

THE ROCKWELL, BERLIN, 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):

- | | |
|--|--|
| <input type="checkbox"/> Studio – 50% AMI | <input type="checkbox"/> 1 bedroom – 80% AMI |
| <input type="checkbox"/> 1 bedroom – 50% AMI | <input type="checkbox"/> 2 bedroom – 80% AMI |
| <input type="checkbox"/> 2 bedroom – 50% AMI | |

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 II

- 4 person household: all types
- 3 person household: all types
- 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 Hearing-Impaired? This is defined as persons with a hearing impairment that meet standards established by the Department of Housing and Community Development and state laws for hearing impaired housing and who needs the features of a hearing-impaired unit.

- 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:
(774) 374-2700
rockwell@lincolnapts.com