



## 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 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@Penrose.com**

T: 774.272.4048 | F: 774.272.8736 | 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?<br><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 <sup>st</sup> Preference: | 2 <sup>nd</sup> 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

