



Senior Living for the Deaf Since 1901

Dear Sir or Madam:

We are delighted to hear of your interest in the Thompson House, a 24-unit Independent Living facility in the grounds of New England Home for the Deaf. Enclosed please find an application.

The Thompson House is designed for low-income Deaf people with state-of-the-art equipment that enables the residents to live as independently as possible on their own. All units have signaling systems that can alert residents in case of fire, allow them to answer the phone and doorbell from inside the house and, inform staff of medical emergency.

Each unit has one bedroom with a closet, living room, kitchen and a bathroom. The facility has laundry and storage space on the premises and a community room for meetings and recreational activities for the residents use. The Thompson House has an onsite manager fluent in American Sign Language on site during office hours.

There is currently a waiting list, but let me invite you to fill out the application to get your name on that list. We will occasionally contact you to update your information and make sure you are still interested in the Thompson House. If you have any questions, please do not hesitate to call. The Thompson House office video phone is 978-767-2186, email is thompsnhse@verizon.net.

Thank you,

Lauren Quirion  
Thompson House Site Manager



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**Requirement for admission:** Applicant must be Deaf, Deaf/blind and require a manual or tactile form of communication. Tenants must meet the income guidelines set by the Department of Housing & Urban Development.

**PLEASE PRINT**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

If married, name of spouse \_\_\_\_\_

Social Security # \_\_\_\_\_

Your Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax # \_\_\_\_\_

Do you rent or own your present housing? Own \_\_\_\_\_ Rent \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

**Check each that applies:**

Do you need a wheel chair accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am Deaf Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am Deaf/blind Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify \_\_\_\_\_

**Race: please note that completing this question is optional. The information will be used for fair housing programs as required by Federal and State laws.**

Black ( ) Asian ( ) Hispanic ( ) Other ( ) White ( )

**How did you hear about Thompson House?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please give the name, address and telephone numbers of three personal references:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Tel. (VP) _____	Tel. (VP) _____	Tel. (VP) _____

Give the name, relationship, address and telephone numbers of closest relatives, excluding spouse:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Tel. (VP) _____	Tel. (VP) _____	Tel. (VP) _____

Name, address, and phone Number of physician: Name _____	Name, address, and phone Number of physician: Name _____	Name, address, and phone Number of physician: Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Tel. (VP) _____	Tel. (VP) _____	Tel. (VP) _____

Aside from Massachusetts, in what other states have you lived:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you, or any member of your family, subject to a lifetime sex offender registration requirement in any state? Yes: \_\_\_ No: \_\_\_

Is there any additional information that you believe we should know in order to better understand your present situation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Tenant Name (1) \_\_\_\_\_  
 (Last, First, Initial)

Date of Birth \_\_\_\_\_

Tenant Name (2) \_\_\_\_\_  
 (Last, First, Initial)

Date of Birth \_\_\_\_\_

ASSETS: Please list all assets, value of property, amount of bank accounts, etc.

	<u>Amount (Value)</u>	<u>% Income Interest Rate</u>	<u>Interest Income</u>	<u>Description (Bank name, etc...)</u>
Checking Account	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
Stocks and Bonds	_____	_____	_____	_____
Funds or Property in Trust	_____	_____	_____	_____
Value of a Home you own	_____	_____	_____	_____
Value of other real estate	_____	_____	_____	_____
Other Asset	_____	_____	_____	_____

Have you or any members of your household disposed of assets for less than fair market value during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the assets you disposed of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**INCOME**

Head of Household      2<sup>nd</sup>

Wages/Salary	_____	_____
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Other	_____	_____

**MEDICAL ALLOWANCES**

Medicare	_____	_____
Other Medical Bills	_____	_____
Prescriptions	_____	_____
Other (Dental, eye, foot, etc.)	_____	_____



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### **Authorization for Release of Information**

This form must be signed and returned with this application form.

**NOTE:**

Verification of Social Security numbers must be obtained in order to be eligible. Please attach a copy of your Social Security Card or other verification which states your Social Security number.

Please bring to your Application Interview a copy of your previous year's tax forms.

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I understand that this is an application only for an apartment at The Thompson House.

It is not a lease or a promise by the owner that an apartment will be made available to me.

I understand that I will be called for a personal interview. I certify that all information I have given here is true. I give my consent to verify any information given herein.

**APPLICATIONS ARE ACCEPTED WITHOUT REGARD TO RACE, COLOR, CREED OR HANDICAP.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Please return this form in the enclosed envelope as soon as possible:

Your Name \_\_\_\_\_

Please submit a list of all addresses you have lived over the past five years.

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

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**APPLICANT RELEASE:**

I hereby authorize the above named landlords to release the requested information to The Thompson House.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date