employment Status* *Gender*

**2<sup>nd</sup> Occupant**

Spouse/Partner

Relative \_\_\_\_\_ *Last Name* \_\_\_\_\_ *First name* \_\_\_\_\_ *Social Security No.* \_\_\_\_\_ *Date of Birth*

Unrelated

U.S. Citizen  Yes  No If not a US Citizen: Alien Registration or Admission Number \_\_\_\_\_

Employed  Unemployed  Retired  Male  Female  Prefer not to disclose  
*Employment Status* *Gender*

**Which address should we mail a reconfirmation form each year, so that you may indicate your continued interest in JCHE housing?**  Applicant  Contact Person

**What is your current address?** (This must be the address where you are living now. *Applicant*)

Street \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Whom may we contact if we are unable to reach you?** (*Contact*)

Name \_\_\_\_\_  
 Child  Sister or Brother  Family or Friend  Social Worker  Attorney  Other

Street \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Office/cell) \_\_\_\_\_

E-mail \_\_\_\_\_

**OPTIONAL INFORMATION** (*check one in each category*):

**RACE**  White  Black  Asian  Amer. Indian/Alaskan Native  Other

**Ethnicity**  Hispanic  Non-Hispanic

**INCOME ELIGIBILITY**

HUD adjusts income limits for subsidized housing yearly.

**What is your current total annual GROSS income from pensions, Social Security benefits, wages and income from assets? \$ \_\_\_\_\_/Year**

(“Income from assets” includes interest earned on bank accounts, income from stocks, bonds, mutual funds and value of whole life insurance.

**ANNUAL INCOME WORKSHEET**

This worksheet will assist you in estimating your total **gross annual income**.  
 If this application is for more than one person, please include financial information for all applicants.  
 Determine the total annual GROSS income from every source. In the case of monthly payments, such as social security, multiply by 12, and enter that amount in the “per year” column.

**Total Estimate Annual Income:**

SOURCE OF INCOME	TOTAL PER YEAR
Social Security (before Medicare deductions)	
S.S.I.	
Pension (include foreign pension if any)	
Salary (before taxes and other deductions)	
Other Income	
Income from Assets (see below to calculate this amount)	**
<b>TOTAL ESTIMATED GROSS ANNUAL INCOME</b>	

**Income From Assets:**

Source of Income	Total Worth	Interest Rate	Interest or Income Received Annually
Bank Account Balances (Specify Accounts) _____ _____ _____	_____ _____ _____	_____% _____% _____%	_____ _____ _____
Current Value of Investments including stocks, bonds, cds, money markets, etc. (Specify below) _____ _____ _____	_____ _____ _____	_____% _____% _____%	_____ _____ _____
Value of Real Estate owned (Current assessed value minus mortgage balance, closing costs, etc.)	_____	<b>0.06% Imputed</b>	_____
<b>TOTAL:</b>			**  Place this amount in the box above “Income from Assets

**APARTMENT SELECTION**

*We take everyone on a first-come, first-served basis and our lists are quite long. The two variables in determining when you might be offered a unit are (1) turnover rates for occupied units; and (2) acceptance rates for applicants who come to the top of the list. Both of these factors can vary significantly from year to year. As a result, it is impossible to provide you with a reliable prediction of when we might be contacting you.*

Type of Housing	Location	Income Limit (One Person)	Income Limit (Two Persons)
<b>One Bedroom</b> (one or two persons)			
____Coleman House	Newton	\$36,200	\$41,400

**Wheelchair Accessible, One Bedrooms** (at least one person in need of features from wheelchair accessible unit)

____Coleman House	Newton	\$36,200	\$41,400
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**If you have any questions please call Michael Sheynberg (617) 912-8421  
or email [msheynberg@jche.org](mailto:msheynberg@jche.org), TDD 617-789-4868**

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing.

**Does any member of your household have a request for any accessibility or reasonable accommodation, require changes in a unit or development, or have alternative requirements for receiving communication from us?**

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSING INFORMATION**

**What is your current living situation** (Please check all that apply)?

\_\_\_\_\_ I live with another person(s)      Who? \_\_\_\_\_

\_\_\_\_\_ I live in a home that I own.

\_\_\_\_\_ I rent an apartment      What is your current monthly rent? \_\_\_\_\_

\_\_\_\_\_ I live in Government-subsidized housing

\_\_\_\_\_ I have other living arrangements. **Please describe:** \_\_\_\_\_

Present Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at your present address? From \_\_\_\_\_ To \_\_\_\_\_

Add additional Landlord address if you lived at the above residence for less than seven years:

Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Please provide list of all states in which any household member has resided: \_\_\_\_\_

Have you ever been evicted from a rental unit?      Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of the household subject to lifetime sex offender registration requirement in any state?  
Yes \_\_\_ No \_\_\_

**How did you hear about Coleman House?** \_\_\_\_\_

**Why do you want to move?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUBSIDIZED UNIT PRIORITY CHECKLIST

JCHE tenant selection policy determines waiting list placement on the date of application and preference categories. Your application will be placed on a priority waiting list if you meet the following condition. *This must be verified at an interview before we will offer you an apartment. In the event that your status changes at any time, you should notify JCHE immediately.*

Involuntary Displacement by Domestic Violence

1. The applicant has vacated a housing unit because of domestic violence; or
2. The applicant lives in a housing unit with a person who engages in domestic violence
3. If the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

JCHE 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 its programs or employment, or in its programs, activities, functions or services.

Section 214 of the Housing and Community Development Act of 1980 prohibits HUD from making housing financial assistance available to certain categories of noncitizens.

If this Section 214 review (of the Housing and Community Development Act of 1980 as amended) results in a determination of ineligibility, you will have an opportunity to appeal the decision.

If only certain members of your family are eligible for assistance, a reduced subsidy amount may be provided, based on the number of household members who are eligible

**RELEASE**

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize JCHE to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

**I hereby expressly release JCHE, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.**

I hereby certify that I have read the question on page 3 describing the right to reasonable accommodation for persons with disabilities.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
**Head of Household/Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date**

*JCHE provides persons whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities.*



**JCHE is a non-smoking community**

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.