



IEH APPLICATION INFORMATION

Please send completed application to:

ISLAND ELDERLY HOUSING, INC.
60B VILLAGE ROAD
VINEYARD HAVEN, MA 02568

The Property Management Office is open from 8 AM to 4 PM,
Monday through Friday.

Telephone: 508-693-7555
Fax: 508-693-7188
For hearing impaired: Call MA Relay at 711

To be considered for selection, an applicant must submit a completed application. This application is to determine initial eligibility for our waiting lists only. We will request verification of all information reported in this application at the time of your final screening for occupancy.

You **MUST** notify us if any of the information reported in this application changes.

Fill in all sections completely, as the failure to do so may result in processing delays or rejection of your application.

Should you need help in completing this application, or if you wish to review IEH's Resident Selection Plan, please contact Island Elderly Housing.

We will notify you in writing within 21 days of our receipt of your application.

Island Elderly Housing, Inc. will not discriminate against applicants or residents on the basis of race, color, creed, religion, sex, national or ethnic origin, citizenship, ancestry, class, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy.





RENTAL APPLICATION

Which projects are you applying for?

Woodside Village I:	___	Woodside Village V:	___
Woodside Village II:	___	Woodside Village VI:	___
Woodside Village III:	___	Hillside Village II:	___
Woodside Village IV:	___	Hillside Village III:	___
Aidylberg I:	___	Aidylberg II:	___
		The Margaret C. Love House:	___

CONTACT INFORMATION:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FAMILY COMPOSITION:

List all persons who would occupy the apartment including yourself.

<u>NAME:</u>	<u>RELATIONSHIP:</u>	<u>SEX:</u>	<u>SS#:</u>	<u>DATE OF BIRTH:</u>
1. _____				
2. _____				

BARRIER-FREE APARTMENTS:

Ten percent of our apartments are designed specifically for persons who need the accessibility of a barrier-free unit in order to live independently.

ARE YOU REQUESTING ONE OF THESE WHEELCHAIR-ACCESSIBLE, BARRIER-FREE UNITS? YES () NO ()



REASONABLE ACCOMMODATIONS AND MODIFICATIONS:

IEH will make reasonable accommodations to policies or reasonable modifications of common or unit premises for all applicants with disabilities who require such changes to have equal access to any aspect of the application process, its programs and services.

DO YOU REQUIRE A REASONABLE ACCOMMODATION OR MODIFICATION?

YES () NO ()

NAME, ADDRESS, AND TELEPHONE NUMBER OF A CLOSE FRIEND OR RELATIVE:

This information is helpful in case we can't get in touch with you when updating our waiting lists.

INCOME: (See attached "Things You Should Know")

List all income earned or received by each household member. This includes: Wages, Self-Employment, Unemployment, Welfare, Social Security, SSI, Disability, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Rental Property, Stock Dividends, Bank Account Interest, etc.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF INCOME</u>	<u>GROSS EARNINGS</u> (before taxes)
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1.	_____	_____
2.	_____	_____
3.	_____	_____

(specify per week, month, or year)



ASSETS:

List all assets for each household member. This includes: Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, and Cash Value of Whole Life Insurance Policies.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF ASSET</u>	<u>BALANCE/VALUE</u>
-------------------------	----------------------	----------------------

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Do you or any household member own or have interest in any real estate, boat, and/or mobile home? YES () NO ()
CASH VALUE _____

Have you sold any real estate in the past two years? YES () NO ()
CASH VALUE _____

APPLICANT CERTIFICATION:

I/we do hereby swear and attest that all of the information provided in this application is true and complete to the best of my knowledge. I understand that all information is regarded as confidential in nature and that a consumer credit report, criminal offenders record information (CORI) report, and previous landlord references will be requested. I/we certify that I/we understand that false statements or information are punishable under State or Federal Law.

Applicant

Co-Applicant

Date



RACE/ETHNICITY INFORMATION: (optional)

The following information is requested by the Federal Government and will only be used for fair housing programs. You are not required to furnish this information, but are encouraged to do so.

I do not wish to furnish this information

Race:

Black/African American White/Caucasian
 American Indian/Native American or Alaskan Native
 Asian/ Pacific Islander Other: Specify _____

Ethnicity:

Hispanic Non-Hispanic

MARKETING INFORMATION:

How did you hear about housing with Island Elderly Housing, Inc.?





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

MORIDIA PARA IDOSOS NA ILHA, INC.
(ISLAND ELDERLY HOUSING, INC.)

AVISO DE SERVICIOS DE INTERPRETE

Por favor deixe o Gerente Local saber se voce gostaria de ter um interprete para assistir voce no processo de aplicacao ou para algum informacao das responsabilidades do inquilino.

ALOJAMIENTO DE RETIRADOS DE LA ISLA, INC.
(ISLAND ELDERLY HOUSING, INC.)

AVISO DE SERVICIOS DE INTERPRETE

Por favor deje saber el Gerente del Lugar si usted desea un interprete para asistirlo con el proceso de la aplicacion o para una explicacion de las responsabilidades del inquilino.

MORADIA PARA IDOSOS NA ILHA, INC.
FORMULARIO PARA PEDIDO DE SERVICIOS DE INTERPRETE

Nos queremos ter a certeza que voce entende todo o processo de aplicacao e/ou as responsabilidades do inquilino na Moradia Para Idosos no Ilha, Inc. (IEH). Nos podemos arranjar, dentro de 3 dias uteis, um encontro com um interprete qualificado para te assistir. Por favor complete a questao e assine abaixo se voce gostaria de ter um interprete. Nos iremos contactar voce para confirmar a data e a hora do encontro.

Sim, eu gostaria de um interprete qualificado em Portugues para uma assistencia no meu encontro com os representantes da Moradia Para Idosos na Ilha (IEH).

Horas de preferencia para o encontro: Manhas Tardes

ALOJAMIENTO DE RETIRADOS DE LA ISLA, INC.
PEDIDO DE SERVICIOS DE INTERPRETE

Queremos estar seguros que usted entiende el proceso de la aplicacion y/o las responsabilidades de los inquilinos del Alojamiento de Retirados de la Isla, Inc. (IEH). Podemos organizar una reunion con usted dentro de 3 dias habilies y tener un interprete qualificado en Espanol para asistir usted. Por favor complete el siguiente y ponga su firma abajo se usted quiere un interprete. Nosotros estaremos en contacto con usted en quanto a la fecha y la hora de la reunion.

Si, yo quisiera un interprete qualificado en Espanol para asistirme en mi reunion con los representantes del Alojamiento de Retirados de la Isla (IEH).

Hora preferida para una reunion: Mananas Tardes

Nome (em letras de forma) _____

Nombre (en letras de molde) _____

Telefone para contato _____

Numero de telefono para contactar _____

Assinatura e data _____

Firme y la fecha _____

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To be completed by IEH Staff

_____ Date of contact with Island Interpreter Services

_____ Date/time of scheduled meeting

_____ Date of return call to applicant/tenant to confirm meeting

_____ Staff Signature