Oak Hill & Memorial Hall Apartments
35/33 Central Street, Ipswich MA 01938
Phone: 978-356-1530 TDD #711
oakhillmemorialhall@gmail.com

Dear Applicant,

Thank you for your interest in Oak Hill Apartments. We are located in the heart of downtown Ipswich on Central Street, 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.

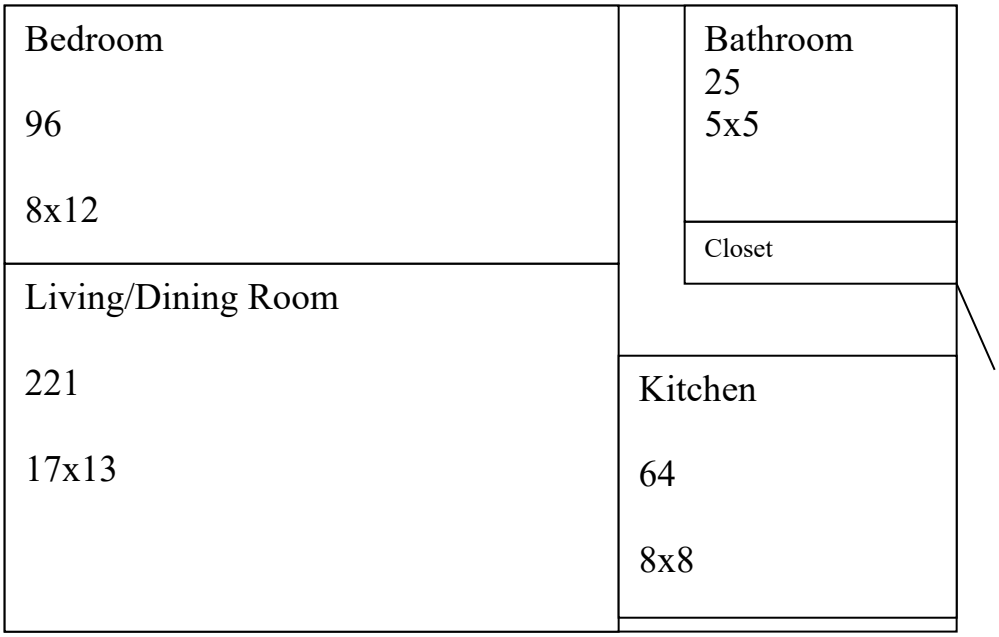
Please fill out **completely** and return to the address listed on top of this page. You **will not** be added to waiting list until we have a **fully completed application along with copies of all documents listed.**

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

Sincerely,

Lauri Carlson
Property Manager

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.

List of Documents Required to BE ADDED TO OUR WAITING LIST:

Verification of your income – W2 & 4 paystubs

(Notice from Social Security Titled

"Your New Benefit Amount COLA"

Verifications of your assets, including 6 month's bank statements and investment statements

Birth Certificates for all members in your household

Social Security Cards for All members in your household

Disability Verification (if applicable) For example, Social Security Disability Award Letter.

Signed Authorization for Release of Information

Photo ID: Driver's license, or State issued ID, Passport

Important: We do send out landlord references. It is extremely important that you give five (5) years landlord references

Please include full addresses (street and number, city, state and zip code). If you do not have five years landlord references, you must write a letter stating the reasons.

Incomplete Applications will be returned to you.

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 people 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 { }
Describe Pet: _____
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 members 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 (Unemployment Etc.)
Source _____ Amount $ _____
Source _____ Amount $ _____

Other Sources of Income (Please list and explain source such as bank interest dividends, rents, etc.)
_____

_____

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 _____

MEDICAL PAYMENTS **MONTHLY** (OUT OF POCKET EXPENSES):
MEDICARE $_____
SUPPLEMENTAL HEALTH INSURANCE(S) $_____
OTHER: $ _____

Please list any childcare 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.

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 based on 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 to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications based on 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.) People 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.

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

A. The complex is for extremely and very low-income individuals who are 62 or older or disabled.

Income limits set by federal government and subject to change for current information refer to HUD income limits or USDA MFH income limits

Very Low Income

Low Income: (Has lower priority on the waiting list) for **one** person you can earn an annual income up to

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 annual gross income.
Example: SS Income: $13,000
Medicare: $1,260
=$11,740 x %30=$3522
Monthly rent =$294

UNIT #

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider. Further, I/we consent to the release of wage matching data to the Rural Housing Service (RHS) and the property owner.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED
The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
State Unemployment Agencies
Banks and other Financial Institutions
Welfare Agencies
Educational Institutions
Social Security Administration
Previous Landlords (including Public Housing Agencies)
Veterans Administrations
Retirement Systems
Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or older must sign this form.**

_____

SIGNATURES

_____	_____	_____
Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
_____	_____	_____
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
_____	_____	_____
Signature of Adult Member	Printed Adult Member Name	Date
_____	_____	_____
Signature of Adult Member	Printed Adult Member Name	Date

Oak Hill-Memorial Hall	_____	(978) 356-1530
Apartment Community Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.