

Oak Hill Apartments
35 Central Street
Ipswich, MA 01938
PHONE 978-356-1530 FAX 978-356-5247
TDD # 711 or 1-800-439-2370
oakhilloffice@verizon.net

Dear Applicant,

Thank you for your interest in Oak Hill Apartments. We are located in the heart of downtown Ipswich on Central Street. It is within walking distance of many shops and restaurants.

Oak Hill is subsidized by Rural Development and is available to Senior Citizens 62 years of age or older and individuals handicap or disabled, regardless of age. We have 33 one bedroom apartments, some are handicap accessible. The building has an elevator, community room with community kitchen, and a sun porch. The building also has a coin operated laundry facility and secured entrances.

This is a non smoking facility.

Enclosed please find an application packet for the waiting list at Oak Hill Apartments in Ipswich.

Please fill out **completely** and return to the address listed on top of this page. You will not be added to waiting list until we have a **fully completed application along with copies of all documents listed.**

If you have any questions or would like to arrange a tour, please call.

Sincerely,

Theresa Whitmore
Property Manager

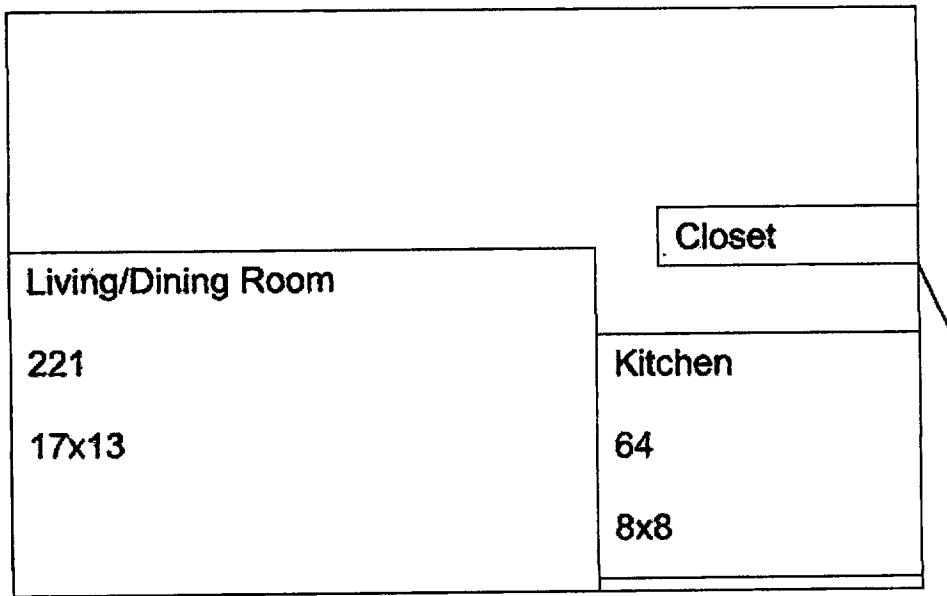


THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER



Oak Hill Apartments

Although most of the 33 one bedroom units here follow the same floor plan, some are unique. The typical apartment consists of a bedroom that is about 8 feet by 12 feet with one window and a large closet. The living/dining room measures about 17 feet in length and 13 feet wide with two windows side by side on one short side. The bathroom is around 5 feet by 5 feet not counting floor space in the shower. There is also a nice large closet in the bathroom. The average kitchen floor is about 8 feet by 8 feet floor space with cabinets above and below, refrigerator and stove. There is also a very big closet in the hallway.



Oak Hill Apartments were developed and are owned by Oak Hill, Inc.

They are managed by:

E.P. Management
7 Tozer Road
Beverly, MA 01915

This is a non smoking facility.

RENTAL APPLICATION

All information must be completed in full to be added to wait list

General Household Information:

Applicant Names: 1) _____ 2) _____
Home Phone: (____) - _____ Cell Phone: (____) - _____
Email Address: _____

Present Address: _____
Dates of Tenancy from _____ to _____
Landlord contact information: _____

Previous Address: _____
Dates of Tenancy: from _____ To _____
Landlord contact information: _____

List all persons who will occupy apartment:

Name	Sex	Social Security No.	Date of Birth	Relationship
_____	_____	_____	_____	_____

Have you or anyone in your household ever been convicted of a felony? { } Yes { } No
Is yes, describe: _____

Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program? { } Yes { } No

Are you currently under eviction or have you ever been evicted? { } Yes { } No
If yes, why? _____ Do you own any pets? Yes/No
Describe: _____ Do you have a car? Yes/No

ELIGIBILITY INFORMATION

To qualify for "Elderly Household" status, you must meet the following criteria. (Please check **one** that applies).

- a) 62 years old or older _____
- b) Handicap or Disabled and 18 or older _____ (If under the age of 62 please ask our office to send a disability verification form for your physician or include your SSI information.)

Do you need any specific features or unit designs for handicap accessibility such as wheelchair accessibility, visual aids (brail) or apparatus for hearing assistance? { } Yes { } No If so, describe: _____

Are you applying **only** for a handicap accessible unit? { } Yes { } No

EMPLOYMENT AND INCOME INFORMATION

Employment: Name of Employer: _____ Telephone: (____)-_____

Business Address: _____

Length of Employment: _____ Annual Gross Wage: \$ _____

If other member of household is employed, please fill out the following:

Name _____

Name of Employer: _____ Telephone: (____)-_____

Business Address: _____

Length of Employment: _____ Annual Gross Wage: \$ _____

Other Sources of Income: (Please state **MONTHLY INCOME**)

Social Security Amount \$ _____ Name _____

(Include SSI) Amount \$ _____ Name _____

Veterans Benefits Amount \$ _____ Name _____

Pension Amount \$ _____ Name _____

Name of Fund _____

Other sources of income (please list and explain such as interest, dividend, rents, etc.

Source _____ Amount \$ _____

Source _____ Amount \$ _____

ASSET AND EXPENSE INFORMATION

NAME OF BANK(S)	AMOUNT	ACCOUNT #
CHECKING _____	\$ _____	_____
SAVINGS _____	\$ _____	_____
LOANS _____	\$ _____	_____

OTHER ASSETS: DESCRIBE _____

REAL ESTATE: _____

THE VALUE OF ANY BUSINESS OR HOUSEHOLD ASSETS DISPOSED OF BY A MEMBER OF THE HOUSEHOLD FOR LESS THAN FAIR MARKET VALUE (INCLUDING DISPOSITION IN TRUST, BUT NOT IN A FORECLOSURE OR BAKRUPTCY SALE) DURING THE TWO YEARS PRECEDING THE DATE OF APPLICATION, IN EXCESS OF THE CONSIDERATION RECEIVED THEREFOR. IN THE CASE OF A DISPOSITION AS PART OF A DIVORCE SETTLEMENT THE DISPOSITION SHALL NOT BE CONSIDERED TO BE FOR LESS THAN FAIR MARKET VALUE IF THE HOUSEHOLD MEMBER RECIEVES IMPORTANT CONSIDERATION NOT MEASURABLE IN DOLLAR TERMS.

ARE YOU REQUESTING A DISABILITY ADJUSTMENT TO INCOME? YES _____ NO _____

DO YOU CERTIFY THAT THE UNIT YOU ARE APPLYING FOR WILL BE YOUR PERMANENT RESIDENCE AND THAT YOU WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION? { } YES { } NO _____

Oak Hill Apartments

MEDICAL PAYMENTS MONTHLY (OUT OF POCKET EXPENSES):

MEDICARE \$ _____

SUPPLEMENTAL HEALTH INSURANCE(S) \$ _____

OTHER: \$ _____

Please list any child care payments:

CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ TELEPHONE _____

CITY/STATE/ZIP _____

References:

Name of current landlord _____ Telephone: (____)-_____

Address of Landlord: _____ Length of time _____

City/State/Zip _____

Monthly Rent: \$ _____ Average Monthly Utility Bill: \$ _____

(Exclude Telephone and cable costs)

Name of Previous Landlord _____ Telephone: (____)-_____

Address of Landlord: _____ Length of time there: _____

City/State/Zip: _____

Monthly Rent: \$ _____ Average Monthly Utility Bill: \$ _____

Personal Reference #1

Name: _____ Telephone: (____)-_____

Address: _____

Relationship: _____

Personal Reference #2

Name: _____ Telephone: (____)-_____

Address: _____

Relationship: _____

Please note that this is a preliminary application and in no way insures occupancy.

Additional information may be requested to complete processing of your application.

I/ We do hereby authorize Oak Hill Apartments and E.P. Management and its staff or authorized representative to contact any agencies, local police departments, court records, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing in programs administrated/ managed by E.P. Management I/ We further authorize Oak Hill Apartments to verify all information listed on this application and run a credit and criminal background check.

I/ We give written consent to the management to verify information in this application. A False Statement or misrepresentation on your application will affect approval or residency. Your signature below also gives your consent for the utilization of wage matching.

Oak Hill Apartments

DATE: _____ SIGNATURE: _____

PRINTED NAME _____

DATE: _____ SIGNATURE: _____

PRINTED NAME _____

The following information will be required by the Federal Government to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic / Latino _____ Non-Hispanic Latino _____
Race: (mark one or more)
American Indian/Alaska Native _____ Asian or Pacific Islander _____ Black (not of Hispanic origin) _____
White (not of Hispanic Origin) _____ Hispanic _____
Gender: Male _____ Female _____

"This institution is an equal opportunity provider and employer.

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form found at: http://www.ascr.usda.gov/complaint_filing_cust.html, or any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all the information requested in the form. Send your completed complaint form to us by mail at U.S. Department of Agriculture, Director, Office of Administration, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or fax (202) 690-9410, or email at program.intake@usda.gov."

Gives written consent to the management to verify information in this application. A False Statement or misrepresentation on your application will affect approval or residency.

FOR OFFICE USE ONLY

Income: \$ _____
Date and time application received completed: _____ Manager initials _____
Added to wait list on: _____
Date Preliminary Eligibility Letter sent: _____
Date Acceptance Letter sent: _____
Date Rejected Letter sent: _____



Frequently asked questions:

Q. Can I have some Assets (money in the bank, stocks, bonds, CD, real estate?)

A. Yes you are allowed to have assets. We do take the value of your assets into consideration, but it almost never prevents you from admission. See next page for example.

Q. How much income is too much to live at Oak Hill?

A. The complex is for low income individuals who are 62 or older or disabled.

The income limits are as follows:

Very Low Income: For **one** person you can earn an annual income up to **\$41,500**, for **two** persons you can earn up to **\$47,400**.

Low Income: (Has lower priority on the waiting list) for **one** person you can earn an annual income up to **\$71,600**, and for **two** persons **\$81,850**.

We do take into consideration medical expenses and they can be deducted off your income.

Q. Can I move in before I sell my home?

A. Yes, it may make your relocation easier to move first and then sell your home.

Q. How much will my rent be?

A. Rent is determined by calculating income and expenses. 30% of adjusted gross income.

Example: SS Income: \$13,000

Medicare: \$1,260

= $\$11,740 \times \%30 = \3522

Monthly rent = \$294

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35 Central Street
Ipswich, MA 01938
978-356-1530 phone TDD # 711
oakhillandmemorialhall@gmail.com

List of Documents Required to Finalize your Application

Applications will not be added to the waiting list until all documents are received.

Verification of Income

(notice from Social Security Titled "Your New Benefit Amount", pension statements, annuities)

Verification of Assets

Copies of Bank Statements, Investment Statements

Identification

Birth Certificate for all members in household

Social Security Cards for all members in household

Disability Verification (if Applicable) For example Social Security Disability Award Letter, letter from
Doctor

Photo Identification (drivers license, State ID, Passport)

Landlord References

We send out Landlord References. It is extremely important that you give five (6) years of Landlord References. If you don't have room on the application please use an additional sheet for 6 years references. Please include full addresses (street and number city and state and zip code) Please include contact information for the landlord. If you do not have six years on landlord references, you must write a letter stating the reason.

Completed Application

All questions must be answered

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND YOUR NAME WILL NOT BE ADDED TO THE
WAITING LIST**



In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discrimination on the bases of race, color, national origin, age, religion, creed, disability, marital status, familial status, or sexual orientation.