



APPLICATION FOR THE AFFORDABLE PROGRAM

Applications must be completed in full. Failure to do so will result in processing delays or rejection of your application. Applications are placed in order of date and time received.

DATE OF APPLICATION _____

COMMUNITY NAME THE COMMONS IN LINCOLN

Return Completed Application To:

Benchmark Senior Living
Attention: Jennifer Heflin
201 Jones Road, Suite 300 West
Waltham, MA 02451
Phone #: 540-336-7987
Email: jheflin@benchmarkquality.com

For Office Use Only:

Date Received: _____

Time Received: _____

Received By: _____

Please fill in all sections completely.

Applicant: _____ Home Tel: _____

Present Address: _____

Street

Apt. #

City

State

Zip Code

Email Address: _____

Present Landlord Name: _____

Address: _____

Street

City

State

Zip Code

SIZE OF APARTMENT NEEDED:

0 BR 1 BR SHARED 2 BR
[] [] [] []

UNIT TYPE REQUESTED:

Wheelchair Adapted Unit [] Yes [] No
Hearing/Visual [] Yes [] No



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Present Housing Cost Per Month \$ _____ Including Utilities? Yes No

How long have you lived at present address? _____ Years.

Do you own any pets? _____

What are the reasons for moving? _____

FAMILY COMPOSITION - List all members who will occupy the apartment:

Full Name of each Household Member	Relationship to Head of Household	Date of Birth	Sex	Social Security Number
Ex: Jane Doe	HOH	1/2/1934	F	xxx-xx-xxxx

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____

VEHICLE 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:

REFERENCES – Please list full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) Previous Address _____

Move In Date _____ Move Out Date _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

2) Previous Address _____

Move In Date _____ Move Out Date _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

ADDITION INFORMATION:

Have you ever been arrested or convicted of any crime? Yes No

Have you ever been evicted from your home for any reason? Yes No

Have you ever filed for bankruptcy? Yes No

If you answered yes to any of the above questions, please explain:

Please list all income and assets to ensure eligibility

INCOME:

List all income such as: Social Security, SSI, Pensions, Veteran's Benefits, Disability Income, Alimony, Income from Annuities, Interest, Dividends, Income from Rental Property, Cash Contributions/Gifts, Other Income, etc.

Household Member Name	Type of Income	Name of Establishment	Gross Monthly Amount
Ex: John Doe	Pension	City of Boston	1500.00

Frequency of when these funds are received:

Weekly Monthly Annually

ASSETS:

List all Assets such as Checking Accounts, Savings Accounts, CDs, Money Markets, Stocks, Bonds, Mutual Funds, IRAs, investments, etc.

Household Member Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Household Member Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Household Member Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Household Member Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Resident Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____

Resident Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____

Resident Name _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____

DISPOSAL OF ASSETS:

Have you disposed of any assets for less than Fair Market Value in the last 2 years? Yes No

If you answered yes, please list the following:

Type of Asset	Market Value when disposed	Amount Disposed	Date of Transaction
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PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL CONSIDERATIONS:

1. Have you been displaced from your home? Yes No If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? Yes No If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes No If so, please describe:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes No If so, please provide details:

I /We hereby certify that the information provided on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I /We certify that I /We understand that false statements of information are punishable under applicable State or Federal Law.

Signed under the pains and penalties of perjury.

Head of Household

Date

Co-Head of Household

Date

Power of Attorney (If Applicable)

Date

BENCHMARK does not discriminate based on 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.

