

# MODERA MARSHFIELD, WAITING LIST APPLICATION

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (if available) \_\_\_\_\_

Unit size(s) for which you are applying (please check). (*NOTE: per MassHousing, 1 person households cannot live in a 2BR unit, and 2 person households cannot live in a 3BR unit, unless an extra bedroom is required as a reasonable accommodation*).

- 1 bedroom
- 2 bedroom
- 3 bedroom

**HOUSEHOLD MEMBERS:**

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

**HOUSEHOLD TYPE** (please check one, read the Information Packet for more details):

**Type III**

- 6 person household: all types
- 5 person household: all types
- 4 person household: all types
- 3 person household: 1 head-of-household plus 2 dependents
- 3 person household: 2 heads-of-household plus one dependent, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

**Type II**

- 3 person household: 2 heads-of-household plus 1 dependent
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- 2 person household: 1 head-of-household plus one dependent

**Type I**

- 2 person household: 2 heads-of-household
- 1 person household: all types

**PREFERENCE INFORMATION**

**Are you, or any member of your household, in need of an accessible unit?** This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- Yes
- No

**Are you, or any member of your household, in need of a unit for the Hearing Impaired?** This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and who have a disability that matches the features of a unit for the hearing-impaired.

- Yes
- No

**Are you, or any member of your household, in need of a unit for the Vision Impaired?** This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and who have a disability that matches the features of a unit for the vision-impaired.

- Yes
- No

**INCOME**

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc)?

\$
----

**REASONABLE ACCOMODATION**

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- Yes
- No

If yes, please explain in the space provided here:

--

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

**Please remember to maintain all records of income, assets and taxes!!!**

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Property Contact:**

(e) [moderamarshfield@millcreekplaces.com](mailto:moderamarshfield@millcreekplaces.com)

(p) 339.244.1200