

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at	Project:	PRESCOTT MILL APARTMENTS
	Address:	24 Water Street Clinton, Massachusetts 01510 978-368-8500
Please complete this application and return to:	Name:	PRESCOTT MILL APARTMENTS
	Address:	24 Water Street Clinton, Massachusetts 01510 978-368-8500

Applications are placed in order of specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

B. HOUSEHOLD COMPOSITION					
Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Full-Time Student Y/N
Head:					
Co-T:					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution (other than a correspondence school) with regular faculty and students?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF YES, ANSWER THE FOLLOWING QUESTIONS		
Are any full-time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write *NA*.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension 3 (list source)	\$
	Pension 3 (list source)	\$
	Pension 3 (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Alimony	
	Are you legally entitled to receive alimony?	\$
	If yes, list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive alimony?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
	Child Support	
	Are you legally entitled to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS				
If your assets are too numerous to list here, please request an additional form.				
If a section doesn't apply, cross out or write NA.				
	Household Member Name:	Bank	Account #	Balance
Checking Accounts			#	\$
			#	\$
			#	\$
Savings Accounts			#	\$
			#	\$
			#	\$
Trust Account			#	\$
Certificates of Deposit			#	\$
			#	\$
			#	\$
			#	\$

Credit Union			#	\$
			#	\$
Savings Bonds		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
Life Insurance Policy		Ins. Co:	Acct:	Cash Value \$
Life Insurance Policy		Ins. Co:	Acct:	Cash Value \$
Mutual Funds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Stocks	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Bonds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Annuities, 401(K), IRA, Keogh	Name: Source:			Appraised Value \$
Investment Property	Name: Source:			Appraised Value \$
Real Estate Property: <i>Do any household member own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property				
Location of property				
Appraised Market Value				\$
Mortgage or outstanding loans balance due				\$
Amount of annual insurance premium				\$
Amount of most recent tax bill				\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:				

Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years? 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	
Have you disposed of any other assets in the last 2 years 7, Example: Given away money to relatives, set up Irrevocable Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed:	\$
Do you have any other assets not listed above (excluding personal property)? 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please list:	

E. ADDITIONAL INFORMATION	
How were you referred to this property?	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:

In case of emergency notify:		
Address:		
Relationship:		Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pet(s). <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Prescott Mill

24 Water Street, Clinton, MA 01510
(978) 368-8500 Fax (978) 368-3329

AUTHORIZATION

I/We Do Hereby Authorize Prescott Mill Apartments and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

Meredith Management Corporation
Prescott Mill Apartments
24 Water Street
Clinton, MA 01510

SIGNATURE(S):

TenantApplicant

Co-Tenant/Applicant

Date

Date

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A