

The information requested in this form is required by the government. Agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out

## Glen Brook Way Seniors

3 Glen Brook Way  
Medway MA 02053

Tel: (508) 321-5043 MA Relay 711  
GBWseniors@maloneyproperties.com

### PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

Preliminary applications are used to pre-qualify prospective applicants for the waiting list/ lottery as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

**Please complete all sections of this preliminary application and return to the address listed above. If a question is not applicable, write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion and will not be placed on in the lottery or waiting list. Every family member age 18 and over, as well as the Head, Co-head or Spouse must sign and date the application.**

**At least one household member must be 62 years or older.**

Head of Household Name:					
Address:					
	Street	Apt. #	City	State	ZIP
Daytime Phone:	Evening Phone:		Email Address:		

**Preferences:** Verification of preferences will be requested during applicant screening process.

<b><u>Local Preference:</u></b> There are several units set aside for this preference. Applicants must have at least one household member currently legally residing in the Town of Medway, at least one household member employed by the Town of Medway, or a company or organization located in the town of Medway, or have a child enrolled in the municipality's schools.	<input type="checkbox"/> Yes
<b><u>Homeless:</u></b> There are several units Set aside for this preference. Are you currently homeless as defined as living in a shelter, living in a public or private place not designated as a regular sleeping place for human beings and/or on the street, without access to permanent housing or at immediate risk of becoming homeless? Verification is required by a shelter, homelessness advocacy agency or organization, social worker, or attorney,	<input type="checkbox"/> Yes
<b><u>CBH- Community Based Housing Program:</u></b> Three units are modified and set aside for this program, do you meet the definition for program eligibility? To be eligible for CBH unit, a person must have a physical or mental impairment of a permanent or long and continuous duration that substantially limits one or more major life activities. The physical or mental impairment must be verified by a medical professional. Priority will be given to individuals who are documented by a Massachusetts Rehabilitation Commission (MRC) Approved entity, secondly by individuals currently institutionalized or at risk of institutionalization and thirdly by any individual with a disability.	<input type="checkbox"/> Yes

Do you or any member of your household need any specific features or apartment designs, such as wheelchair accessibility, visual aids (braille), or apparatus for hearing assistance? ☐ Yes ☐ No

If Yes, please describe:

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Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

☐Yes ☐No If yes, please explain: \_\_\_\_\_

Demographic information is collected for the sole purpose of tracking our affirmative fair housing marketing plan efforts.

PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD

	Name	Relationship to Head of Household	Birth Date	Demographics Circle All That Apply  See Numerical Code Below	Student Status (Must Circle as Applicable to EACH Member)
1.		Head		1 2 3 4 5 6	Full-time / Part-time / Not Student
2.				1 2 3 4 5 6	Full-time / Part-time / Not Student

[1. White] [2. Black/ African American] [3. American Indian/ Alaska Native] [4. Asian]  
[5. Native Hawaiian/ Pacific Islander] [6. Hispanic/ Latino (of any race)]

Will <b>all</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If you answered <b>yes</b> to the above question, please complete the following:</u>	
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Workforce Investment Act or similar federal, state or local program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF/AFDC or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all sources of income for all household members anticipated over the next 12 months. **NOTE: “Income” includes but is not limited to all money received from Employment, Social Security Benefits, Supplemental Security Payments, Pensions, Veteran’s Benefits, Unemployment Compensation, Public Assistance, Child Support, Alimony and interest earned from assets.** Please indicate the total annual income PRIOR to deductions (taxes, etc.).

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. **NOTE: "Assets" include but are not limited to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, brokerage accounts, investments, real estate, and investment properties.**

Household Member Name	Type of Asset	Balance/ Value

<b>Have you or any member of your household been: (A) convicted of a felony in the last 5 years; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, specify whether (A) and/or (B) is applicable including member name(s) and description of convictions etc. including dates. Attach separate sheet if necessary:</b>	
<b>Provide a complete list of ALL States in which any applicant household member has ever resided:</b>	

Certification: I/We further certify that this will be my/our sole and permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's tenant selection plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household):	_____	Date:	_____
Signature (Co Head / Spouse):	_____	Date:	_____

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