



**Please send complete application to:
Island Elderly Housing 60B Village Rd Vineyard Haven, MA 02568**

Island Elderly Housing, Inc. manages 165 rental apartments for elderly and disabled persons who meet the eligibility requirements of our rental assistance programs. Ten percent of our apartments are handicapped accessible. All but four of our apartments are one-bedroom units.

Hillside Village in Vineyard Haven, MA (fifty-five apartments) and Woodside Village in Oak Bluffs, MA (ninety-five apartments) are our largest complexes.

The Margaret C. Love House in Vineyard Haven, MA is a large Victorian house on Main Street consisting of five studio apartments.

The two buildings known as The Aidylberg are located on Wing Road in Oak Bluffs, MA and consist of ten apartments.

Rental assistance for all of our projects with the exception of Hillside Village I is provided by the US Department of Housing and Urban Development (HUD). The rents at Hillside Village I are subsidized by USDA-Rural Development. The amount of rent and utilities are calculated for each tenant so that the amount does not exceed 30% of that tenant's adjusted monthly income.

In order to be eligible for one of our HUD-funded units, an applicant must be at least 62 years of age and meet the income guidelines, Hillside Village I also accepts applications from non-elderly persons with disabilities and from applicants with low or moderate incomes as well. Please call IEH for further information on these USDA-Rural Development income limits.

For all the HUD-funded units and for the Very Low Income waiting list at Hillside Village I:

- * the maximum annual income limit for one person is \$43,050.
- * for two persons, the maximum annual income limit is \$49,200.

Please call IEH Property Manager at 508-693-7555 for more information or to review IEH's Resident Selection Plan.

IEH was incorporated as a private, non-profit corporation in 1976. Our mission has always been to provide affordable rental housing and related services for very low income persons whose income does not exceed 50% of the median.

IEH receives rental assistance from the federal government which makes it possible for us to offer apartments at such reasonable rents.

While we are able to operate our tenant rents and rental assistance alone, as we have expanded – and as our residents have “aged in place” – related services have become more urgent and private fundraising has been required.

IEH provides casework and advocacy services through our Service Coordinator.



Pre-Application for Admission and Rental Assistance Housing for Seniors

Date: _____

Management Agent:	Island Elderly Housing	Telephone:	(508) 693-7555
Property Address:	60 B Village Road Vineyard Haven, MA 02568	TTD/TTY:	711 National Voice Relay

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Name, Address, Telephone Number of a Close Friend or Relative:			
May we share wait list information with the person above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in all IEH units and buildings and will be prohibited anywhere within twenty-five (25') feet of any IEH building. Smoking will only be allowed in designated areas.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Pre-Application for Admission and Rental Assistance Housing for Seniors

Have you ever been 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
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally 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			
<p>Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/ sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i></p> <p> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C </p>			

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

I am a victim of a recent presidentially declared disaster. Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than four people will live in the unit. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults	Minors	

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



**Pre-Application for Admission and Rental Assistance
Housing for Seniors**

PROJECTS/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate the project preferences below. Please indicate any necessary special features below.

PROJECTS

Special Features

<input type="checkbox"/> Aidylberg I and II	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Hillside Village II	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Hillside Village III	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Margaret C. Love House Studio unit – one person maximum	<input type="checkbox"/> Special features: Please list below:
<input type="checkbox"/> Woodside Village I	
<input type="checkbox"/> Woodside Village II	
<input type="checkbox"/> Woodside Village III	
<input type="checkbox"/> Woodside Village IV	
<input type="checkbox"/> Woodside Village V	
<input type="checkbox"/> Woodside Village VI	

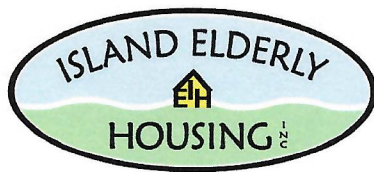
INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please provide the total amount of annual income.

Annual income	\$
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Please provide the value of all assets (including checking/savings accounts)

Total assets	\$
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Pre-Application for Admission and Rental Assistance Housing for Seniors

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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). Violation of these provisions is 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/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit 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.

I would like to request a complete copy of the owner/agents resident selection criteria.

No Yes If yes, which option do you prefer? Paper copy Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

Island Elderly Housing does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Island Elderly Housing, Inc.
Dorothy Young, Executive Director
60 B Village Road
Vineyard Haven, MA 02568
(508) 693-7557 x14 – Voice
dyoung@iehm.org
711 – TTY