



30 Wallingford Road, Brighton, MA 02135-4753
Tel. 617/ 912-8400, TDD 617/789-4868



JCHE
JEWISH COMMUNITY
HOUSING FOR THE ELDERLY

RENTAL APPLICATION

Thank you for your interest in JCHE. This application may be used for Ulin House and Leventhal House in Brighton; and Golda Meir House and Coleman House in Newton. **We are sorry that due to the length of the waiting list, JCHE does not accept applications for Genesis House in Brighton at the present time.** Please complete and return this form as soon as possible. Upon receipt, your name will be placed on the appropriate waiting list for the apartment type and location(s) you have selected.

GENERAL INFORMATION

The following information is required for each person who will be living in your apartment at JCHE.

Note: Social Security Numbers and Immigration Status must be verified. **Please attach a copy of your Social Security card(s) and a copy of the evidence of your legal immigrant status (for non-citizens), such as a Green Card or form I-94.**

Head of Household _____ M F
 Last Name _____ First name _____ Sex _____ Social Security No. _____ Date of Birth _____

U.S. Citizen Yes No If not a US Citizen: Alien Registration or Admission Number _____

2nd Occupant

Spouse/Partner _____ M F
 Relative Last Name _____ First name _____ Sex _____ Social Security No. _____ Date of Birth _____
 Unrelated

U.S. Citizen Yes No If not a US Citizen: Alien Registration or Admission Number _____

3rd Occupant

Relative _____ M F
 Unrelated Last Name _____ First name _____ Sex _____ Social Security No. _____ Date of Birth _____

U.S. Citizen Yes No If not a US Citizen: Alien Registration or Admission Number _____

What is your current address? (This must be the address where you are living now.)

Street _____
 City _____ State _____ Zip _____
 Telephone _____

Whom may we contact if we are unable to reach you?

Name _____
 Child Sister or Brother Family or Friend Social Worker Attorney Other

Street _____
 City _____ State _____ Zip _____
 Telephone (Home) _____ (Office) _____

To whose address should we mail a reconfirmation form each year, so that you may indicate your continued interest in JCHE housing? Applicant Contact Person

Other: Name _____
 Street _____
 City _____ State _____ Zip _____

For Office Use only

Application # _____

Date Received _____

INCOME ELIGIBILITY

HUD adjusts income limits for subsidized housing yearly. (Current annual maximums are listed below).

What is your current total annual GROSS income from pensions, Social Security benefits, wages and interest from assets?

\$ _____/Year

("Income from assets" includes income from stocks, bonds, real estate, checking and savings account balances, certificates of deposit, money market accounts, IRAs, and the surrender value of whole life insurance policies.)

APARTMENT SELECTION

At least one occupant of each apartment must be age 62 or older (contact office for any exceptions).

Check all housing for which you wish to apply. A separate waiting list is maintained for each choice.

Type of Housing	Location	Estimated Waiting Time	Income Limit (One Person)	Income Limit (Two Persons)
Studio (one person only)				
_____ Ulin/Leventhal Houses	Brighton	1 year +	\$46,300/37,860	_____
One Bedroom (two persons only)				
_____ Ulin/Leventhal Houses	Brighton	2 years +	_____	\$52,950/43,320
One Bedroom (one or two persons)				
_____ Golda Meir House	Newton	2 years +	\$46,300	\$52,950
_____ Coleman House	Newton	2 years +	\$31,550	\$36,100
Two Bedrooms (two or more persons, but couples are not eligible)				
_____ Golda Meir House	Newton	Unpredictable	_____	\$52,950
Wheelchair Accessible, One/Two Bedrooms (at least one handicapped person)				
_____ Ulin /Leventhal Houses	Brighton	Unpredictable	\$46,300/37,860	\$52,950/43,320
_____ Golda Meir House	Newton	Unpredictable	\$46,300	\$52,950
_____ Coleman House	Newton	Unpredictable	\$31,550	\$36,100

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing.

Does any member of your household have a request for any accessibility or reasonable accommodation, require changes in a unit or development, or have alternative requirements for receiving communication from us?

Yes _____ No _____

If yes, please explain: _____

HOUSING INFORMATION

What is your current living situation (Please check all that apply)?

- I live with another person (s). Who? _____
- I live in a home that I own.
- I rent an apartment What is your current monthly rent? _____
- I live in Government-subsidized housing
- I have other living arrangements. **Please describe:** _____
- _____

Present Landlord _____

Address _____

Telephone _____

How long have you lived at your present address? From _____ To _____

Have you ever been evicted from a rental unit? Yes ___ No ___

If yes, please explain: _____

GOLDA MEIR HOUSE

MARKET RENT APARTMENTS

There are 23 non-subsidized apartments at Golda Meir House, with current monthly rents of \$1314 for one bedroom and \$1462 for two bedrooms (both subject to change). *The current wait list is approximately 3 years.*

Are you interested in a market rent apartment at Golda Meir House? Yes ___ No ___

A "yes" answer will not affect your application for a subsidized apartment.

MEALS SERVICE

Golda Meir House provides both housing and a mandatory meals program. A Kosher buffet lunch is offered weekdays, Monday-Friday, 11:30-1:00. Residents **must purchase**, at a minimum, a monthly \$78 meal ticket (price subject to change).

Do you understand that accepting a rental unit at Golda Meir House requires participation in this meal program? Yes ___ No ___

OPTIONAL INFORMATION

It would be helpful to us in performing our responsibilities under Fair Housing Laws if you identify yourself by one of the following designations (*check one in each category*):

Race

White Black Asian Amer. Indian/Alaskan Native Other

Ethnicity

Hispanic Non-Hispanic

Why do you want to move? _____

Could you please tell us how you heard about our properties? _____

JCHE does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Section 214 of the Housing and Community Development Act of 1980 prohibits HUD from making housing financial assistance available to certain categories of noncitizens.

If this Section 214 review (of the Housing and Community Development Act of 1980 as amended) results in a determination of ineligibility, you will have an opportunity to appeal the decision.

If only certain members of your family are eligible for assistance, a reduced subsidy amount may be provided, based on the number of household members who are eligible

RELEASE

I understand that this application is not an offer of housing. I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I certify that I understand that false statements or information are punishable as applicable under State or Federal Law and may result in the cancellation of this application.

I hereby authorize JCHE to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release JCHE, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

I hereby certify that I have read the question on page 2 describing the right to reasonable accommodation for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date