Pine Street Inn
Ending Homelessness

## Paul Sullivan Housing Statement of Rental Policy

1. **We are an equal opportunity housing provider:** We fully comply with the Federal Fair Housing Act. We do not discriminate against any person on account of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, marital status, gender identity or other basis prohibited by local, state or federal law in any aspect of tenant selection.

2. **Unit availability policy:** Rooms become available when they are ready to rent. A vacant room will not be deemed available until as necessary it has been cleaned, repainted, and prepared for a new resident.

3. **Occupancy guidelines:** This is primarily "Single Person Occupancy" housing. We allow just one person per unit unless a specific unit is designated for more than one person.

4. **Application process:** We accept applications for our General Lodging Houses from all eligible applicants. Applicants for our houses for persons with mental illness must establish eligibility according to the guidelines of the Department of Mental Health and must apply through Bay Cove Human Services, not through Paul Sullivan Housing.

5. **Wait list:** Completed applications are included in a wait list for unit vacancies. Some properties have specific wait lists, others are included in a general wait list. In addition, some units must be applied for through the appropriate local housing authority which then refers eligible applicants as a vacancy occurs.

6. **Application:** The general application for housing is attached.

7. **Rental criteria:** To qualify for a room at Paul Sullivan Housing, you must meet the following criteria:

   - Income: Your annual income at move-in may not exceed the allowable maximum, as determined by the subsidizing program for that particular location. This includes but is not limited to the State MRVP, Federal HUD Section 8, and the LIHTC Regulatory Program.

   - Criminal history: You will be required to sign an authorization for Paul Sullivan Housing to access your criminal offender record. If you have engaged in drug-related or violent criminal activity, you may be disqualified from this housing.

   - For several of our houses, due to funding requirements, verification of homelessness or chronic homelessness is a requirement.

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# APPLICATION FOR HOUSING

Last Name_____ First Name_____ Middle Initial ____

Address _____ Telephone Number_____
Street City State Zip Code

Sex_____ Date of Birth_____Social Security Number_____

## Emergency Contact Information

Name_____ Relationship _____

Address_____ Telephone_____

**Sponsoring Agency Information**

Name of Agency_____Address_____

Case Manager Name_____ Phone #_____E-mail_____

## Income Information

Income Source ☐ Wages ☐ SSI ☐ Social Security/Pension ☐ Public Assistance ☐

Total Annual Income $_____ per week $_____ per month $_____

Name of Employer_____Address_____

Telephone Number_____ Fax Number_____

Your Position_____ Length of Employment_____

If you have no source of income please check here ☐



EQUAL HOUSING OPPORTUNITY *Paul Sullivan Housing ~ 82 Green Street~ Jamaica Plain, MA 02130~ Ph( 617)892-8708 Fax (617)-524-7821*

## Asset Information

Please list below any assets that you have. Include all bank accounts, and other assets.

☐ Checking Amount $_____ ☐ Savings Amount $_____

☐Other Assets (Please Explain Type & Amount)_____

If you have no assets please check here ☐

## Your Expenses

Medical Expenses (hospital bills, doctor bills & prescriptions) not covered by insurance $_____

How much do you pay for Alimony and/or & Child Support Payments per month? $_____ $_____
Alimony Child Support

How much do you pay for Health Insurance? $_____

## Your Personal Needs

Are you Elderly (at least 62 years of age)? ☐ Yes ☐ No Are you Disabled? ☐ Yes ☐ No

Do you have any special needs due to a handicap or disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ Yes ☐ No

Please Specify_____

Do you need a wheelchair accessible room? ☐ Yes ☐ No

## Demographic Information

This information is for statistical purposes only and your response is optional. Please check one. Are you?

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Are you a U.S. Military Veteran? ☐ Yes ☐ No

## List Two References Who Are Not Relatives

Name_____Address_____

Telephone Number_____Relationship_____

Name_____Address_____

Telephone Number_____Relationship_____



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Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, Please explain below.

_____

_____

_____

## General Lodging Houses

Paul Sullivan Housing General Lodging Houses are located in several neighborhoods in Boston and in Brookline. Brookline residents or town workers have a preference for the Brookline Lodging houses, with the exception of Beals Street. Please check the box next to the lodging house that you are applying for

☐ No preference, I am interested in the first available unit *or*

☐ I am applying for only the following location(s)

- **South End** ☐1740 Washington St ☐300 Shawmut Ave ☐40 E. Springfield St ☐ 40 Upton St
- **Dorchester** ☐ 9 Half Moon St. ☐ 33 Bradlee St ☐35 Tuttle St. Age 55+ ☐ 151 Geneva Ave. Age 62 & over
- **Jamaica Plain** ☐ 82 Green St
- **Mission Hill** ☐ 18-20 Parker Hill Ave.
- **Fenway** ☐ 459 Park Drive
- **Brookline** ☐ 1017 Beacon St*. ☐ 1754 Beacon St * ☐ 1043-1045 Beacon St.* ☐51-53-55-57 Beals St.

  **Brookline resident and/or town employee preference may apply.*

Do you currently have a tenant based Section 8 voucher? ☐ Yes ☐ No

If yes, please enter the name of the Housing Authority that issued your voucher: _____



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**APPLICANT'S CERTIFICATION**

I authorize Pine Street Inn, Inc. to make inquiries to verify the information that I have provided in this application. I understand that Pine Street Inn, Inc. will request Criminal Offender Record Information from the Criminal History Systems Board. I certify that the information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signature_____ Date_____

☐ If you are a disabled person and require special assistance to complete your eligibility interview, please check here and arrangements will be made to accommodate your needs.



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