

Sachem Manor

91 Denver Street, Saugus MA 01906

Managed by:

Lynn Housing Authority & Neighborhood Development

174 S. Common Street
Lynn, Massachusetts 01905
Phone (781) 581-8760

Application for Supportive Low Income Housing for Persons 62 Years of Age and Older

Name of Applicant: _____

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Work Telephone: () _____

Members of household to live in (1) bedroom unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation **
	HEAD of Household				
	Spouse/Co-Head or Other (Please Circle)				

* This information will be used to verify income, assets, and criminal record information

** Employed, At Home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation?

Specify: _____

Do you need a wheel chair accessible apartment? (Circle One) YES NO

Racial Designation: HUD requires that certain racial and ethnic data be collected however, responding to this question is optional (Circle One)

American-Indian Asian Black Hispanic White Other (specify) _____



INCOME BEFORE DEDUCTIONS (Limits \$30,050 for (1) person and \$34,300 for (2) people)
 Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months.
 Specify all sources:

Type of Income	Source of Income, Name of Employer	Gross Monthly Amount	Gross Amount For Next 12 Months
Salaries, Wages, Including Overtime/Tips			\$
Net Income From Business or Profession			\$
Trust Income, Interest & Dividends			\$
Pensions and Annuities			\$
Unemployment or Disability Compensation			\$
Regular Social Security Benefits and/or SSI			\$
VA Disability Income			\$
Public Assistance			\$
Regular Alimony Support Payments, Gifts			\$
Other Income			\$
Total Gross Income			\$

ASSETS

Do you own any real estate? (Circle One) YES NO

If yes, please prove the address: _____

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. DO NOT include clothing, furniture or cars:

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



ANNUAL EXPENSES

Un-reimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$
TOTAL EXPENSES	\$

PREFERENCES:

There are no preferences

Does anyone in your household own a car? (Circle One) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

REFERENCES: List two references. These should not be relatives or household members.

(1) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

List addresses for each household member for the last (5) years in reverse order:

(1) Address: _____ Apt. No.: _____ Dates: From _____ To Present _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO

(2) Address: _____ Apt. No.: _____ Dates: From _____ To _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____



EQUAL HOUSING
OPPORTUNITY

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO

(3) Address: _____ Apt. No.: _____ Dates: From _____ To _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO

Have you sold or transferred any property in the past (5) years? Circle One: YES NO

Date of transfer: _____ Address of Property: _____

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? Circle One: YES NO

If YES: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements?
Circle One: YES NO

If NO, please explain: _____

Sachem Manor allows tenants to have (1) pet, and there is a weight limit of 30lbs:

Do you have any pets? Circle One: YES NO

Please describe: _____



EMERGENCY CONTACT

Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you or in case of any emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: () _____ () _____

CRIMINAL RECORD

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? Circle One: YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

Circle One: YES NO

If YES, please explain: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that Sachem Manor will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preference that was granted on the prior application for a three (3) year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from Sachem Manor. I understand that it is my responsibility to inform Sachem Manor in writing of any change of address, income, or household composition. I authorize Sachem Manor to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that Sachem Manor will request Criminal Offender Record Information from the Criminal History Systems Board and may perform credit checks and internet searches for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature: X _____ Date: ✓ _____



