



**82 Lincoln Street
Newton Highlands, MA 02461**

Telephone: (617) 552-5501
Fax: (617) 964-8387
TDD: (617) 332-3802

Amy Zarechian
Executive Director

Dear Applicant,

The Newton Housing Authority is accepting applications for 3 affordable beds at Sunrise Senior Living. The Newton Housing Authority is responsible for verifying the age and income of all applicants to determine their eligibility for the affordable beds. The Newton Housing Authority will send applicants' information to Sunrise Senior Living for intake processing and assisted living assessment.

In order to be added to the waiting list, please completely fill out all parts of the application and sign the Applicant's Certification. Please also submit all of the following documents that apply to you with your application:

- Age: Copy of Birth Certificate, Passport, or other legal identification with birthdate for all members of household
- Income: Documentation of all sources of income
 - 4 consecutive paystubs for all jobs
 - Copy of Social Security or other public benefit letter
 - Copy of statement for pension, annuity, or retirement account
 - Copy of unemployment benefit statement
- Assets: Documentation for all assets
 - 3 consecutive months' bank statements (for all accounts)
 - Credit union statements
 - Statements from all investment accounts (stocks, bonds, dividends, IRA)
 - Fair market real estate appraisal
- Local Preference: If you live or work in Newton, please submit any of the following documentation
 - Copy of lease, rent receipt, or utility bill with your name and Newton address (for renters)
 - Copy of property deed (for homeowners)
 - Copy of paystubs or letter from employer with a Newton address
- Signed Release and Authorization form



For any questions about income verification, age requirements, local preference, or the application process, please contact the Newton Housing Authority at 617-552-5501.

For any questions about assisted living at Sunrise or to schedule a tour, please contact Sunrise Senior Living at 617-663-1122.





Sunrise Senior Living
Application for Affordable Beds

1. Name and address of Applicant

Last Name First Name Middle Initial

Mailing Address

City State Zip Code

Phone Number

Email Address

2. How many people are in your household? _____

3. List all persons who live with you:

#	Relationship	Last Name	First Name and Middle Initial	Birthdate	Disabled? (Yes/No)
1	Self				
2					
3					
4					
5					
6					



4. Race and Ethnicity of Households Members (Optional)

#	Name	Race*	Ethnicity**
1			
2			
3			
4			
5			
6			

*Race: Black/African American, White, Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, or Other.

**Ethnicity: Hispanic/Latino or Not Hispanic/Latino

5. Do you or any member of your household need any specific features such as wheelchair accessibility, visual aids, or other design features?

6. What is your household's total estimated gross annual income?

Household Member	Income	Source of Income/Employer	Gross Income for Next 12 Months
	Salary/Wages		
	Salary/Wages		
	Unemployment or Disability Compensation		
	Social Security Benefits/SSI		
	Pension/Annuity		

	TAFDC/EAEDC/Public Assistance		
	Trust Income, Dividends, and Interest		
	Net Business Income		
	VA Disability Benefits		
	Other Income		

7. What is the total value of your household's assets?

Asset	Household Member	Financial Institution	Asset Value
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Credit Union			
Certificates of Deposit			
Stocks/Money Market Funds			
Bonds			
Real Estate Appraisal			
Other Asset			

8. Do you currently live in Newton? (Please circle yes or no)

YES

NO



9. Do you currently work in Newton? (Please circle yes or no)

YES

NO

If yes, please list your employer's name and address:

10. Applicant's Certification:

- I certify that all information that I have provided is true and correct.
- I understand that this application does not guarantee an offer of housing.
- I understand that the Newton Housing Authority will verify my age, income, and assets to determine if I am eligible for the housing lottery.
- I understand that Sunrise Senior Living will determine if I am eligible for assisted living and what level of care I require based on my medical needs.

Applicant's Signature

Date





**82 Lincoln Street
Newton Highlands, MA 02461**

Telephone: (617) 552-5501
Fax: (617) 964-8387
TDD: (617) 332-3802

Amy Zarechian
Executive Director

Release and Authorization

I, _____, of _____
(Name) (Address, City, State, Zip Code)

hereby authorize the Newton Housing Authority to release documents that I have submitted and the information that I provided in my housing application to Sunrise Senior Living.

Signature: _____

Date: _____

