



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.
- All Pre-applications MUST be submitted via US Mail to:
Mary D. Stone, ATTN: OFFICE, 10 Church Street, Auburn, MA 01501
- The lottery application period is now closed. Pre-applications postmarked after 9/26/22 will not be entered into the lottery, but you may submit a Pre-application to be added to the waitlist.
- The following income restrictions apply: *(Effective 4/2022, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$37,886 - \$46,440	60%	\$1,105
	2 people	\$37,886 - \$53,040		
1 Bedroom	1 person	\$40,629 - \$46,440	60%	\$1,185
	2 people	\$40,629 - \$53,040		
	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

MAIL TO: 10 Church 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

All Pre-Applications MUST BE Sent via U.S. Mail and Addressed to:
Mary D. Stone Apartments, ATTN: OFFICE, 10 Church Street, Auburn, MA 01501

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), and 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.

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

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

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%

July 2022

