



Julia Bancroft

Thank you for your interest in residing at Julia Bancroft Apartments.
Studio, 1- & 2-Bedroom Senior (62+) Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one Pre-application per household). Applicants must be 62 years of age or older.
- Pre-applications can be submitted in person at Julia Bancroft or Mary D. Stone during business hours (please check websites for hours), or via email, fax or US Mail.
- The following income restrictions apply: (Effective 1/2024, subject to change)

| Unit Size | Household Size | Qualifying Household Income Range | % AMI | Monthly Rent |
|-----------|----------------|-----------------------------------|--------|--------------|
| Studio | 1 person | \$39,943 - \$49,140 | 60% | \$1,165 |
| | 2 people | \$39,943 - \$56,160 | | |
| 1 Bedroom | 1 person | \$42,926 - \$49,140 | 60% | \$1,252 |
| | 2 people | \$42,926 - \$56,160 | | |
| | 1-2 people | Minimum \$46,286 | Market | \$1,350 |
| 2 Bedroom | 1-4 people | Minimum \$51,429 | Market | \$1,500 |

FOR MORE INFORMATION:

JuliaBancroftApts.com | JuliaBancroft@Pennrose.com

T: 774.272.4048 | TTY: 711



Julia Bancroft

Address: 3 Vinal Street
Auburn, MA 01501
Phone: 774.272.4048
Fax: 774.272.8736
Email: JuliaBancroft@penrose.com
TTY: 711

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

Pre-Applications can be submitted in person at Julia Bancroft or Mary D. Stone during business hours, or via email, fax or US Mail.

HEAD OF HOUSEHOLD

M F

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, 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), Period (Year / Month)



PENROSE 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: _____

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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%

July 2022

