



Chatham Housing Authority

240 Crowell Road • Chatham, MA 02633

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CHATHAM CAPTAIN BEARSE CONGREGATE HOUSE APPLICATION FOR CONGREGATE APARTMENT

This application is for Congregate Elderly/Handicapped Housing only. Congregate housing is shared/independent housing where a tenant lives with other residents as house-mates who together share common spaces such as shower room, laundry room, full sized kitchen and common areas. This type of housing is best suited for applicants who are interested in living under one roof, in their own apartment, inclusive of a ½ bath, 2 burner stove top and full-sized refrigerator. All applicants must be at least 60 years old to be considered for housing. **Please note:** This facility is best suited for single applicants who can live independently along with house-mates in a shared environment. This is NOT a staffed, group home or assisted living facility. Unit size approx.: 224 sq. ft.

GENERAL INFORMATION :

NAME: _____

NAME OF SPOUSE (if applicable)

RESIDENTIAL ADDRESS:

Email: _____

MAILING ADDRESS (if different)

TELEPHONE: _____

Names & Relationships of Current Household (if applicable):

How Did You Hear about the Captain Bearse Congregate House?

Why Are You Interested in Congregate Housing at this Time? _____

MAIDEN NAME: _____

MARITAL STATUS: _____

DATE OF BIRTH: ____/____/____ Age ____

GENDER: _____ Male
_____ Female

LANGUAGES SPOKEN:

RELIGION (optional)

FORMER/CURRENT OCCUPATION:

SOCIAL SECURITY # _____

HEALTH INSURANCE: _____ Medicare
_____ Medicaid
_____ Medex
_____ Other (_____)

PRESENT LIVING SITUATION:
_____ Live Alone
_____ Live With Others
_____ Elderly Housing
_____ Own Home
_____ Nursing Home/Rest Home

Do you currently own any animals/pets?
(If so, please describe) _____

INCOME: Please list your source(s) of income and the monthly amount(s)

Source of Income: _____
(eg: work/SS/SSI/SSP/SSDI/Pension, etc.)

Monthly amount(s): _____

MEDICAL INFORMATION:

Please enter all information as we will need to contact your physician prior to housing approval

Primary Physician: _____ Telephone: _____
Address: _____

Other Physician: _____ Telephone: _____
Address: _____

Please provide a list of your medications

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____
Address: _____
Email: _____
Telephone: Home: _____
Work: _____

Family in Area: Name: _____ Relationship: _____
Address: _____
Telephone: _____
Email: _____
Name: _____ Relationship: _____
Address: _____
Telephone: _____
Email: _____

Once a unit becomes available, and you are at the top of our waitlist, we will set up a date for your tour, hold an interview with you, contact your physician(s), sign a CORI/SORI, and have all documents and application reviewed by our MAT (Multi-disciplinary Assessment Team) Team.

Applicant referred by: _____ (Please print)

Name of organization: _____

Contact Phone Number: _____ Email: _____

CURRENT SUPPORTIVE SERVICES:

I am currently receiving the following services:

Name of agencies providing services:

- _____ Homemaker
- _____ Home Health Aide
- _____ Home Nursing Visits
- _____ Other: (_____)

Number of visits per week: _____

Number of hours per week: _____

Which tasks would you need help with?

- | | |
|----------------------|---------------------------|
| _____ Bathing | _____ Dressing/Undressing |
| _____ Toileting | _____ Meal Preparation |
| _____ Housework | _____ Money Management |
| _____ Shopping | _____ Taking Medication |
| _____ Transportation | _____ Stairs |
| _____ Laundry | _____ Using the Telephone |

Do you need a wheelchair accessible unit? _____ Yes _____ No

If you would like to apply for a Housing Situation Priority, you must select one of the categories below:

Note: To be eligible for Housing Situation Priority Status you must complete this application. The term "Homeless" is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life of safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her Primary Residence for one of the following reasons. Please check the reason that applies to your situation.

- _____ Displaced by natural forces (i.e. Flood, fire, earthquake) DATE: _____
- _____ Displaced by Public Action (i.e. Urban renewal, eminent domain) DATE: _____
- _____ Displaced by Public Action (i.e. Condemnation of home, code violations) DATE: _____
- _____ No Fault loss of housing (such as owner wants unit for personal or family use, or discharge from nursing home or long-term care facility)

Please include supporting documentation for your priority to which you are claiming.

Have you ever been evicted? Yes No (Circle one) if yes, please explain: _____

Local Preference: You may also receive local preference for the City or Town where you principally reside or from which you became Homeless, you may also receive Local Preference based on where you work.

Please answer the following:

Provide the name of your employer: _____

Mailing Address: _____ City / Town: _____

State: Zip: _____ Contact: _____

Phone #: _____ Email: _____

Provide the dates of employment: Start: _____ End: _____

Veteran Preference: Please check all that apply, if any.

- I am a Veteran, or a member of my household is a Veteran.
- I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran
- A U.S. Veteran in my household has a service-connected disability.
- A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

If you wish to apply for Veteran Preference, list the dates of U.S. military service.

Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

MISCELLANEOUS

How do you like to spend your spare time?

Do you belong to any groups or clubs?

What are your special interests and pleasures?

Hobbies: _____

Sports: _____

Favorite Movie: _____

Favorite Music: _____

Favorite TV Shows: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO REPORT ALL CHANGES OF INFORMATION TO THE CONGREGATE COORDINATOR AS THESE CHANGES OCCUR.

Signature of Applicant

Date

APPLICANT'S CERTIFICATION FOR CONGREGATE HOUSING APPLICATION: I understand that this Application for Congregate Housing is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Congregate Housing unit. If I do not accept that offer, my application will be removed from the Congregate waiting list; and, if I reapply, my application for Congregate Housing will not receive any priority or preference that was granted on my prior application for Congregate Housing for a three (3) year period. Based on this application for Congregate Housing I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer for Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. I understand that the Housing Authority will request Criminal Offender Record Information (CORI) from the Criminal History Systems Board and check the Sex Offender Registry and landlord references for all applicants.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this Application for Congregate Housing and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

**PLEASE RETURN COMPLETED FORM TO
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