



Mary Immaculate Health/Care Services

A Member of Covenant Health

Dear Prospective Resident:

Thank you for considering MI Residential Community for your future home! MI Residential Community consist of three residential high rise buildings with 300 federally subsidized apartments constructed in 1979 under the Section 8 program to provide affordable housing for low-income persons 62 years of age and older or non-elderly persons with verified disabilities.

MI Residential Community and affiliated companies offer a broad array of health/wellness, nutrition and social services on-site to residents in need of such supports; these include 'MI Adult Day Health Center' located onsite. Adult Day Health program provides daytime nursing and social support for older adults who live on campus and off site. Services provided through this program include skilled nursing care, social work services, meals, exercise programs, activities, entertainment and religious services.

Additionally, we have the assisted living program; 'Marguerite's House' provides daily services in your apartment for one monthly fee. Marguerite's House provides assistance with activities of daily living, self-administered medication management, meals, activities, housekeeping, laundry, 24 hour staffing, emergency response system in our building and health/wellness programs. If you are interested in learning more about the aforementioned programs, please contact the Marketing & Admissions Director at (978) 620-1486.

If you are interested in applying for an **Independent Living apartment**, all members of your future household shall be listed on this application; completed in its entirety, signed and dated by the Head of Household (Applicant 1) and Co-Head of household (Applicant 2), and all other household members.

Staff will assist any applicant who might have trouble completing the application form to ensure all interested parties are able to apply for housing. Incomplete, unsigned applications and failure to respond to written communication will delay waitlist placement or result in denial.

Completed applications and questions can be directed to the Certified Occupancy Specialist, (978) 620-1498 or at 189 Maple Street, Lawrence MA, 01841.

Sincerely,

MI Residential Community, Inc.



TENANCY APPLICATION

SOCIAL SECURITY NUMBER	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH		
### - ## - ####		Self/ Head of Household	##/##/####		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow/er
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer Not To Disclose		
Please provide a complete list of states or foreign countries where this person has lived:					
Citizenship Status <input type="checkbox"/> US. Citizen <input type="checkbox"/> Resident of the U.S.A. [Card No: ### - ### - ###]					
Have you ever been arrested, charged or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, indicate if a conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					
If yes, please provide an explanation.					

Address Line 1	
Address Line 2	
City, State, Zip	
Home Telephone	(###) ### - ####
Mobile Telephone	(###) ### - ####
Email Address	
Is the Head-of household or co-head/spouse 62 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities? If yes, have your Doctor fill out the Verification of Disability Form available in the office.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in the future household a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in the future household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in the future household ever been evicted from a federal or state funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		

Do You Know We Are A Smoke Free Community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware, if you or others smoke in your apartment, you are in violation of your lease and could result in eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use medical or recreational marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone in the future household drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, how frequent? Daily, Weekly, Monthly, or Infrequent?	
How did you learn about us?	

HOUSEHOLD COMPOSITION / CHARACTERISTICS / INCOME & ASSETS

List the Head of Household and all other persons who will be living in the apartment. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.		
Employer Name		
Address		
Address 2		
City, State, Zip		
Telephone	(###) ### - ####	

<i>Please write in 0 (Zero), NA or None if you receive no income from these sources.</i>		
<i>THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</i>		
Monthly Gross Social Security	\$	
Monthly Gross Federal SSI	\$	
Monthly Gross State SSI	\$	
Monthly Gross Retirement Benefits	\$	
Monthly Gross VA Benefits	\$	
Monthly Gross Unemployment Benefits	\$	
Monthly Gross Alimony Amount?	\$	
Monthly Gross Public Assistance/Welfare	\$	
Monthly Gross Pension Amount and Source Name:	\$	
Gross Income from Annuity? If yes, regular contributions amount & Source:	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, source and amount:	\$	
Contributions from family for rent, child care or other bills.	\$	

Other Source of Income, Name & Amount	\$
Other Source of Income, Name & Amount	\$

ASSETS

Have you sold or given away real estate property or other assets valued at \$1000.00 or more (including cash) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, in the future, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Current Checking Account Balance	\$	
Saving Account Balance	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own assets, home, land, apartment or other property in another state or foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, jewelry, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		

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CO-HEAD OF HOUSEHOLD/ADDITIONAL HOUSEHOLD MEMBER

SOCIAL SECURITY NUMBER	HOUSEHOLD MEMBER'S FULL NAME				DATE OF BIRTH
### - ## - ####					## / ## / #####
RELATIONSHIP TO HEAD OF HOUSEHOLD					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Adult Co-Head	<input type="checkbox"/> Other Adult Family Member	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Live-in Attendant
<input type="checkbox"/> Foster Adult		<input type="checkbox"/> Minor Child	<input type="checkbox"/> Roommate	<input type="checkbox"/> None Of The Above	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow/er
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer Not To Disclose		
Please provide a complete list of states or foreign countries where this person has lived:					
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Resident of the U.S.A [Card No: ### - ### - ###]				
Have you ever been arrested, charged or convicted of a crime?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.			<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
If yes, please provide an explanation.					

INCOME AND ASSET INFORMATION

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

<i>Please write in 0 (Zero), NA or None if you receive no income from these sources.</i>	
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.	
Monthly Gross Social Security	\$
Monthly Gross Federal SSI	\$
Monthly Gross State SSI	\$
Monthly Gross Retirement Benefits	\$
Monthly Gross VA Benefits	\$
Monthly Gross Unemployment Benefits	\$
Monthly Gross Alimony Amount?	\$
Monthly Gross Public Assistance/Welfare	\$

Monthly Gross Pension Amount and Source Name:	\$
Gross Income from Annuity? If yes, regular contributions amount & Source:	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, source and amount:	\$
Contributions from family for rent, childcare or other bills.	\$
Other Source of Income, Name & Amount	\$
Other Source of Income, Name & Amount	\$

ASSETS

Have you sold or given away real estate property or other assets valued at \$1000.00 or more (including cash) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, in the future, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Current Checking Account Balance	\$	
Saving Account Balance	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own assets, home, land, apartment or other property in another state or foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, jewelry, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide a description of the asset(s) and the current asset value below:

RENTAL HISTORY

Current Landlord			
Address 1			
Address 2			
City, State, Zip			
Contact Name			
Telephone Number			
How long did you live at this address?			
Reason for leaving?			
Did you owe the previous property owner any money when you left or do you currently have any outstanding balances owed to this property owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently receiving housing assistance from HUD or any State agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been evicted or is this property owner attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #1			
Address			
Address			
City, State, Zip			
Contact Name			
Telephone Number			
How long did you live at this address?			
Reason for leaving?			
Did you owe the previous property owner any money when you left or do you currently have any outstanding balances owed to this property owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #2	
Address	
Address	
City, State, Zip	

Contact Name		
Phone Number		
How long have you lived at this address?		
Reason for leaving?		
Did you owe the previous property owner any money when you left or do you currently have any outstanding balances owed to this property owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities (electricity) in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PETS & ASSISTANCE/COMPANION ANIMALS

If you own a pet, please review the property's pet policy. The presence of any animal must be approved before the animal is allowed to be kept in the apartment.

Do you plan to house an animal in the apartment? Yes No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT <i>(NOT TO EXCEED 20LB)</i>

Is this animal required to live in the apartment to alleviate the symptom(s) of a disability for a household member? Yes No

UNIT SIZE: The owner/agent will take your apartment preferences/requirements in to consideration. The owner/agent occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessity for an apartment with special features below.

Unit Size

<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit

Special Features

<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)

Barrier-Free Unit Special features: Please list: _____**PENALTIES FOR MISUSING THIS FORM OR MISREPRESENTATION**

Title 18, Section 1001 of the U.S. Code 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 and any owner (or any employee of HUD 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current property owners or other sources of credit pre and post tenancy and verification information, which may be released, to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law or can result in a denial of application.

Are all future household members identified on this application?

Yes No, please explain _____

I would like to request a complete copy of the owner/agent's resident selection plan.

No Yes if yes, what type: Paper copy Electronic copy

Head of Household Signature _____

Date _____

Other Household Member Signature _____

Date _____

Other Household Member Signature _____

Date _____

Other Household Member Signature _____

Date _____

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.