



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 _____ Address _____	Name, address, and phone Number of physician: Name _____ Address _____	Name, address, and phone Number of physician: Name _____ 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 is a U.S. military veteran or displaced due to a presidentially declared disaster? Yes: ___ No: ___

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

Are you, or any member of your family is a homeless? Or may be eligible for VAWA protections? Yes: ___ No: ___

Are you, or any member of your family is a student to determine if additional eligibility determinations are necessary? 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 2nd

Wages/Salary	_____	_____
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Retirement Benefits	_____	_____
Dual Entitlement Benefits	_____	_____
Other Asset	_____	_____

MEDICAL ALLOWANCES

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

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 _____



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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 _____

APPLICANT RELEASE:

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

Signature of Applicant

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: _____	
Mailing Address: _____	
Telephone No: _____	Cell Phone No: _____
Name of Additional Contact Person or Organization: _____	
Address: _____	
Telephone No: _____	Cell Phone No: _____
E-Mail Address (if applicable): _____	
Relationship to Applicant: _____	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.