

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

**NORTH POINTE
511 WASHINGTON ST. (Rt. 53)
Hanover, MA 02339**

AFFORDABLE UNIT RENTAL APPLICATION

General Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Work Telephone Number _____

Number of persons in household _____

Household Information

Please list ALL household members, regardless of age, who will occupy the affordable home:

Name	Date of Birth	Social Security #	Relationship
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Local Preference

Using the definitions found in the Information Packet, please check one of the following local preference categories, if applicable

- ☐ Current Hanover Resident
- ☐ Child of Hanover Resident
- ☐ Parent of Hanover Resident
- ☐ Current Employee of a Facility within the town of Hanover

To be considered for the Local Preference category, one of the above boxes must be checked. Please provide proof of preference, such as a copy of license, tax bill, utility bill, census listing, birth certificate, pay stubs, etc.

Optional Section: Please check off the appropriate race category for each household member. This information will be used only in accordance with New England Fund guidelines to ensure affirmative marketing requirements.

	Head of Household	Co-Applicant	Dependent(s)
Native American/Alaskan Native			
Asian/Pacific Islander			
African American			
Hispanic/Latino			
Cape Verdean			
White/Non-Minority			
Other			

Employment Status

Applicant's Name:

Occupation: _____
 Present Employer: _____
 Contact Information: _____

Date of Hire: _____
 Name & Title of Supervisor: _____
 Annual Gross Salary: _____

Co-Applicant's Name:

Occupation: _____
 Present Employer: _____
 Contact Information: _____

Date of Hire: _____
 Name & Title of Supervisor: _____
 Annual Gross Salary: _____

If other adult household members are employed, please attach a separate sheet with their current employment information.

Income Information

Please complete the following information for all persons receiving income in the household at the time of application. Household income includes gross wages, retirement income (if drawing on it for income), business income, veteran's benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.

In addition to completing the following, please attach all income documentation including:

- Five most recent pay stubs
- Social security documentation
- Pension documentation
- Entire Tax Returns and W-2s for the last 3 years

Applicant

Salary: \$ _____
 Interest & Dividends \$ _____
 Alimony/Child Support \$ _____
 Social Security \$ _____
 Pension \$ _____
 Other Income & Source \$ _____
 TOTAL INCOME: \$ _____

Co-Applicant

Salary: \$ _____
 Interest & Dividends \$ _____
 Alimony/Child Support \$ _____
 Social Security \$ _____
 Pension \$ _____
 Other Income & Source \$ _____
 TOTAL INCOME. \$ _____

If there are other adult household members who are earning income, please attach a separate sheet with their current income information.

Asset Information

Please complete the following Asset Information for all household members. Assets include liquid assets, such as cash in checking or savings accounts, stocks, bonds and other forms of capital investments, excluding equity accounts in homeownership programs or state assisted public housing escrow accounts.

In addition to completing the following, **please attach all asset documentation such as bank statements, brokerage statements, etc.**

Applicant

Name on Account: _____
 Bank Name: _____
 Bank Address: _____
 Amount in Savings: _____
 Amount in Checking: _____
 Other Accounts: _____

Co-Applicant

Name on Account: _____
 Bank Name: _____
 Bank Address: _____
 Amount in Savings: _____
 Amount in Checking: _____
 Other Accounts: _____

If there are other adult household members who have assets, please attach a separate sheet with their current asset information.

Applicant Signature _____

Co-Applicant Signature _____

Date _____

Attachments:

Complete Application Checklist
 Disclosure Form

Disclosure Form - North Pointe

Please check and fill in the following items that apply to you

- ☐ I/We certify that our household is _____ persons.
- ☐ I/We certify that our annual household income is _____ Income from all family members has been included.
- ☐ I/We certify that my/our total liquid assets do not exceed the asset limit, as defined in the application.
- ☐ If applicable, I/We certify that at least one member of the household qualifies under the Local Preference category.
- ☐ If applicable, I/We certify that at least one member of our household qualifies under the Minority Preference category.

I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration.

I/We understand that if selected in the lottery for North Pointe does not guarantee that I/We will be able to rent an affordable unit. I understand that all application data will be verified and my qualifications will be reviewed in detail.

I/We further authorize Peabody Properties, Inc. to verify any and all income and asset and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to Peabody Properties, Inc., and consequently the project's monitoring agency, for the purpose of determining income eligibility for North Pointe.

I/We have completed an application and have reviewed and understand the process that will be used to distribute the available affordable homes at North Pointe.

Applicant Signature

Date

Co-Applicant Signature

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

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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