



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 5/2023, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$40,149 - \$49,140	60%	\$1,171
	2 people	\$40,149 - \$56,160		
1 Bedroom	1 person	\$43,131 - \$49,140	60%	\$1,258
	2 people	\$43,131 - \$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 | F: 774.272.8736 | TTY: 711



Address: 3 Vinal Street
Auburn, MA 01501
Phone: 774.272.4048
Fax: 774.272.8736
Email: JuliaBancroft@pennrose.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
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NAME: _____ SSN: _____
(First) (Middle Initial) (Last)

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

CELL #: _____

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

EMAIL: _____ D.O.B: _____

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

DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



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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.

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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% ☐

July 2022



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