



**This box is for Office Use Only**

Date of receipt \_\_\_\_\_

Time of receipt \_\_\_\_\_

Control Number \_\_\_\_\_

Barrier Free \_\_\_\_\_

First Floor \_\_\_\_\_

Elderly Handicapped \_\_\_\_\_

Language \_\_\_\_\_

Scituate Resident \_\_\_\_\_

**Housing Pre-Qualification Application**

Lawson Green Apartments is an affordable elderly housing development owned by Lawson Green SLR Limited Partnership. The Lawson Green Apartments consists of 30 one-bedroom units that are restricted to income eligible individuals aged 62 years or above. The residence features two fully handicapped accessible units and one sensory unit, with all apartments featuring universal design elements.

Resident eligibility is restricted to those applicants/households that are income qualified. Income qualification means a person or household whose annual income is below either 30% or 60% of the Area Median Income (AMI) as defined by the U.S. Department of Housing & Urban Development (HUD) for the Boston-Cambridge-Quincy, MA- Metropolitan Statistical Area (MSA). The income limits are as follows:

Maximum Annual Household Income Limits		
Household Size	30% of AMI	60% of AMI
One-Person Household	\$24,900	\$49,800
Two-Person Household	\$28,450	\$56,880

In addition to income qualification, prospective tenants must also be above the age of 62 at the time of proposed occupancy in order to lease a unit at Lawson Green. Due to high levels of demand for these apartments, the units were originally made available under a Housing Lottery held on October 30, 2020. While the Housing Lottery was held and selected many qualified tenants, additional spaces remain on our housing waitlist.

Individuals or Households interested in applying must first complete this Pre-Qualification Application and submit to an interview by our leasing staff. Prospective residents will be contacted by our leasing staff to schedule an interview. Interviews will occur on a rolling basis throughout the months leading up to the Lottery Date. If you are eligible for Lawson Green based on the information you provide in this Application, you will be entered into the Lottery.

**Incomplete applications will not be processed.** Please complete all information requested on the application. **If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attached additional sheet(s). Please send completed applications Attention: Lawson Green Apartments, PO Box 692185, Quincy, MA 02269.**

**Part I – Contact Information**

Applicant Name / Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



List two relatives or friends who generally know how to contact you. We will contact them if we are unable to reach you, or in case of emergency:

**Name #1:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name #2:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part II – Household Composition**

In the chart below, list the head of household and all other persons who will be living in the unit. List the name, the relationship or each listed household member to the head of household (son, daughter, husband, etc.), birth date, birthplace, sex and social security number of each person listed. For student status, note “FT” for full time; “PT” for part time for applicants that are students.

First & Last Name	Relationship to Head of Household	Racial Designation*	Ethnic Designation*	Social Security Number***	Date of Birth	Occupation <ul style="list-style-type: none"> <li>• Employed</li> <li>• At Home</li> <li>• Handicapped</li> <li>• Student</li> </ul>
	Head					
	<b>Maximum</b>	<b>Occupancy is 2</b>		<b>Occupants per unit.</b>		

\*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

\*\*Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. “Minority” does not include “White” unless there is also a designation of another race or “Hispanic/Latino”. \*\*\*This information will be used to verify income, assets, and criminal record information.



**Please circle and/or fill in the appropriate answer:**

1. Is a change in the household composition expected? **YES** **NO**  
If YES, please explain \_\_\_\_\_
2. Does anyone live with you now who are not listed on this application? **YES** **NO**  
If YES, please explain \_\_\_\_\_
3. Do you plan to have anyone live with you in the future who are not listed on this application?  
**YES** **NO** If YES, please explain \_\_\_\_\_
4. How many people live with you now? \_\_\_\_\_
5. How many bedrooms are in your current apartment? \_\_\_\_\_
6. Are you being displaced or evicted from your current housing unit? **YES** **NO**  
If YES, please explain \_\_\_\_\_
7. Were you, or a member of your household, a former participant of public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fee or costs?  
**YES** **NO** If YES, please explain \_\_\_\_\_
8. Were you or a member of your household ever a participant in a Federal Housing Program?  
**YES** **NO** If YES, please explain \_\_\_\_\_

**Part III – Household Income**

Please circle and/or fill in the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraphs 23 and 24 below:

1. Is any member of your household employed, part time, full time or seasonal? **YES** **NO**
2. Does any member of your household expect to work during the next twelve months? **YES** **NO**
3. Does anyone in your household work for someone who pays them in cash? **YES** **NO**
4. Is any member of your household on leave of absence from work due to layoff, medical or maternity leave? **YES** **NO**
5. Does any member of your household receive or expect to receive child support? **YES** **NO**
6. Does any member of your household receive or expect to receive alimony payments? **YES** **NO**
7. Is any member of your household entitled to Child Support payments that he/she is not receiving? **YES** **NO**
8. Is any member of your household not receiving alimony payments that he/she is entitled to receive? **YES** **NO**



- |  |            |           |
|--|------------|-----------|
| 9. Does any member of your household receive or expect to receive unemployment benefits?   | <b>YES</b> | <b>NO</b> |
| 10. Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)?   | <b>YES</b> | <b>NO</b> |
| 11. Does any member of your household receive or expect to receive Social Security Benefits?   | <b>YES</b> | <b>NO</b> |
| 12. Does any member of your household receive or expect to receive an income from a Pension or Annuity?  | <b>YES</b> | <b>NO</b> |
| 13. Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency?   | <b>YES</b> | <b>NO</b> |
| 14. Does any member of your household receive income from Assets? (including; interest on checking or savings accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property) | <b>YES</b> | <b>NO</b> |
| 15. Does any member of your household receive or expect to receive an earned income tax credit?  | <b>YES</b> | <b>NO</b> |
| 16. Do you own a home or any other real estate?  | <b>YES</b> | <b>NO</b> |
| 17. Have you sold or given away any real property or any other assets in the past three years?   | <b>YES</b> | <b>NO</b> |

If YES, please provide a description and value of the disposed asset(s) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

- |   |            |           |
|---|------------|-----------|
| 18. Do you pay for childcare which enables you or another household member to work, attend school or post high school job training? | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|

If YES, please provide the name and address of the childcare provider, weekly cost

and weekly wage of the household member enabled to work: \_\_\_\_\_

\_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
| 19. Do you pay for a care attendant or any equipment for a handicapped member of your household that is necessary to permit the person or spouse or someone else in the household to work? | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

If YES, please provide the name and address of the childcare provider, weekly cost

and weekly wage of the household member enabled to work: \_\_\_\_\_

20. Do you pay for Medicare? YES NO

21. Do you pay for any other kind of medical insurance? YES NO

If YES, please list the insurance company and monthly premium

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22. Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months? YES NO

23. For each type of income, please list the type (Wages, TAFDC, SSI, etc.), the amount of the income and how often received (weekly, monthly, bi-monthly, bi-weekly, etc.)

Household Member	Income Type (Wages, TAFDC, SSI, Child Support, etc.)	Name & Address of Employer or Source of Income	Gross Income for next 12 months
	Salaries, Wages, including Overtime tips		\$
	Salaries, Wages, including Overtime tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		
Total Gross Income \$			\$



24. Assets – List all assets (checking accounts, savings accounts, stocks, bonds, real property) currently owned by any member of the household.

Household Member	Asset Type	Asset Current Value	Interest / Income	Office Use Only Asset-Imputed Value

**Part IV – Applicant Status**

Please circle and/or fill in the appropriate answer:

1. Check the answers that describes your household?
  - a. \_\_\_\_ Household head over 62
  - b. \_\_\_\_ Household head disabled or handicapped
  - c. \_\_\_\_ Household head securing custody of minor children
  - d. \_\_\_\_ None of the above
  
2. Do you or members of your household have special needs due to a disability or need reasonable accommodation? For example; a first floor unit for medical reasons?   **YES**   **NO**  
 If yes, please explain \_\_\_\_\_
  
3. Do you need a wheelchair accessible apartment?   **YES**   **NO**
  
4. Number of Bedrooms needed for the household members? (circle one)  
       **1**    **2**    **3**    **4**    (Note: Lawson Green has only one bedroom Apartments)
  
5. Do you currently work or do you have a firm commitment of employment?   **YES**   **NO**  
 If yes, please explain \_\_\_\_\_
  
6. Is your current housing subsidized?   **YES**   **NO**



7. Are you currently living in a non-permanent transitional housing that is subsidized under the Massachusetts Alternative Housing Voucher Program? **YES** **NO**

8. Do you have any pets? **YES** **NO** If so, how many? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

9. References: List two references. These should not be relatives or household members.

**Reference #1:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Reference #2:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

10. List Addresses for each Adult Household Member for the last five years in reverse order. Please list primary lease holder (head of household) if someone other than yourself. (use additional sheet(s) if necessary).

**Location #1**

Name of Primary Leaseholder: \_\_\_\_\_

Apt Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? **YES** **NO**

Did the landlord return your security deposit? **YES** **NO** **N/A**



**Location #2**

Name of Primary Leaseholder: \_\_\_\_\_

Apt Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? **YES** **NO**

Did the landlord return your security deposit? **YES** **NO** **N/A**

**Location #3**

Name of Primary Leaseholder: \_\_\_\_\_

Apt Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? **YES** **NO**

Did the landlord return your security deposit? **YES** **NO** **N/A**





11. Have you, or any member of your household ever received housing assistance from a housing agency? **YES**      **NO**

If yes, Name the Head of Household at that time: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements?

**YES**      **NO**      If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Criminal Record: Have you or any member of your household who will live in the unit ever been convicted of a felony? **YES**      **NO**      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you or any member of your household who will live in the unit have any criminal matters pending? **YES**      **NO**      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Applicants Certification:**

I understand that this application is not an offer of housing. I understand that Lawson Green SLR L.P. (d/b/a: "Lawson Green Apartments") and/or their management will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, ***I understand I should not make plans to move or end my present tenancy until I have received a Written Unit Offer from a Lawson Green Apartments.*** I understand that it is my responsibility to inform the Lawson Green Apartments in writing of any change of addresses, income, or household composition. I authorize the Lawson Green Apartments to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Lawson Green Apartments will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

