

Fensgate Cooperative Homeownership Units - this is not a rental opportunity
We must reject your application if you do not answer every question.

First Name _____ Full Middle Name _____ Last Name _____

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

Are you ☐ Hispanic or ☐ non-Hispanic? _____ What is your race (optional)? _____

Head of Household: What is your social security number (if you have one)? _____

What is your family's total annual income? _____ How many people will be living in the unit? _____

What unit size are you seeking? _____

What is your home or evening phone? _____ What is your work or daytime phone? _____

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

Do you need reasonable accommodations, either during the application period or tenancy? ☐ YES ☐ NO

Remember that this is a homeownership program ONLY - we do not rent apartments. You will need to make a down payment if you are asked to join the coop.

Are you ☐ homeless or ☐ at risk of homelessness? If so, why? _____

Do you have a Section 8 voucher or some other form of regular rental assistance? ☐ YES

Have you applied for rental assistance voucher that might help you afford a unit? ☐ YES

What is your mother's last name when she was born? _____

How did you hear about us?

1. Referral _____
2. Building Website _____
3. Building Banner _____
4. Local Advertisement _____ What Paper _____

RECEIPT - We will acknowledge receipt of your application within 14 days.

MAILTO:

YOUR NAME/ADDRESS: _____

The Mackin Group
7 Harvard Street
Brookline, MA 02445

Street: _____

City: _____

We received your application, and placed it on the wait list as of _____. You have been assigned a wait list number: _____. Please use this number whenever you have a question about your application.

Your application is missing Important information: _____

Please correct this so that we can put you on our waitlist. Thank you!

Please fill out each item as completely as possible.



Date Occupancy Desired: _____

Number in Household _____

Number of Bedrooms Desired: _____



OFFICE WILL COMPLETE THIS SECTION

Interview date: _____

EVL/L/VL: _____ Imputed Assets: _____

Assets Disposition Date: _____

Special Needs: _____

Refused Unit: _____

Do you own a car? ☐ Yes ☐ No (NOTE: There are many zip-car locations in the immediate neighborhood.)

Do you have any pets? ☐ Yes ☐ No If yes, please describe: _____

How did you hear about this home ownership building? _____

1. **NAME:** _____ Home Telephone _____

Present Address: _____
Street & Apt. Number City State Zip

Mailing Address (if different) _____
Mailing Address City State Zip

2. Please complete the following information about each person to occupy apartment (including applicant):

Name	Sex	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
		Head			

3. Are you, your spouse, or any member of your household a full-time student 18 years or age or older? ☐ Yes ☐ No

Citizenship Status: Are you a U.S. Citizen? ☐ Yes ☐ No If no, please indicate residency status:

3. Please list all landlords for the past five years, in reverse order. If more space is needed, please attach a separate sheet of paper.

Present Apartment If you haven't lived at your current address for five years, give name and address of your previous landlord.

Name of Landlord: _____ Tel. No. _____

Address of Landlord: _____

Apt. Size: _____ Date from: _____ To: Present

Monthly Rent: \$ _____ Utility cost/month: \$ _____ Reason for leaving: _____

Previous Apartment

Name of Landlord: _____ Tel. No. _____

Address of Landlord: _____

Apt. Size: _____ Date from: _____ To: _____

Monthly Rent: \$ _____ Utility cost/month: \$ _____ Reason for leaving: _____

5. EMPLOYMENT (please include employment of all persons to occupy apartment)

Applicant 1

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

Applicant 2

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

6. OTHER SOURCES OF INCOME (please include all persons to occupy apartment)

			Applicant 1	Applicant 2	Applicant 3
Social Security:	Monthly Amount	\$ _____	_____	_____	_____
SSI:	Monthly Amount	\$ _____	_____	_____	_____
Veterans Benefits	Monthly Amount	\$ _____	_____	_____	_____
Name of Pension:	Monthly Amount	\$ _____	_____	_____	_____
Alimony:	Monthly Amount	\$ _____	_____	_____	_____
Child Supports	Monthly Amount	\$ _____	_____	_____	_____
Other	Monthly Amount	\$ _____	Please Explain:		
TOTAL OTHER INCOME:		\$ _____			

7. MEDICAL EXPENSES: Amount of your yearly health insurance payments \$ _____

Amount of your yearly medical expenses not covered by insurance \$ _____

8. ASSETS (list all accounts including: savings, checking, certificates, etc.)

Acct. Type and No _____ Int. Rate: _____% Amount: \$ _____

Bank Name and Address: _____

Acct. Type and No _____ Int. Rate: _____% Amount: \$ _____

Bank Name and Address _____

Acct. Type and No _____ Int. Rate: _____% Amount: \$ _____

Bank Name and Address: _____

Stocks - Name: _____ No. Shares _____ Value \$ _____

Bonds - Name: _____ No. Shares _____ Value \$ _____

Cash Surrender Value of Life Insurance Policy Value \$ _____

Property Owned: _____ Net Sales Value \$ _____

Street City State Zip

During the past two (2) years have you given away more than \$1,000 or disposed of other assets for less than their fair market value? ☐ Yes ☐ No If yes, please explain: _____

9. **Criminal Record-** Have you or any member of your household who will live in the unit been convicted of a crime, misdemeanor, or felony in the last ten years? ☐ Yes ☐ No

If yes to either, please describe the circumstances, docket number, charge, date and court in the box below

Do you or any person who will occupy the unit use controlled substances (e.g. drugs) illegally? ☐ Yes ☐ No

If yes, please explain:

Do you or any person who will occupy the unit currently abuse alcohol? ☐ Yes ☐ No

Are you or any person who will occupy the unit subject to a lifetime registration under any state sex offender registration program? ☐ Yes ☐ No

If yes, please explain:

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (check one) ☐ Yes ☐ No

Head of household at that time: _____

Name of housing agency/landlord: _____

Date moved out: _____

Reason for moving: _____

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with management? ☐ Yes ☐ No

If yes, please explain:

Have you or any person who will occupy the unit ever been evicted from housing? ☐ Yes ☐ No

If yes, please explain:

Have you or any person who will occupy the unit ever been evicted from federally or state assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If yes, please explain:

Has you or any person who will occupy the unit been denied housing in the past 5 years? ☐ Yes ☐ No

If yes, please explain:

RACE – (Please note that this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws.) **Please complete the attached *Race and Ethnic Data Reporting Form*.**

ELIGIBILITY REQUIREMENT FOR HOUSING FOR PERSONS WITH DISABILITIES - For purposes of determining project eligibility with HUD regulations only. If this applies to any individual on this application, **please request the *Claim of Disability form*.**

SPECIAL HOUSING NEEDS – This section is optional and is used only to determine any reasonable accommodations for applicants.) **Does any applicant family member have any special housing needs?** ☐ Yes ☐ No

List all the cities and states where you have lived in the past.

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete processing of this application.

My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application and/or termination of tenancy if I have been accepted as a resident.

Signature of Applicant

Date

Signature of Applicant

Date

PLEASE NOTE:

The Mackin Group does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed religion, sex, handicap or national origin.

The Mackin Group will make every effort to provide support should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities and will provide assistance in filling out this application should such assistance be requested.

Also be advised that The Mackin Group conducts applicant screening to determine eligibility and suitability of applicants based on ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD **uses your family** income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. **However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.**

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 12/31/2007)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.