

# THE HOMES AT OLD COLONY

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

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，請撥下面的電話或親往我們的辦公室。

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou venha 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.

ಇದು ಒಂದು ಮುಖ್ಯ ದಾಖಲೆಯಾಗಿದೆ. ನಿಮಗೆ ಅನುವಾದ ಅಗತ್ಯವಿದ್ದರೆ, ದಯಮಾಡಿ ಕೆಳಕಂಡಿರುವ ದೂರವಾರ್ತೆ ಸಂಖ್ಯೆಯನ್ನು ಕರೆಸಿ ಅಥವಾ ನಮ್ಮ ಕಛೇರಿಗೆ ಬನ್ನಿ.

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

មកជុំវិញមកទាក់ទងជាមួយការងារនៅការិយាល័យយើងផង។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

L'ani wou dhokiman entanpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

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

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

Leasing Center Tel. # 617.268.2160

- **THIS COMMUNITY IS NOT SUBSIDIZED.**
- **THIS IS A "MODERATE" INCOME PROGRAM, NOT A "LOW-INCOME" PROGRAM.**
- **IF YOU NEED A SUBSIDIZED APARTMENT, PLEASE CONTACT THE BOSTON HOUSING AUTHORITY AT: 617.988.4000 OR THE BOSTON FAIR HOUSING COMMISSION AT: 617.635.4408**

**MINIMUM HOUSEHOLD INCOME GUIDELINE IS -- \$ 33,240- PER YEAR TO QUALIFY.**

**MINIMUM HOUSEHOLD INCOME IS WAIVED FOR SECTION 8 VOUCHER HOLDERS.**

**MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE:**

<u>1 PERSON</u>	<u>2 PEOPLE</u>	<u>3 PEOPLE</u>	<u>4 PEOPLE</u>	<u>5 PEOPLE</u>	<u>6 PEOPLE</u>
\$41,400	\$47,280	\$53,220	\$59,100	\$63,840	\$68,580

**RENTS FROM:**

<u>1 BEDROOM</u>	<u>2 BEDROOM</u>	<u>3 BEDROOM</u>	<u>4 BEDROOM</u>
\$1,108	\$1,330	\$1,536	\$1,714

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

**The Homes At Old Colony**  
*A Smoke Free Community*

**PRELIMINARY RENTAL APPLICATION**

Return to:

Old Colony Apartments  
25 James O'Neill  
Boston, MA 02109  
Phone #: 617-268-2160  
FAX #: 617-268-2161  
TTY #: 711

Please **PRINT** and fill in **ALL** information.

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

**APPLICATION FOR ADMISSION – SHORT FORM**

**Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact a Leasing Consultant (contact information above).**

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_ Cell: \_\_\_\_\_

Present Address \_\_\_\_\_

Street City State Zip

Mailing Address \_\_\_\_\_

(if different) Street City State Zip

**DEMOGRAPHIC INFORMATION (Optional)**

These are optional questions, but are important for fair housing purposes.  
Please indicate appropriate category.

**Ethnicity of Head of Household #** \_\_\_\_\_

1. Hispanic                      2. Non-Hispanic                      3. Declined to Report

**Race of Head of Household #** \_\_\_\_\_

1. American Indian or Alaskan Native    3. African American                      5. Other  
2. Asian or Pacific Islander                      4. Caucasian                      6. Declined to Report

**SIZE OF APARTMENT NEEDED:**

1 BR    2BR    3BR    4BR  
[ ]    [ ]    [ ]    [ ]

**UNIT TYPE REQUESTED:**

[ ] Wheelchair Adapted Unit  
[ ] Hearing/Visual Adapted Unit



**DO YOU HAVE A MOBILE SECTION 8 VOUCHER** [ ] Yes [ ] No

If yes, list housing authority or administering agency: \_\_\_\_\_

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

[ ] Yes [ ] No If yes, please explain. \_\_\_\_\_

I understand that this is a smoke-free community which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. [ ] Yes [ ] No

**FAMILY COMPOSITION**

List all household members who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER M/F	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No

**GROSS INCOME BY HOUSEHOLD MEMBER**

Please indicate the GROSS income (before taxes) received and assets held by each member of your household. List each member by the corresponding number on the first page.

**EMPLOYMENT INCOME**

**Member #** \_\_\_\_\_  
Name of Current Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly



**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings(pre-tax) (week, month, year)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

**ASSETS**

Assets include (but are not limited to) Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Balance (pre-tax)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



**Boston Residency Self Certification**

In the lottery only, a Local Preference will be given to Boston residents for 70% (11 apartments) of the 15 straight Low Income Housing Tax Credit apartment homes at Old Colony Phase One. Please read the certification below and check all definitions that apply.

I certify that:

- I, or a member of my household, is a documented full-time resident of the City of Boston.
- I, or a member of my household, is a former Boston resident that can demonstrate that they were a documented full-time resident of the city on or after January 1, 1999.
- I, or a member of my household, is a former Boston resident that can document that they were displaced from an apartment in the city as a result of the end of the rent control in 1995-96.
- I, or a member of my household, is a non-resident employee of the City of Boston.
- I, or a member of my household, is currently homeless, and therefore exempt from the Boston residency policy.

Information provided:

- Photo Identification
  - A Utility Bill (not water or cell phone) dated within the past 60 days
  - A Deed, Mortgage Payment dated within the past 60 days, or Property Tax Bill dated within the last year
  - A current Lease, Section 8 Agreement, or Landlord Affidavit
  - A W2 form dated within the year or a Payroll Stub dated within the past 60 days
  - A Bank or Credit Card Statement dated within the past 60 days
  - A Letter from an Approved Government Agency\* dated within the past 60 days
  - Other
- \_\_\_\_\_
- \_\_\_\_\_

I/We hereby certify that the information furnished is true and complete, to the best of my/our knowledge and belief:

Signed under the pains and penalties of perjury.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**CERTIFICATION**

I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign the pre-application.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Preliminary Rental Application.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

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

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Co-Applicant	Date	Co-Applicant	Date



## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A **change or waiver in the rules or policies** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A **physical modification** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A **more effective means of communication** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

