



MILL HILL RESIDENCE

a maplewood at mayflower place community

Affordable & Memory Care Assisted Living Rental Information and Application

Maplewood at Mill Hill is a 75 unit assisted living residential development located at 164 Route 28, in West Yarmouth, MA. Maplewood at Mill Hill Residences consist of 37 assisted living units and 38 memory care units. There are 4 affordable assisted living units and 4 affordable memory care units available. Maplewood is a smoke free community.

The monthly Rent at the Maplewood Mill Hill Residences is:

Assisted Living	\$3184.88*
Memory Care	\$2971.88*

*Rent is based on single occupancy. Please inquire with Maplewood about additional person rent/expense options. See pages 4 and 5 for a list of services included.

Eligibility

- Applicants who are 62 and older who require assisted living or memory care services.
- Applicants whose household income does not exceed the maximum gross annual income limit based on 80% of the 2017 area median income for Barnstable County.
- Applicants can receive financial support from family members, or others, to pay the rental amount. If an applicant is chosen in the lottery, then Maplewood will ask for proof of ability to pay.
- Contact Maplewood at 774-470-5174 with questions about unit size, services, household size, and tenant selection.

Maximum gross household annual income for these units is as follows:

One person
\$47,600

Application Process

This application is for the lottery only, tenant selection will be done by the Maplewood staff after the lottery.

1. You must fill out the Lottery Application completely and return it with the required documentation no later than July 14, 2017 at 5:00 PM. Please answer all questions. Only complete and signed Lottery Applications (with necessary documentation) will be included in the lottery.

**RETURN IN PERSON OR BY
MAIL TO:
HOUSING ASSISTANCE
CORPORATION
460 WEST MAIN STREET
HYANNIS, MA 02601**

RETURN BY FAX TO:

**508-778-7514 ATTN: BETSIE
RUMBAUGH**

RETURN BY E-MAIL TO:

brumbaugh@haconcapecod.org

2. Please submit copies of 5 consecutive most recent pay stubs or social security, pension, veterans benefit award letter, and copies of 3 consecutive most recent bank statements (checking and savings) and 3 Years of Federal Tax Returns **(PLEASE DO NOT SEND STATE TAXES)** for all adult household members. These documents must be included with the Lottery Application. **DO NOT SEND ORIGINALS**
3. Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing
4. Information provided on this Lottery Application is confidential.
5. Eligible applicants will be notified by mail of their lottery number. The notification letter will provide the date, time and location of the lottery. Attendance is not mandatory, but eligible applicants are encouraged to attend. No units will be awarded at that time. The Property Manager will contact households in the order of their ranking on the list created from the drawing, to begin the tenant selection process
6. Ineligible applicants will be notified in writing stating the reason for being determined ineligible.
7. The application deadline is July 14, 2017, at 5:00 PM. Applications can be mailed to Housing Assistance Corporation, 460 West Main St., Hyannis, MA 02601, faxed to 508-778-7514 or emailed to: brumbaugh@haconcapecod.org.



Lottery Process

- 1. Lottery numbers for all eligible applicants are pulled at random from all pools for which they are eligible.**
- 2. If the number of minority applicants in the local pool is less than the percentage of minorities in Barnstable County, a preliminary lottery comprised of all minority applicants who did not qualify for the local preference pool will be held and applicants will be added to the local pool in order of drawing until the percentage of minority applicants in the local preference pool is equal to the percentage of minorities in Barnstable County.**
- 3. Every eligible applicant will be entered into the “open” pool.**
- 4. Applicants who live, work or have family who attend school in Barnstable County will be entered in the “local” pool. Units have been set aside for local preference applicants.**
- 5. Housing Assistance Corporation will send letters to each applicant with the results of the lottery.**

Tenant Selection Process

Maplewood is the management agency and will receive a list showing the results of the lottery and all Lottery Applications to begin the Tenant Selection Process. When your name is pulled from this list, you will complete a Rental Application for Maplewood that will include verification of information provided on the Lottery Application as well as other screening criteria as defined in the Tenant Selection Plan.

HAC does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance status, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.



The standard resident package of services for Assisted Living Units include:

- A. Assisted Living Housing Unit**
- B. Electric and HVAC utilities**
- C. One Meal (dinner) per day**
- D. Standard Housekeeping services**
- E. 45 Minutes per day of hands on direct care relating to life care needs with activities of daily living with nursing assistant**
- F. Standard facility-wide transportation (i.e. shuttle to shopping, etc.)**
- G. Emergency call system for each residential unit**
- H. Social, recreational, and health promotion activities**
- I. Access to onsite bank, hair salon, therapy, massage and clinic**

Not included and subject to additional costs are the following:

- A. Additional meals per day**
- B. Cable TV, telephone, and internet access**
- C. Apartment furnishings**
- D. Additional hands-on daily care**
- E. Prescriptions and medication**
- F. Medical or physician-oriented treatment**



The standard resident package of service for Memory Care Units include:

- A. Memory Care Housing Unit**
- B. Electric and HVAC utilities**
- C. Three meals per day**
- D. Standard Housekeeping services**
- E. Nursing care as needed**
- F. Hands-on direct care relating to life care needs as needed**
- G. Standard facility-wide transportation**
- H. Emergency call system for each residential unit**
- I. Social, recreational, and health promotion activities**
- J. Access to onsite bank, hair salon, therapy and massages and clinic.**

Not included and subject to additional costs are the following:

- A. Cable TV, telephone, and internet access**
- B. Apartment furnishings**
- C. Prescriptions and medication**
- D. Additional medical or physician-oriented treatment**



460 West Main Street
 Hyannis, MA 02601-3698
 T (508) 771-5400 F(508)775-7434
 TTY on all lines
 Mass Relay 711
 www.haconcapecod.org

Maplewood at Mill Hill Residences
Rental Lottery Application
Please see Lottery Application Instructions



HOUSING ASSISTANCE CORPORATION WILL PROVIDE REASONABLE ACCOMMODATION AND/OR LANGUAGE ASSISTANCE IF NEEDED WHEN FILLING OUT THIS APPLICATION. PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Assinale este quadrado se você lê ou fala português.
 Marque esta casilla si lee o habla español.

Rental Lottery Application Deadline is: July 14, 2017, at 5:00 PM

Applicant's Name: _____ SSN: _____ E-mail: _____

Address _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

POA or Contact person for applicant: _____ E-mail: _____

Address (if different): _____ City: _____ MA: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Household Information: List all members of your household and their relationship to the Head of Household. A household shall mean an individual or 2 or more persons who will live in the apartment as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.

List All Household Members	Relationship	Date of Birth (age 62+ in this community)

- If there is more than one person in your household and both members would like to apply for an opportunity to live at Maplewood, together or in separate units, each member should complete separate application with separate income verification. Please list the other applicant in the table above so we are aware of the relationship.

What is your current housing cost per month \$ _____ How long have you lived at you current address _____



INCOME INFORMATION

Income must be reported for all household members 18 and over. Total **annual** gross (before taxes) income includes all income from all sources such as employment, social security, child support, alimony, VA benefits, unemployment, etc. Assets are cash on hand, held in savings & checking accounts, and stocks, bonds, IRA's, 401K's, pension funds and real estate owned. **You must submit 5 most recent consecutive pay stubs or documentation of weekly, monthly, yearly income, example: Social security statement, pension, or VA benefits, (any source that you receive money from on a consistent or inconsistent basis) ,3 most recent consecutive checking and savings account statements and 3 years of Federal Tax Returns and W2's for current year. (Please Do Not Send State Taxes) with this application.**

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 & over	Total
Salary/Regular Pay				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				
Total for each household member:				

TOTAL HOUSEHOLD INCOME: \$ _____



ASSETS (Please identify all cash deposits into all accounts)

Type	Cash Value	Annual Income from assets	Bank Name
Checking Accounts			
Savings Accounts			
Retirement Plans			
Real Estate Owned			
Stocks			
Other (i.e. rental property, lump sum payment)			

LIABILITIES (Car loan, Credit Cards , etc.)

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

Real Estate Property:

Does any household member own property? ____ Yes ____ No

If yes, Name of Household member: _____

Type of Property _____

Appraised Market Value: _____

Income received from property: _____

LOCAL PREFERENCE

Definition: You live in **Barnstable County**, or you work in **Barnstable County**, or you have a child who resides **Barnstable County**. You are required to provide documentation of your local preference. (lease, utility bill, car registration, pay stub, letter from employer or school, etc.) Submit this documentation with your lottery application.

I live in Barnstable County <input type="checkbox"/>	OR	My family member resides in Barnstable County <input type="checkbox"/>	
	OR	I work in Barnstable County <input type="checkbox"/>	OR
I <u>DO NOT</u> have a local preference <input type="checkbox"/>			

CONFLICT OF INTEREST

Does the applicant work at either Maplewood or Housing Assistance Corporation or is the applicant related to someone at either of these organizations? (If yes please explain) Yes: No: _____



Accessibility Requested (check all that apply) wheelchair accessible unit Unit accessible for sensory impairment

other (please explain) _____

Does any member of your household require a reasonable accommodation or modification base on a disability (if yes please explain)

yes no _____

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent'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 whether or not the information is furnished.

Minority Status: (Optional)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools.

Ethnicity: **Hispanic:** **Non Hispanic:**

Race: (Optional)

- Native American /Alaskan Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander Other (non-White) White

- **Final eligibility for Maplewood Senior living will be determined by the management office. Applicants will be required to participate in a clinical/medical assessment process for final eligibility determination.**



Please Read each item below carefully before you sign.

1. I/we hereby certify that the information provided in this Lottery Application is correct to the best of my knowledge.
2. I/we have attached 5 most recent consecutive pay stubs as stated in the application instructions for all household members 18 years of age or older.
3. I/we have attached the most recent 3 consecutive months of statements for all bank accounts of all household members.
4. I/we have attached the last 3 years of Federal Tax Returns and W2s for current year.
5. I/we have attached a copy of documentation to verify my/our status for local preference.
6. I/we understand that if all the required documentation requested above is not submitted by the application deadline, we will not be eligible for the lottery.
7. I/we understand this is a Lottery Application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the tenant selection process.
8. I/we understand that the information submitted in this application for the lottery may be verified and that this application and documentation will be given to the property management company after the lottery.

Applications can be submitted as soon as they are complete but they must be received no later than Friday, **July 14, 2017, at 5:00 PM**. Applications can be mailed to Housing Assistance Corporation, 460 W. Main St., Hyannis, MA 02601, faxed to 508-775-7434, or e-mailed to: Betsie at brumbaugh@haconcapecod.org.

Your signature confirms that you have read the above statements.

Applicant's Signature

Last 4 digits of SSN

Date

Co-Applicant's Signature

Last 4 digits of SSN

Date

HAC does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance status, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

