

9. Income: Please fill in Gross Monthly Amount (Income before deduction):

- Name of Employer _____ Weekly Wage _____ Annual Wage _____
- Social Security Amount _____ SSI _____
- Social Security Amount _____ SSI _____
- Veterans Monthly Benefit _____ Veterans Annual Amount _____
- VA # _____ Claim # _____
- Other _____
- Name of Pension / Annuity _____ Monthly Amount _____
- Name of Pension / Annuity _____ Monthly Amount _____
- Non-Revocable Trust _____ Monthly Amount _____
- Alimony _____ Monthly Amount _____

10. Assets

Checking Accounts

Bank _____ Account # _____ Balance _____
Bank _____ Account # _____ Balance _____

Savings / Certificate Accounts / Money Markets / IRA's / Annuities

Bank _____ Account # _____ Balance _____ Interest _____
Bank _____ Account # _____ Balance _____ Interest _____
Bank _____ Account # _____ Balance _____ Interest _____
Bank _____ Account # _____ Balance _____ Interest _____
Bank _____ Account # _____ Balance _____ Interest _____
Bank /Firm _____ Account # _____ Balance _____ Interest _____
Bank /Firm _____ Account # _____ Balance _____ Interest _____

Investments

Name of Stock _____ Value _____ Income _____
Name of Stock _____ Value _____ Income _____
Bonds _____ Value _____ Income _____

Do you or any family member hold a Whole or Universal Life Insurance Policy?

Yes No If yes, what is the surrender value? _____

Real Estate

\$ _____ \$ _____
Current Market Value Balance Due on Mortgage

11. Have you or your spouse given away or sold any assets for less than Fair Market Value during the last 2 years? Yes No

Property _____
Cash _____
Other _____

12. Criminal and Sex Offender Background Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity -that could adversely affect the health, safety, or welfare of other residents.

Colony Retirement Homes will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check

Applicant #1

- Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
- Do you currently use illegal drugs or abuse alcohol? Yes No
- Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
- Have you been convicted of any drug-related crime within the past five years? Yes No
- Have you been convicted of any felony within the past five years? Yes No
- Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
- Have you been convicted of any crime involving violence within the past five years? Yes No
- Are you currently charged with any of the above criminal activities? Yes No
- Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

Applicant #2

- Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
- Do you currently use illegal drugs or abuse alcohol? Yes No
- Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
- Have you been convicted of any drug-related crime within the past five years? Yes No
- Have you been convicted of any felony within the past five years? Yes No
- Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
- Have you been convicted of any crime involving violence within the past five years? Yes No
- Are you currently charged with any of the above criminal activities? Yes No
- Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

-
-
- Have you ever used or been known by any other name? Yes No
If yes, please list name used

-
-
- Have you ever used or been known by any other name? Yes No
If yes, please list name used

Note: Please request additional copies of background information, if needed

13. If we are not able to reach you, please list at least two people to contact:

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

14. I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize Colony Retirement Homes to verify the above information and consent to the release of the necessary information to determine my eligibility.

I hereby authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, sex offender registration information, credit, or rental history checks.

Date

Signature of Applicant

Date

Signature of Spouse

For marketing purposes, please answer the following question:

How did you hear about Colony Retirement Homes?

Newspaper Ad Friend/Relative Resident Other

- 2. a non-citizen with eligible immigration status in the category checked below:
 - (1) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15) of the INA 8 U.S.C. 1001 (a) (20) and 1101(a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
 - (2) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
 - (3) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA(8 U.S.C. 1157)[refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA 8 U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
 - (4) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182) (d) (5) [parole status]
 - (5) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h) [threat to life or freedom); or
 - (6) A non-citizen lawfully admitted for temporary or permanent resident under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

IF YOU CHECKED A NUMBER FROM 1 TO 6 AND YOU ARE 62 YEARS OF AGE OR OLDER RECEIVING ASSISTANCE ON JUNE 19,1995, YOU SHOULD SUBMIT A PROOF OF AGE DOCUMENT, TOGETHER WITH THIS FORMAT AND SIGN HERE:

Signature

Date

OR

IF YOU CHECKED A NUMBER FROM 1 TO 6 AND ARE **UNDER 62 YEARS OF AGE, YOU MUST SUBMIT THE FOLLOWING DOCUMENTS:**

- a. Verification Consent Format (Attachment 8)
and
- b. one of the following documents:
 - (1) Form 1-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form 1-94 Arrival-Departure Record, with one of the following annotations:
 - (i) " Admitted as Refugee Pursuant to section 207"
 - (ii) Section 208" or "Asylum"
 - (iii)Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv)Paroled Pursuant to Sec. 212(d)(5) of the INA";
 - (3) If Form 1-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990 or from an INS district director grant asylum (if application filed before October 1, 1990)
 - (iii) A court decision granting withholding or deportation; or
 - (iv)A letter from an INS asylum officer granting withholding deportation (if application filed on or after October 1,1990).
 - (4) Form 1-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
 - (5) Form 1-6888, Employment Authorization Card, which must annotated "Provision of Law 274A.12(11)" or "Provision of Law 274a.12";
 - (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

SIGN AND DATE BELOW AND SUBMIT THE DOCUMENTATION REQUIRED WITH THIS FORMAT TO THE OFFICE.

IF FOR ANY REASON, THE DOCUMENTS IN PARAGRAPH B. ABOVE ARE NOT CURRENTLY AVAILABLE YOU MUST COMPLETE THE REQUEST FOR EXTENSION FORM.

Signature

Date

3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this section 3, no further information is required, and the person named is not eligible for assistance. Sign and date below and forward this format to the office.

Signature

Date

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in section 2, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

COLONY Holden
Retirement Homes

Optional and Supplemental 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.

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

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.	

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.

COLONY^{Holden}

Retirement Homes

68 Reservoir St.

Holden, MA 01520

Phone: 508-829-4300 Fax: 508-829-5456

Family Summary Sheet

Member No.	Last Name	First Name	Relationship to HOH	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				