



Eagle Community Care Estates, LLC
70 Main Street, Taunton, MA 02780
508-821-7777 ext. 237

Dear Applicant:

Thank you for your interest in Eagle Community Care Estates. Eagle Community Care Estates offers specialized, affordable housing to families who are (1) currently participating in a supportive service program with a community based agency and (2) families in which at least one household member would qualify for and would benefit from any or all of the following supportive services: Preferences for families are given to Fall River residents, Veterans', and persons who meet the definition of homelessness. Please refer to handout describing these criteria.

- Supportive Case Management Services including collaboration on developing an individualized Service Plan to meet the needs and goals of family members
- Linkages with local resources
- Referrals to Counseling and Health and Mental Health Coordination
- Parenting/Life Skills Workshops
- Money Management Workshops
- Referrals to Educational/Vocational Organizations;
- One (1) household that require or will benefit from the features of the handicapped, accessible apartments.

When we receive your completed application it will be date and time stamped and placed on the Eagle Community Care Estates waiting list. The waiting list will be organized based on a) the date and time the completed application was received) any preferences being claimed by the applicant, and c) housing program preference. We will contact applicants in order of their position on the waiting list to begin the screening process for an individual appointment. We will screen all applicants very carefully, and will thoroughly verify all information provided to us on the "Application for Admission and Rental Assistance". We will process a credit report, a criminal check, all sources of income of all household members, and rental history. The same screening and verification process is used for all applicants- fair, consistent and uniform.

An applicant who has a preference for the Eagle Street Program will be referred to our staff to assess program qualification before being screened for housing by Eagle Community Care Estates. Applicants who have a preference for the Rental Assistance Program will be screened by Eagle Community Care Estates and upon successfully completing Community Care Services (our agent)'s screening process will be forwarded to South Shore Housing Development Corporation for processing for rental assistance for Section 8 PBV program or internally to other sources for our other regulatory/government subsidy programs.

Please complete the application entirely. If you do not provide us with complete information, we will not be able to process the application successfully. If there is any item on the application that you do not understand, please ask us for clarification or assistance. If there is additional information that you feel will assist us in processing your application, please let us know. We are here to be of service to you.

Thank you for requesting an application for Eagle Community Care Estates.

Sincerely,

Brian M. Foss, Chief Operating Officer



**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
PROPERTY: EAGLE COMMUNITY CARE ESTATES**

For Office Use Only:
Date: _____ Time: _____
Application # _____

Applicant Name:	Work Phone:
Current Address	Home Phone:
City, State & Zip Code:	Cell Phone:
How did you hear about us?	Apartment Size Desired:
Why do you want to move from your current residence?	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom

- Instructions to Applicant**
- Each household member over 18 must complete a separate application
 - ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A
 - All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined
 - If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
 - As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application
 - After we receive your completed application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined
 - We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, posted in the Management Office.

PERSONAL INFORMATION: List Head of Household and others who will occupy apartment.

Full Name	Soc. Sec. # or Alien Reg. #	Date of Birth	Age	Place of Birth	Sex	Relationship

	Yes	No
Will any household members live anywhere except your apartment?		
Are there any other persons who will live in your apartment on a less than full-time basis?		
Have you or any other member of your household ever used any name(s) or Social Security Number(s) other than the one you are currently using? If yes, please explain:		
Does anyone live with you now who is not listed above? If yes, please explain:		
Do you expect a change in your household composition? If yes, please explain:		

HOUSING HISTORY INFORMATION: Beginning with current address, list all landlords for past FIVE (5) years.

Present Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	
Previous Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	
Previous Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	
Previous Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	
Previous Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	
Previous Address	Street Address				From:	Landlord Name			
	City	County	State	Zip	To:	Landlord Phone			
	Reason for Moving:						Street Address		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City	State	Zip	

You must report ALL states you have resided in over the last five years , All applicants over 18 are required to report this information.

State	From:	To:	Last Street Address in that State:	City	County
State	From:	To:	Last Street Address in that State:	City	County
State	From:	To:	Last Street Address in that State:	City	County
State	From:	To:	Last Street Address in that State:	City	County
State	From:	To:	Last Street Address in that State:	City	County

	No	Yes	If "Yes", you must answer the following:
Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?			To Whom? How Much? \$
Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?			Explain:

BANKING INFORMATION: List all bank accounts held by household members (including minors), such as checking, money market, savings, certificates of deposit, trust funds, IRA's, Christmas Clubs, etc. (List additional information on back of application).

You must report ALL assets below. Use an additional sheet if necessary.			
CHECKING	Name of Bank:	Avg. 6 Month Balance:	Current Interest Rate:
Account No.:	Address:		
	City:	Bank Phone Number:	
SAVINGS	Name of Bank:	Current Balance:	Current Interest Rate:
Account No.:	Address:		
	City:	Bank Phone Number:	
	No	Yes	If "Yes", you must answer the following:
Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years?			Date Disposed of:
			Description of Asset:
Has any household member sold any Real Estate in the last two years?			Date Disposed of:
			Description of Asset:
			Sales Price: \$
Does any household member have an interest in any Real Estate, Boat or Mobile Home?			Description of Asset:
			Value: \$
			Annual Income from Asset: \$

EMPLOYMENT INCOME: You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. *If anyone outside your household gives you money or pays your bills, you must report it as a source of income.* Use additional sheets if necessary.

Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income	Gross Weekly Income
		Address:		
		Phone:		
		Address:		
		Phone:		
		Address:		
		Phone:		
		Address:		
		Phone:		

ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welfare/TAFDC, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, etc.

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income

ALIMONY & CHILD SUPPORT	Yes	No
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$		
Do you receive alimony? If yes, list the amount you receive: \$		
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$		
Do you receive child support? If yes, list the amount you receive: \$		

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money or pays your bills, you must report it as a source of income:

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income

CHILD CARE EXPENSES				
If you pay for Child Care, please list name of provider(s) below.				
Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount you pay \$_____ per _____
Phone:	City	State	Zip	
Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount you pay \$_____ per _____
Phone:	City	State	Zip	
HANDICAP CARE EXPENSES				
If you pay for care of Handicapped or Disabled household member, please list name of provider(s) below.				
Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount you pay \$_____ per _____
Phone:	City	State	Zip	
Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount you pay \$_____ per _____
Phone:	City	State	Zip	
ALLOWANCE FOR HANDICAP ASSISTANCE EXPENSES: Applies ONLY IF a family member is handicapped or disabled.				
Do you wish to have a priority for an apartment with special design features for individuals with handicaps?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handicapped care expenses (not covered by insurance): \$_____ per _____ to enable household member _____ to work.				
Care is provided by (Name & Address):				

MEDICAL INSURANCE POLICIES: List Medical Insurance Policies, including Medicaid and Medicare.

Household Member	Insurance Co./Policy#	Address	Monthly Premium Cost (if any)

Do you have a Medicaid Spend Down Account?	If yes, how much? \$
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ADDITIONAL MEDICAL EXPENSES: Do you have outstanding medical bills? Do you anticipate any physician required medical expenses not covered by insurance for resident household members during the next twelve months (including dental, optical, pharmaceutical, hearing and outstanding medical payments)? Yes: ___ No___ If yes, please list below:

Household Member	Source	Address	Monthly Cost

STUDENT INFORMATION

Will any of the persons in the household be or have been students attending first grade or higher during any five calendar months of this year or last year? Yes No

If yes, please list the household members:

Personal References			
List three (3) references (Not related to you).			
Name:		Address:	
Phone No.	City	State	Zip
Name:		Address:	
Phone No.	City	State	Zip
Name:		Address:	
Phone No.	City	State	Zip

OTHER INFORMATION: Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, **all household members age 18 or older** must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents. The Owner, Eagle Community Care Estates, acting through its Management Agent, Community Care Services, Inc., will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

If answering yes to any of the following questions, please provide information regarding household member, when occurred, and details.			
	Yes	No	If "Yes", you must answer the following:
Have you or any household member been convicted of a felony? If yes, list dates and crimes, locations, jail/prison time served, probation or parole status.			Who? _____ When? _____ Details: _____
Have you been evicted from an apartment or home? If yes, please provide address, date and reason for eviction.			Who? _____ When? _____ Details: _____
Have you or any member of your household ever been convicted of drug-related criminal activity? If yes, describe:			Who? _____ When? _____ Details: _____
Have you or any member of your household ever been convicted of violent criminal activity? If yes, describe:			Who? _____ When? _____ Details: _____
Are you or any member of your household a current illegal user of or addicted to a controlled substance? If yes, describe:			Who? _____ When? _____ Details: _____
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, describe:			Who? _____ When? _____ Details: _____

Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? If yes, describe:			Who? _____ From Where? _____ Details: _____
Have you or any member of your household ever been on parole or are now on parole? If yes, describe:			Who? _____ When? _____ Details: _____
Have you or any member of your household currently or in the past used illegal drugs? If yes, describe:			Who? _____ When? _____ Details: _____
Are you or any member of your household subject to registration under a State sex offender registration program?			Who? _____ State? _____ Details: _____

OTHER INFO:	
List year and model of all cars in your household:	
Do you have a waterbed?	If yes, list waterbed insurance company:

Which of the following services, if any, would you and/or any household member benefit from:

- Supportive Case Management Services including collaboration on developing an individualized Service Plan to meet the needs and goals of family members
- Referrals to Substance Abuse/Mental Health Counseling and Health Care Coordination
- Parenting/Life Skills Workshops
- Money Management Workshops
- Referrals to Educational/Vocational Organizations

PLEASE COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ARE APPLYING FOR HOUSING IN THRESHOLDS

INFORMATION OF HOMELESSNESS

Reason for homelessness (financial, eviction, substance abuse, domestic violence)

Length of homelessness? _____

Have you ever been homeless before? _____ If so, when, for how long? _____

Have you ever lived in subsidized housing? _____

If yes, when, where, duration, and did you leave in good standing? _____

Do you have a Homeless Certification? Yes No

INFORMATION OF DISABILITY

Reason for Disability (physical, psychological, or substance abuse): _____

Length of Disability: _____

Do you have a Disability Certification? Yes No

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION WILL BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED ON THIS APPLICATION.

Applicant Certification	
Read each statement below and initial that you understand and agree.	
Initial	
	I have read and understand the information in this application,
	I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
	I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members must be reported to Management <i>in writing immediately.</i>
	If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
	If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth herein, including rules regarding no pets, payment of rent, damages, and security deposits. (Please refer to Occupancy Agreement for details on the lease)
	I authorize Management to make any and all inquires to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
	I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purposes of securing a lower rent in a subsidized housing development.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Applicant signature</div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>	

I/We _____ hereby give full permission for the Owner, Eagle Community Care Estates, acting through its Management Agent, Community Care Services, to obtain credit history, landlord references, criminal history, housing court information and any other information that may be needed to process your application. Information may also be obtained directly from the sources provided on my application. I/We warrant and represent that all statements herein are true. I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

I/We hereby certify that we have received a notice from the Management Agent describing the Right to Reasonable Accommodations for Persons with Disabilities.

Please be informed all apartments at this property are rented to individuals without regard to race, color, religion, sex, handicap, familial status, natural origin or sexual orientation and the Owner, acting through its Management Agent, practices Equal Housing Opportunity.

Signature of Applicant

Date

Signature of Spouse/Co-Head

Date

Signature of Property Representative

Date

This property does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Section 8
Project Based Voucher Program

Please complete and return
to:

For agency use only:
Date/Time stamp
Control Number

Pre-Application for housing assistance

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number:		Phone (include area code):		
First Name:	Middle Name:	Last Name:		
Address		City/Town	State	Zip
Shelter Name	Shelter Address	City/Town	State	Zip

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members. **Gross annual household income: \$**

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head, for example: spouse/partner, son, daughter, aunt, grandmother

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than six family members, please check here and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members: _____

Household Bedroom Size: Single 1BR 2BR 3BR 4BR 5BR

TURN PAGE OVER- APPLICATION CONTINUED ON REVERSE

Check if the head of household or spouse is: 62 years old or older Disabled
 Check if anyone in the household requires a wheelchair accessible unit: yes

We collect data on race & ethnicity in accordance with federal regulations. People of various race may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following):

- White Black/African American
 American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander

Ethnicity of head of household (Check only one):

- Hispanic Non-Hispanic

What is your current housing situation? (Check only one box)

- I am homeless
 I live in substandard housing
 I have been involuntarily displaced by fire, flood, or other natural disaster
 I pay more than 50% of my monthly income for rent and utilities
 I live in a shelter
 I am doubled up with friends or relatives
 I live in public housing
 I live in a transitional housing program
 I live in subsidized housing
 Other (describe):


Location of Project-Based Apartments

From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and Enhanced Single Room Occupancy (ESRO) units are only for one person. SRO units typically have shared bathrooms and may have not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons over 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for

the supportive services offered at these properties.

Properties that have **wheelchair accessible** apartments are marked with the  logo - contact us for more information on the available bedroom sizes of these apartments.

*Some applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference.

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

Certification of Applicant Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information
- ✓ I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household

Date