

**Spencer House**

2053R Columbus Avenue, Boston, MA 02119

*Managed by Rogerson Communities 617-469-5800*

SITE OFFICE: (617) 427-5500 TDD: (617)469-5800

**RENTAL APPLICATION**

**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, or shelter provider(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

**PART B FILL IN ONLY IF YOU OWN YOUR OWN HOME**

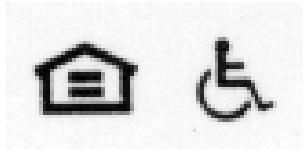
1. Monthly Mortgage \_\_\_\_\_ Present Balance on Mortgage \_\_\_\_\_

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**

**Spencer 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 **Spencer House** your annual income can not exceed **\$30,050** for a one person household and **\$34,300** 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                      \$ \_\_\_\_\_

1. Do you own a home or other real estate?   yes\_\_\_\_\_ no\_\_\_\_\_   
 If yes, what is its market value? \$ \_\_\_\_\_
2. 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)

1. Name of Insurance \_\_\_\_\_ Premium Amount \$ \_\_\_\_\_  
 Name of Insurance \_\_\_\_\_ Premium Amount \$ \_\_\_\_\_
2. List any special expenses for care of household members who are disabled or handicapped:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Do you have any medical expenses not covered by insurance? \_\_\_\_\_  
 If yes, describe briefly: \_\_\_\_\_

**PART H - CURRENT HOUSING CONDITION**

1. Do you wish to move?   yes\_\_\_\_\_ no\_\_\_\_\_ If yes, why? \_\_\_\_\_  
 \_\_\_\_\_
2. How many people live in your house? \_\_\_\_\_ How many bedrooms in your home? \_\_\_\_\_
3. Are you being displaced from your current housing?   yes\_\_\_\_\_ no\_\_\_\_\_ If yes, please explain the circumstances: \_\_\_\_\_  
 \_\_\_\_\_
4. Are you without or about to be without housing?   yes\_\_\_\_\_ no\_\_\_\_\_ If yes, please explain the circumstances.  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are you now living in government subsidized housing? (For example, section 8, section 236, Public Housing)   yes\_\_\_\_\_ no\_\_\_\_\_
6. 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 reciprocity.

**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) 469-5800 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.

### **Spencer House Minimum Suitability Standards**

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

- ❑ A verifiable history of failure to meet rent and/or financial obligations on a timely basis.
- ❑ The applicant, or household member or their guest, has caused damage or destruction of property at a prior residence, including acts of vandalism, or breaking and entering.
- ❑ The applicant, or household member or their guest, has disturbed a neighbor or neighbors at a prior residence by behavior, which substantially interfered with the safety, health, and or the rights of other tenants to peaceful enjoyment of their units.
- ❑ A previous eviction due to problems caused by any applicant or household member, or their guest. Reasonable accommodation will be made if such problems can be shown to be a consequence of disability, and these problems have appropriately been resolved.
- ❑ A history of behavior or criminal activity by any member of the applicant's household which might interfere with the health, safety, security, or peaceful enjoyment of other residents. Examples of this type of behavior include: the possession, distribution and/or use or sale of illegal drugs; public drinking of alcohol; crimes of physical violence to persons, including but not limited to, rape, prostitution, and assault. Court and/or probation records; where applicable, must be provided by each occupant, in accordance with Massachusetts General Laws.
- ❑ The applicant, or a household member, has displayed living habits or poor housekeeping at a prior residence, and such living habits or poor housekeeping posed a substantial threat to the health or safety of the tenant or other tenants, or adversely affected the decent, safe and sanitary condition of all or part of the housing.
- ❑ The applicant, or any household member, has a history of failure to meet material lease terms or the equivalent at one or more prior residences.
- ❑ The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.
- ❑ The applicant has misrepresented or falsified any information required to be submitted as part of the applicant's application (determined upon verification of information).
- ❑ The applicant, or household member, has directed abusive or threatening behavior towards a management agent's employee during the application process or any prior application process within three (3) years.
- ❑ The applicant does not intend to occupy **Spencer House**, if offered, as his/her primary residence.

- The applicant, or household member, is a current illegal user of one or more controlled substances as defined by Massachusetts General Laws. A person's illegal use or possession of a controlled substance within the preceding twelve months will create a presumption that such person is a current illegal user of a controlled substance, but the presumption may be overcome by a convincing showing that the person has permanently ceased all illegal use of controlled substances.

**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

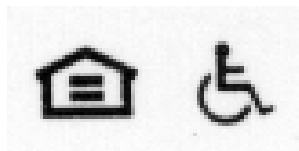
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ 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-9<sup>th</sup> Floor  
 1 City Hall Plaza  
 Boston, MA 02201  
 Tel: (617) 635-4408



**Equal Housing Opportunity**

