



Whaler's Cove Assisted Living
114 Riverside Avenue
New Bedford, MA 02746

INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question or mark with a "-0-" if it is a dollar amount line or section.
 - a. All sources of earned income must be reported for all household members 18 years and older.
 - b. All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES** are required by all adult applicants 18 and older.
3. **RETURN YOUR APPLICATION AND \$100.00 NON-REFUNDABLE ADMINISTRATIVE FEE TO:**

Whaler's Cove Assisted Living
114 Riverside Avenue
New Bedford, MA 02746
Phone: 508-997-2880
Fax: 508-997-1599

Your application is being returned because:

- You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you would still like to be considered for housing.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Whaler's Cove Assisted Living
Please complete this application and return to:	Whaler's Cove Assisted Living 114 Riverside Avenue New Bedford, MA 02746

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you: (Circle one) RENT or OWN

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? (Circle one) Yes No

Circle utilities paid by you: Heat Electricity Gas Other (specify): _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: (Circle one) Studio One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M – Married D – Divorced S – Single L – Legal Separation B – Estranged	Birth Date	Age	Social Security Number	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? (Circle one) Yes No
 If yes, please explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? (Circle one) Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

(Circle Yes or No)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a Title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section does not apply, fill in "-0-"

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Alimony	
	Are you entitled to receive alimony?	Yes No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	Yes No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you entitled to receive child support?	Yes No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		Yes No
If yes, explain: _____ _____ _____		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section does not apply, fill in "-0-"

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value \$		
	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any property? (Circle One)	Yes	No
If yes, Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years? (Circle one)	Yes	No
If yes, Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? (Circle one)	Yes	No
If yes, describe the asset		
Date of disposition		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
If yes, please list: _____		

E. ADDITIONAL INFORMATION (Circle Yes or No)		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
If yes, describe: _____		

Have you or any member of your family ever been evicted from any housing?	Yes	No
If yes, describe: _____		

Have you ever filed for bankruptcy?	Yes	No
If yes, describe: _____		

Will you take an apartment when one is available?	Yes No
Briefly describe your reasons for applying: _____	

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	

In case of emergency notify:

Address:

Relationship:

Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Do you own any pets? (Circle one)

Yes

No

If yes, describe:

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a last months rent for this apartment prior to occupancy. 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 application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit #: _____
 Property Name: Whaler's Cove Assisted Living
 Address: 114 Riverside Avenue
New Bedford, MA 02746
Tel: 508.997.2880 Fax: 508.997.1599

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be help in strict confidence for use in determining eligibility status and income for this individual/family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

<p style="text-align: center;"><u><i>Laura Sousa</i></u> Authorized Signature</p>	<p style="text-align: center;"><u>Executive Director</u> Title</p>
<p style="text-align: center;"><u>Laura Sousa</u> Print Name</p>	<p style="text-align: center;">_____ Date</p>

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

Signature	Date
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Verification form is attached.



Authorization for Release of Information

I, _____, certify that the information which I provide in applying for residency at Whaler's Cove Assisted Living is true and correct to the best of my knowledge. I authorize the Multidisciplinary Assessment Team to obtain information from the following in order to discuss with each other such medically and socially related information, as shall be deemed necessary to process my application for residency and to ensure adequate supportive services are available to me when I am a resident.

PCP: _____

Specialty Provider(s): _____

Psych. Provider: _____

Skilled Visiting Nurse Agency: _____

Pharmacy: _____

I understand that Whaler's Cove will use this information for planning, policy, and programmatic purposes. I am assured that this information will be kept strictly confidential and that, when possible, my name will remain anonymous. I understand that the use of personal data shall comply with the provision of the Massachusetts General Law, Chapter 66A, Section 2, the Fair Information Practices Act.

- This release is valid for one year.
- I understand that I have the right to receive a copy of this authorization.
- A photocopy or facsimile is as valid as the original.

Resident Signature: _____ Date: _____

Legal Representative: _____ Date: _____

Nurse: _____ Date: _____

