

# Wakefield Housing Authority

26 Crescent Street  
Wakefield, MA 01880-2430  
Tel. (781) 245-7328  
Fax. (781) 245-5136  
Wakeha@rcn.com

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Dear Applicant:

Enclosed please find our application for Elderly Supportive Housing at Hart's Hill Heights

Hart's Hill Heights is SMOKE FREE

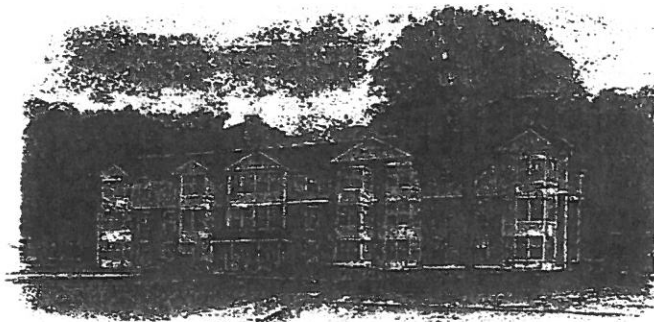
Elder/Disabled Applicants:

Age: You must be 62 years of age for this Federal Program.

Income for Federal Housing: 1 person \$51,950  
2 people \$59,400

Preferences and Priorities:

- Wakefield Residents
- Those living in the Mystic Valley Elder Services service area  
(Chelsea, Everett, Malden, Medford, Melrose, Stoneham, Revere, Winthrop,  
Reading and North Reading)
- Those at risk of being in a long-term care facility
- Residents of a long-term care facility that would like to relocate to supportive  
housing within the community.



## HART'S HILL HEIGHTS

50 HART'S HILL ROAD WAKEFIELD, MA 01880

HART'S HILL HEIGHTS IS SMOKE FREE HOUSING

# ***HART'S HILL HEIGHTS***

## **Supportive Low Income Housing for Persons 62 and Older**

**Managed by: Wakefield Housing Authority, 26 Crescent Street, Wakefield, MA 01880**  
**Phone (781) 245-7328 Fax (781) 245-5136 Mass Relay (800) 439-2370**

Name of Applicant: \_\_\_\_\_

Address of Current Residence: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

Members of household to live in Unit, including Head of Household:

Name	Relationship	Social Security Number*	Sex	Date of Birth	Occupation**
	HEAD				

\* This information will be used to verify income, assets, and criminal record information.

\*\* Employed, at home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation? Specify:

\_\_\_\_\_

Do you need a wheel chair accessible apartment? (Circle one)      YES                      NO

**Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (Circle one)

American-Indian    Asian    Black    Hispanic    White    Other (specify) \_\_\_\_\_



Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

**EXPENSES**

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$

**TOTAL EXPENSES: \$ \_\_\_\_\_**

**PREFERENCES: (If approved by HUD, these are the possible preferences):**

Do you live, work or have been hired to work in Wakefield? (Circle one)                      YES                      NO

Do you live, work or have been hired to work in the Mystic Valley Elder Services (MVES) service area, other than Wakefield? (MVES Service Area includes Chelsea, Everett, Malden, Medford, Melrose, Winthrop, Stoneham, Reading ,and North Reading .. (Circle One)                      YES                      NO

Are you at risk of being placed in a long-term care facility? (Circle one)                      YES                      NO

Are you a resident of a long-term care facility and would like to relocate to supportive housing within the community? (Circle one)                      YES                      NO

**If yes to any of the above, documentation and additional screening will be required in order to qualify for a preference.**

Date of Transfer \_\_\_\_\_ Address of Property: \_\_\_\_\_

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (Circle one) YES NO

If YES: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements?  
(Circle one) YES NO

If NO, please explain: \_\_\_\_\_

Do you have any pets? (Circle One) YES NO

Please describe: \_\_\_\_\_

Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Criminal Record:**

Have you or any member of your household who will live in the unit been **charged or convicted** of a felony or misdemeanor? (Circle one) YES NO

If YES, please explain: \_\_\_\_\_

Do you or any member of your household who will live in the unit have any criminal matters pending? (Circle one) YES NO

If YES, please explain: \_\_\_\_\_