Powder House Village
• 108 & 112 County Road •
Ipswich, MA 01938

The YMCA of the North Shore is currently accepting applications. These affordable apartments are for income qualifying applicants only. Please send your completed application to 112 County Road #103, Ipswich, MA 01938 or drop it off at the Ipswich YMCA. If you have any questions, please contact the housing office at 978-312-4015.

Included Amenities:
• Heat and hot water
• Free YMCA of the North Shore family membership
• New appliances such as dishwasher, oven, & refrigerator
• Landscaping and snow removal
• On site management and maintenance team
• Coin operated laundry machines

Resident Rules:
• No overnight guests for more than 14 days in a calendar year
• No pets
• No smoking

Rent:
• 1 Bdrm. $1,000.00
• 2 Bdrm. $1,146.00
• 3 Bdrm. $1,282.00

Application Process:
• Please fill out an application completely and return to get on our waitlist
• The waitlist for a two bedroom apartment is about 6 to 8 months, while the waitlists for a one or three bedroom apartment are over a year
• We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
• If a reasonable accommodation is needed please make the request at time of application

Please print this application single sided. Thank you!

<table>
<thead>
<tr>
<th>Income Limits per Household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$58,920</td>
</tr>
<tr>
<td>2 Person</td>
<td>$67,320</td>
</tr>
<tr>
<td>3 Person</td>
<td>$75,720</td>
</tr>
<tr>
<td>4 Person</td>
<td>$84,120</td>
</tr>
<tr>
<td>5 person</td>
<td>$90,900</td>
</tr>
<tr>
<td>6 Person</td>
<td>$97,620</td>
</tr>
</tbody>
</table>

Equal Housing Opportunity

For Youth Development
For Healthy Living
For Social Responsibility
Occupancy Application
Powder House Village Limited Partnership
108-112 County Road
Ipswich, MA 01938

Please complete this application and return to Powder House Village Limited Partnership, 112 County Road #103, Ipswich, MA 01938. An applicant may be placed on the waitlist only after a completed application is received.

A. GENERAL INFORMATION

First Applicant’s name ___________________________ S.S.# __________________
Address ________________________________________
Street ___________________________ Apt # ___________ City ___________ State ___________ Zip ___________

Telephone # __________________ Date of Birth ___________
Do you own ___ or Rent ___ If rental, amount of current monthly rental payment: $ ___________

Check utilities paid by you:

[ ] Heat [ ] Gas [ ] Electricity [ ] Other
[ ] Approximately monthly cost of utilities paid by you (excluding phone and cable TV) $ ___________

Second Applicant’s name ___________________________ S.S.# __________________
Address (if different) ________________________________________
Street ___________________________ Apt # ___________ City ___________ State ___________ Zip ___________

Telephone # __________________ Date of Birth ___________
Do you own ___ or Rent ___ If rental, amount of current monthly rental payment: $ ___________

Total number of persons to reside in household: ___________
Number of Bedrooms requested: ___________ LIMIT 2 PERSONS PER BEDROOM

OTHER APPLICANTS

NAME ___________________________

NAME ___________________________

NAME ___________________________

NAME ___________________________

Is everyone in the household a full time student? ___________

Powder House Village Limited Partnership is an Equal Housing Opportunity company, with projects in compliance with 504 Fair Housing Regulations.
**B. INCOME:** LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

<table>
<thead>
<tr>
<th>Source</th>
<th>First Applicant</th>
<th>Second Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>Pension</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>SSI Benefits</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>EAEDC or TAFDC</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
<tr>
<td>Wages (Gross)</td>
<td>Monthly Income</td>
<td>$</td>
</tr>
</tbody>
</table>

**FIRST APPLICANT**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>How Long Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Held</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECOND APPLICANT**

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>How Long Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Held</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Time Student</th>
<th>Monthly Income</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony</td>
<td>Monthly Income</td>
<td>Source</td>
</tr>
<tr>
<td>Child Support</td>
<td>Monthly Income</td>
<td>Source</td>
</tr>
<tr>
<td>Interest Income</td>
<td>Monthly Income</td>
<td>Source</td>
</tr>
<tr>
<td>Other Income</td>
<td>Monthly Income</td>
<td>Source</td>
</tr>
</tbody>
</table>

**TOTAL GROSS ANNUAL INCOME FOR BOTH APPLICANTS (Base this on the monthly amounts listed above and multiply x 12) $**

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, Explain: ____________________________________________

**C. ASSETS:**

<table>
<thead>
<tr>
<th>Source</th>
<th>First Applicant</th>
<th>Second Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Savings Account(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Trust Accounts and/or Certificates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Credit Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Bank</td>
<td>Balance $</td>
<td>Bank</td>
</tr>
<tr>
<td>Savings Bond(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity Date</td>
<td>Balance $</td>
<td>Maturity Date</td>
</tr>
<tr>
<td>Maturity Date</td>
<td>Balance $</td>
<td>Maturity Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole Life Insurance Policy #</th>
<th>Face Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Value of life insurance policy</td>
<td>$</td>
</tr>
</tbody>
</table>

**BOTH APPLICANTS**

**Real Estate Property:** Do you own any property? Yes ______ No ______

If yes, type of property ________________________________

Locations

- Appraised market value $ ____________________________
- Mortgage or outstanding loan balance due $ __________
- Amount of Annual Insurance Premium $ __________
- Amount of Most Recent Tax Bill $ __________

Have you sold/disposed of any property in the last 2 years? Yes ______ No ______

If yes, type of property ________________________________

Market value when sold/disposed $ ______________________

Amount sold/disposed $ ____________________________

Date of transaction ________________________________

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes ______ No ______

If yes, describe assets ________________________________

Date of disposition ____________________________ Amount disposed $ ______________________

2. Do you have any other assets not listed above (Excluding personal property)?

Yes ______ No ______

If yes, list ________________________________

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**D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:**

**Medical Cost:** Complete this part ONLY if 62 or older, disabled or handicapped:

1. Medicare premiums Monthly Amount $ __________________

2. Medical insurance coverage

   Name of insurance company ____________________

   Address ____________________

   Street ____________________  City ____________________  State ________ Zip ________

   Monthly Amount $ __________________

3. Anticipated medical / drug / prescription / non-prescription cost NOT covered by insurance OR reimbursed Monthly Amount $ __________________

4. Medical bills or outstanding cost you are making monthly payments for:

   Balance Due $ __________________ Monthly Amount $ __________ Payable To __________________

5. Medical related travel costs $ __________________

6. Are you seeing a physician regularly? Yes ______ No ______

   Name ____________________

   Address ____________________

   Street ____________________  City ____________________  State ________ Zip ________
Projected costs NOT covered by insurance OR Reimbursed for the next 12 months $ ___________
7. Any other medical expenses: List type and amount: _____________________________ $ _______

___________________________ $ _______

**Childcare Costs:** Complete ONLY for children 12 and younger:
8. Name (s) of children cared for __________________________ Age ______

___________________________ Age ______

___________________________ Age ______

9. Name and address of person or agency caring for children
Name ____________________________________________
Address _______________________________________
Street _________________________________________
City __________________ State ______ Zip __________

10. Weekly cost for childcare due to employment $ ___________

11. Weekly cost for childcare due to education $ ___________

**Handicapped Assistance Expenses:** Attendant care and/or apparatus expenses that enables
handicapped applicants to work. Compete ONLY if handicap expenses allow you to work.
12. List type of expenses, weekly amount, paid to whom:


**E. PROGRAM INFORMATION:**
1. Are you displaced? Yes _______ No _______
   If YES, displacement agency __________________________

2. Is your current unit condemned / substandard? Yes _______ No _______
   If YES, describe __________________________

3. Are you paying more than 50% of your gross income for rent and utilities?
   Yes _______ No _______

4. Are you paying for status as an “Elderly Household”, where the tenant or where you are 62 or older,
handicapped, or disabled as defined by FmHA? Yes _______ No _______

5. Would you benefit from a wheelchair or other handicapped accessible unit?
   Yes _______ No _______

6. If so, would you like to request an adapted unit? Yes _______ No _______

7. Are you currently living in subsidized housing? Yes _______ No _______

8. Have you ever resided in a project financed and/or subsidized by the government?
   Yes _______ No _______ If Yes, Name and address __________________________

9. Have you ever been evicted from public housing or any other Federal Housing Program?
   Yes _______ No _______
   If Yes, where ________________________________________________________________________
   When __________ Describe reason ______________________________________________________

10. Have you ever been evicted from other housing? Yes _______ No _______

11. Have you ever been convicted of a felony? Yes _______ No _______

12. Are you currently using illegal drugs? Yes _______ No _______

13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
   Yes _______ No _______

14. Are you now or will you become a part time or full time student prior to move-in?
   Yes _______ No _______

15. How did you hear about this housing?
16. Will you take a unit when one is available? Yes ______ No ______
17. Briefly describe your reasons for applying


F1. REFERENCE INFORMATION: FIRST APPLICANT

Current Landlord: Name ____________________________
Address _______________________________________
Home Phone (____) ___________________ Business

Previous Landlord: Name __________________________
Address _______________________________________
Home Phone (____) ___________________ Business

Previous Landlord: Name __________________________
Address _______________________________________
Home Phone (____) ___________________ Business
List any other states where you lived in the past 7 years ________

G1. CREDIT REFERENCES:
1. Name ____________________________ Address ________
2. Name ____________________________ Address ________
3. Name ____________________________ Address ________

H1. PERSONAL NON-RELATED REFERENCES:
1. Name ____________________________ Address ________
2. Name ____________________________ Address ________
3. Name ____________________________ Address ________

II. OTHER REQUIRED INFORMATION:
List any car, truck, or other vehicle owned:
Type of vehicle ______________________ Year/Make ________ Color ______
License Plate # __________________________ Driver’s License ______

F2. REFERENCE INFORMATION: SECOND APPLICANT

Current Landlord: Name ____________________________
Address _______________________________________
Home Phone (____) ___________________ Business

Previous Landlord: Name __________________________
Address _______________________________________
Home Phone (____) ___________________ Business

Previous Landlord: Name __________________________
Address _______________________________________
Home Phone (____) ___________________ Business
List any other states where you lived in the past 7 years ________
(continue on back of application as needed)
G2. CREDIT REFERENCES:
1. Name ___________________________ Address ___________________________
2. Name ___________________________ Address ___________________________
3. Name ___________________________ Address ___________________________

H2. PERSONAL NON-RELATED REFERENCES:
1. Name ___________________________ Address ___________________________
2. Name ___________________________ Address ___________________________
3. Name ___________________________ Address ___________________________

I2. OTHER REQUIRED INFORMATION:
List any car, truck, or other vehicle owned:
Type of vehicle _______________ Year/Make _______________ Color _______________
License Plate # _______________ Driver’s License ____________________________

CONTINUED ON NEXT PAGE
I, CERTIFICATION / AUTHORIZATION
FIRST APPLICANT

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Powder House Village Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _________________________________

________________________________________  Date

Name

AUTHORIZATION

I do hereby authorize Powder House Village Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Powder House Village Limited Partnership to verify all information listed on this application.

Signature: _________________________________

________________________________________  Date

Name

Date
I. CERTIFICATION / AUTHORIZATION
SECOND APPLICANT

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Powder House Village Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: ____________________________

Name ____________________________ Date

AUTHORIZATION

I do hereby authorize Powder House Village Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Powder House Village Limited Partnership to verify all information listed on this application.

Signature: ____________________________

Name ____________________________ Date

FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by Powder House Village Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, marital status, age, and handicap 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/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race(s) ____________________________ Ethnic Group(s) ____________________________ Sex(s) ______