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
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 wheelchair 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?
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
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, address, and phone
Number of physician:        Name, address, and phone
Number of physician:
Name ____________________  Name ____________________  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?
________________________________________________________________________
________________________________________________________________________
**Tenant Name (1)** ________________________________  **Date of Birth** ____________
(Last, First, Initial)

**Tenant Name (2)** ________________________________  **Date of Birth** ____________
(Last, First, Initial)

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

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

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:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
## INCOME

<table>
<thead>
<tr>
<th>Source</th>
<th>Head of Household</th>
<th>2nd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salary</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Social Security</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>SSI</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Pension</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Other</td>
<td>_________________</td>
<td>_____</td>
</tr>
</tbody>
</table>

## MEDICAL ALLOWANCES

<table>
<thead>
<tr>
<th>Category</th>
<th>_________________</th>
<th>_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Other Medical Bills</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>_________________</td>
<td>_____</td>
</tr>
<tr>
<td>Other (Dental, eye, foot, etc.)</td>
<td>_________________</td>
<td>_____</td>
</tr>
</tbody>
</table>
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.

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 ____________
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 _______________________________________

APPLICANT RELEASE:

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

Signature of Applicant ___________________________ Date ___________