

The information requested in this form is required by the government agency regulating this project.

## Gatehouse Project Place

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

### PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

<b>This is a preliminary application for housing at:</b>	Gatehouse Project Place
	1145 Washington Street, Boston, MA 02118

Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion, and, as such, will not be placed on the waiting list.

**PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT**

Head of Household Name: \_\_\_\_\_

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

State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

BR's in current unit: \_\_\_\_\_

Bedroom size requested:  Efficiency

Do you need an accessible unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)  Yes  No

Do you require any accessible features in your unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)  Yes  No

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		SELF			



Equal Housing Opportunity



Please list all sources of income. NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets. Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.

Household Member Name	Type of Asset	Amount	% Interest

<b>How were you referred to this property?</b>	
<b>Do you currently receive or do you have a Section 8 Voucher/Certificate?</b> (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining ability to pay rent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever been convicted of a felony?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	
<b>Have ever been evicted from any housing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
<b>Have you ever filed for bankruptcy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	



Equal Housing Opportunity



Race/National Origin - Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applicants. Answering this question is completely optional.

- Asian       Black       Latino       Native American Indian       Caucasian       Other

<b>Briefly describe your reasons for applying at this location:</b>

I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility and suitability for housing will be based on applicable income limits and by management's marketing plan. I certify that all above information is true to the best of my knowledge. I understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I understand that this is a preliminary application to determine my eligibility for available waitlists, and that I will be required to complete a full application when my name nears the top of the waiting list. I understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older must sign below:

Signature (Head of Household): \_\_\_\_\_

Date: \_\_\_\_\_

Gatehouse Project Place does not discriminate on the basis of disability status, race, color, creed, religion, sex, sexual preference, national or ethnic origin, age, handicap, citizenship, ancestry, class or marital status, or any other basis prohibited by law in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. Gatehouse Project Place coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Any questions regarding 504 compliance, please call (781) 943-0200, x255, MA Relay (800) 439-2370 and ask for the 504 coordinator.



Equal Housing Opportunity



## Gatehouse Project Place

The following Preferences will be given to applicants who apply for housing.

Please indicate if you believe you qualify for any of the following preferences.

\_\_\_\_\_ I am an Urban Renewal displacee.

“Urban Renewal displacee” shall mean persons displaced from the specific property and/or displaced from the South End Urban Renewal Plan Area by clearance and redevelopment activities carried out by the Boston Redevelopment Authority. If seeking this preference, applicants must attach proof of displacement by the Boston Redevelopment Authority from the relevant Urban Renewal Area during the official South End Urban Renewal Period, 1965-1979, (displacement notice or proof of residency during the Urban Renewal Period in the form of utility bills, voting record, bank statement, record of birth or any other official documents.) Urban Renewal displacees will be processed before other candidates for up to 50% of the units.

\_\_\_\_\_ I can benefit from the programs and services offered by Project Place.

Applicants selected for residence at Project Place will have the opportunity to participate in several social service programs. The programs include the following: Job training and job placement, employment opportunities through Project Place social enterprises, computer instruction, and case management support for work re-entry and follow up services.

\_\_\_\_\_ I require the use of a wheelchair adapted unit.



Equal Housing Opportunity



## Verification of Homelessness

To be eligible for the housing at Project Place applicants must provide verification that they meet the definition of homeless as defined by the program. A person is considered homeless only when he/she indicates that the household lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:

- a. a public or private place not meant for human habitation (e.g. cars, parks, sidewalks, abandon buildings); or
- b. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including congregate shelters, scattered site shelters or motels); or
- c. A transitional housing program specifically designed for homeless persons with a stay of no longer than 24 months; or
- d. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Applicant Name: \_\_\_\_\_

I hereby verify that the applicant above is currently homeless and is:

Sleeping in places not meant for human habitation (e.g. cars, parks, sidewalks, abandon buildings).

Sleeping in an emergency shelter or a residence that is part of an established shelter system.

\_\_\_\_\_ Date entered the shelter \_\_\_\_\_  
(Name of shelter)

Graduating from a transitional housing program with a stay of no longer than 24 months and was homeless immediately prior to entering transitional housing.

\_\_\_\_\_ Date entered the program \_\_\_\_\_  
(Name of transitional program)

Being discharged from a hospital or institution with a length of stay of less than 30 days and was homeless immediately prior to the inpatient stay.

\_\_\_\_\_ Date entered the hospital/institution \_\_\_\_\_  
(Name of Institution)

Homeless circumstances prior to the inpatient stay \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Program Staff

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

