



Mary D. Stone

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To be completed by office staff:
Application Number
Date Application Rec'd
Time Application Rec'd
Initials of Staff Member

HEAD OF HOUSEHOLD

M F D

(D) Do not wish to disclose

NAME: (First) (Middle Initial) (Last) SSN:

CURRENT ADDRESS: (House #) (Street Name) (Apt. #) HOME #: CELL #:

(City) (State) (Zip Code) WORK #:

EMAIL: D.O.B.:

How did you hear about us? DRIVER LICENSE STATE: DRIVER LICENSE NUMBER:

HOUSEHOLD MEMBERS

Table with 6 columns: Name, DOB, M/F/D, Relationship, Soc. Sec. Number, DL State & Number

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Table with 4 columns: Income Source, Amount (\$), Frequency (per), and Period (Year / Month)



PENNROSE Bricks & Mortar | Heart & Soul



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?	Y	N
Is the Head of Household or Spouse 62 years of age or older?	Y	N
Do you or a member of your household live, work or have children that go to school in Auburn, MA?	Y	N
Are you currently employed?	Y	N
What year did you last file taxes?		
Are you a student or recent graduate of an educational or training program?	Y	N
Do you have a portable section 8 voucher (HCVP)?	Y	N
If yes above, through what agency?		
Are you homeless?	Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)	Y	N
If yes above, please circle features required:		
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired
Grab bars	No steps	Other:
Describe:		

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>	Y	N
If yes to above, how many?		
How many bedrooms are you interested in?	1 st Preference:	2 nd Preference:

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit 60% Market
 PBV 30%

Sept. 2024

