

Don't risk your changes for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

THINGS YOU SHOULD KNOW



Purpose:

This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud:

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to 5 years.
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions:

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application:

When you give your answers to application questions, you must include the following information:

- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)
- Earnings from the second job or part time job.
- Any anticipated income (such as a bonus or pay raise you expect to receive.)
- Assets
- All bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children.
- Family/
Household
Members
- The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not.

Signing the Application:

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications:

You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud:

- You should be aware of the following fraud schemes:
 - Do not pay any money to file an application.
 - Do not pay any money to move up on the waiting list.
 - Do not pay for anything not covered by your lease.
 - Get a receipt for any money you pay.
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project of PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, 451 Seventh Street S.W., Room 8254, Washington D.C. 20410.

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.	

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

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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.

Longfellow House

885 South Street Roslindale, MA 02131

Managed by Rogerson Communities

VOICE: (617) 469-7300 TDD: (617) 363-2300

FOR OFFICE USE ONLY

APPLICATION# _____
SINGLE/COUPLE _____
POOL: STUDIO 1BR 1BRHC

DATE RECEIVED _____
AGE _____
Household Income: _____

PROCESSED BY: _____

**LONGFELLOW HOUSE
RENTAL APPLICATION**

Longfellow House has been developed specifically for elderly individuals (62 years of age and older), or individuals requiring the special design features of a wheelchair adapted unit. For this reason, questions related to age are permissible and do not violate fair housing provisions.

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY

DATE: _____

Your Full Name _____ Sex(M/F) _____ Date of Birth _____

2nd Occupant Name _____ Sex(M/F) _____ Relationship _____ Date of Birth _____

Present Address _____

Street and Address

Home Phone _____ Work Phone _____

City _____ State _____ Zip Code _____

PART A FILL IN ONLY IF YOU RENT YOUR PRESENT RESIDENCE

Landlord's Name _____ Phone _____

Address _____

Years There _____ Monthly Rent _____

Does Rent Include Heat? yes no Does Rent Include Electricity? yes no

Estimated Cost of Heat Per Year _____ Estimated Cost of Electric Per Year _____

Below List Names, Addresses, Dates of Previous Tenancies and Phone Numbers of Previous Landlords

1. _____

2. _____

PART B FILL IN ONLY IF YOU OWN YOUR OWN HOME

1. Monthly Mortgage _____ Present Balance on Mortgage _____

2. Real Estate Tax Per Year _____

3. Insurance Premium Per Year _____

4. Utilities (Gas, Oil, Electricity) Per Month _____

5. Other Expenses: _____



Equal Housing Opportunity

PART C NEED FOR SPECIALLY ADAPTED UNIT

Longfellow House has available two (2) units specially adapted for wheelchair use. The entry is by means of an accessible path; the doors have levered handles; and, the kitchen is designed for wheelchair use with open countertops, a wall oven, and lower level storage. The bath includes special grab bars, a hand held shower, and mirrors set at a lower level. The halls and doorways are extra wide.

Do you have a handicap or disability which requires that you occupy the above described wheelchair adapted unit?
 yes _____ no _____

PART D EMPLOYMENT

1. Employer Name _____ Phone _____
 Address _____
 Position _____ How Long There _____
 Gross Salary (Before Taxes) _____ Per week month year (circle one)

2. If Second Household Member is Employed Give Same Information Below:

PART E INCOME (OTHER THAN EMPLOYMENT)

Please provide the following information for each person, including yourself, who will be residing in the apartment. ALL sources of income must be stated. These include salary, social security, pension, SSI, interest, dividends, trust income, rent from other properties, allowances from family, and any other income. Please give gross income amounts (before deductions have been taken out, for example, for health insurance or taxes.)

PLEASE NOTE: In order to be eligible for Longfellow House your annual gross income cannot exceed \$33,750 for a one person household and \$38,550 for a two person household.

Family Member Name	Social Security Number	Source of Income	Gross Income	Annual Gross Amount
			TOTAL FOR PART E:	
			Plus Employment Income from Part D	
			Total Gross Income	

PART F - ASSETS

List all checking and savings accounts, IRA's, Keoughs, and Certificates of Deposit below.

Family Member	Account Type	Bank Name	Account Number	Current Balance	Interest Rate

List other assets:

Trust Fund \$ _____ Mutual Funds \$ _____
 Bonds or Stocks \$ _____ Other Assets \$ _____
 Paid Life Insurance \$ _____ Cash \$ _____

- Do you own a home or other real estate? yes _____ no _____
 If yes, what is its market value? \$ _____
- Have you given away or sold any property or other assets in the past two years? yes _____ no _____
 If yes, what is the current market value of the asset(s)? \$ _____

PART G – MEDICAL EXPENSES

(OPTIONAL, for determining medical allowances in determination of monthly rent)

- Name of Insurance _____ Premium Amount \$ _____
 Name of Insurance _____ Premium Amount \$ _____
- List any special expenses for care of household members who are disabled or handicapped:

- Do you have any medical expenses not covered by insurance? _____
 If yes, describe briefly: _____

PART H - CURRENT HOUSING CONDITION

- Do you wish to move? yes _____ no _____ If yes, why? _____

- How many people live in your house? _____ How many bedrooms in your home? _____
- Are you being displaced from your current housing? yes _____ no _____ If yes, please explain the circumstances: _____

- Are you without or about to be without housing? yes _____ no _____ If yes, please explain the circumstances.

- Are you living in substandard housing which affects your health or safety? yes _____ no _____
 If yes, please note which items you believe are unsafe or unhealthy: _____

- Are you now living in government subsidized housing? (For example, section 8, section 236, Public

Housing) yes _____ no _____
7. Do you plan to have anyone living with you who is not listed on this application? yes _____ no _____
If yes, please explain: _____

PART I - OTHER INFORMATION

1. When could you accept occupancy if you were selected as a resident? _____
2. Do you have a car? _____ Year, make, model: _____
3. Do you have a pet or pets? Please describe: _____
4. How did you hear about these apartments? _____
5. Are you a United States Citizen? yes _____ no _____ Or, do you have legal alien status which you can verify?
yes _____ no _____
6. Please list the names, addresses, and phone numbers of two relatives or friends who know how to contact you, and who could be contacted if we cannot reach you, or in an emergency.

a. Name: _____
Address: _____
Phone: _____
Relationship to you: _____

b. Name: _____
Address: _____
Phone: _____
Relationship to you: _____

7. If you apply for a one bedroom, and a one bedroom is not available, should we contact you for a studio apartment? yes _____ no _____

**FAIR HOUSING AND
504 INFORMATION**

FAIR HOUSING POLICY

Rogerson Communities offers all units on an open occupancy basis. Rogerson Communities does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, veteran history, or public assistance recipiency.

TDD RELAY

TDD relay service is available to all applicants and residents through the use of a NYNEX TDD relay operator. For TDD assistance, please call 1-(800) 439-2370.

504 COORDINATOR

Rogerson Communities' 504 Coordinator may be reached by calling (617) 363-2300 and asking for the 504 Coordinator. You may also write to the 504 Coordinator by addressing a letter to: Ms. Sandra McWhirter, 504 Coordinator, Rogerson Communities, One Florence St., Roslindale, MA 02131.

REASONABLE ACCOMODATIONS

Rogerson Communities is committed to offering reasonable accommodations to applicants, residents and employees who have physical, developmental, or mental limitations or challenges.

Requests for units adapted for the physically challenged, or other accommodations in policy or procedures, require confirmation of the limitation which will be accommodated by the change. A description of the "qualifying handicap" may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation.

Reasonable accommodations are also limited by the financial ability of the development to make any needed changes. Changes in policy, procedures, and design may be governed by the following considerations:

1. The requested accommodation will not result in an undue administrative burden,
2. The requested accommodation will not result in an undue financial burden, and/or
3. The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

Longfellow House Minimum Suitability Standards

Evidence of any of the following will be deemed a failure to meet minimum eligibility standards.

1. History of failure to meet rent and/or other financial obligations on a timely basis. Reasonable accommodation will be made in cases where problematic history can be shown to be a consequence of disability, and applicant and Longfellow House agree to provide a mechanism approved by Longfellow House to guarantee timely payment of rent.
2. A history of behavior or criminal activity by any member of the applicant household which might interfere with the health, safety, security, or peaceful enjoyment of other residents. Examples of activity which could lead to rejection include, without limitation, the possession, distribution and/or use or sale of illegal drugs, illegal sale of or public drinking of alcohol, crimes of physical violence to person or property, rape, prostitution, assault or breaking and entering. Court and/or probation records, where applicable, must be provided by each occupant, in accordance with Massachusetts General Laws.
3. Any previously displayed behavior by any member of the applicant household which would severely impinge upon the safety, health, peace, or well-being of the other residents. Documented physical destruction of property or vandalism would also be grounds for disqualification.
4. Previously evicted due to problems caused by any applicant or member of the applicant household or their guests. Reasonable accommodation will be made if such problems can be shown to be a consequence of disability and these problems have appropriately been resolved.
5. False information on the application (determined upon verification of information).
6. Demonstrated inability to live in a residential setting without using illegal drugs and without abusing controlled drugs or alcohol.
7. Demonstrated inability to be able to meet the obligations of the lease.
8. An incomplete application.

PART J - PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application and the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information may be necessary to complete the application process.
3. I hereby give Rogerson Communities Management authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false

statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application.

APPLICANTS SIGNATURE: _____ DATE: _____

SECOND APPLICANT'S SIGNATURE: _____ DATE: _____

RACE/NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor the owner'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 or whether or not the information is furnished.

_____ White/Non-Minority

_____ African American

_____ Am. Indian/Native American

_____ Asian

_____ Other _____

_____ I do not wish to furnish the above information

This Housing is available on an equal opportunity basis. If you feel that you have been discriminated against in the application process contact:

*Boston Fair Housing Commission
City Hall-9th Floor
1 City Hall Plaza
Boston, MA 02201
Tel: (617) 635-4408*

Title 18, Section 1001 of the U.S. Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



Equal Housing Opportunity