

Return by: **MAY 24, 2019**

LELAND HOME SENIOR LIVING VOUCHER PROGRAM
PRE-APPLICATION
21 Newton Street
Waltham, MA 02453
781-893-2557

Social Security or Alien Registration #: _____ Date of Birth _____

Eligible age requirement of 62 years of age and older.

First Name: _____ Middle: _____ Last Name: _____

Home Address: _____

City/Town _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Mailing Address (if different from Home Address)

TOTAL GROSS ANNUAL INCOME: _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Leland Home Senior Living Voucher Program.

SIGNATURE _____ DATE: _____

Complete all Information. Incomplete, photocopied or faxed applications will not be accepted.