

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this application to the address at left.  
Do not fax or email!

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:


IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_
- Name of Waitlist Administrator *optional* \_\_\_\_\_
- Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

WAITLIST UPDATE FORM vs 2.3										Office or Portfolio:										- App														
1. Either type your answers, or else print one letter or number inside each box. Print small enough to fit each letter inside its box.																																		
2. The adult completing this application is considered the <b>Head of Household</b> . Race/ethnicity/displacement questions are optional.																																		
HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY: write in the row below																																		
HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME: write in the row below																																		
HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX: BAEZ GONZALEZ): write in the row below																												SUFFIX						
Does the HoH have a Social Security Number or ITIN? <input type="checkbox"/> = <b>X</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes" you must provide the full number!</i>																																		
HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER or ITIN:										Leave Blank		HEAD OF HOUSEHOLD'S DATE OF BIRTH										GENDER												
First 3 Numbers			-	Next 2 Numbers			-	Last 4 Numbers				Month		Day		Year						(F, M, T)												
ETHNICITY: <input type="checkbox"/> = <b>X</b>										RACE: (Asian , Black, White, Native American, Pacific Islander, Multi-racial)																								
REQUESTED ACCOMMODATIONS: Do you need any of these? <input type="checkbox"/> = <b>X</b> <input type="checkbox"/> I don't need any of the accommodations listed below																																		
<input type="checkbox"/> Fully Accessible Wheelchair Unit <input type="checkbox"/> Bathroom modifications <input type="checkbox"/> Vision Impaired Unit <input type="checkbox"/> Need an Interpreter																																		
<input type="checkbox"/> No-Steps unit (elevator to any floor) <input type="checkbox"/> Hearing Impaired Unit <input type="checkbox"/> Domestic Violence Victim																																		
<input type="checkbox"/> First-Floor unit only <input type="checkbox"/> Unit designed for Environmental Allergies <input type="checkbox"/> Live-In Aide or PCA																																		
HEAD OF HOUSEHOLD'S CAREER STAGE:										<input type="checkbox"/> Employed					<input type="checkbox"/> Unemployed					<input type="checkbox"/> Retired					<input type="checkbox"/> FT Student					<input type="checkbox"/> PTStudent				
ANY VETERANS IN YOUR HOUSEHOLD:										<input type="checkbox"/> Yes					<input type="checkbox"/> No																			
PERMANENT MOBILE RENTAL ASSISTANCE, if any - <b>you must select one of these answers</b>																																		
<input type="checkbox"/> I do not have mobile rental assistance <input type="checkbox"/> Mobile Section 8 voucher <input type="checkbox"/> MRVP <input type="checkbox"/> AHVP <input type="checkbox"/> VASH or similar																																		
CRIMINAL RECORD AND SEX OFFENDER INFORMATION																																		
Head of Household:										Any Felony/Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No										Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Other HH Members:										Any Felony Convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No										Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Is anyone in HH subject to a lifetime sex offender registration in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		
ANY PETS: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____																																		
HOUSEHOLD SIZE AND COMPOSITION:															ANNUAL INCOME										DOCUMENTED DISABILITY?									
← # Adults					← # Children					← Total # in Household					\$ .00					<input type="checkbox"/> Yes <input type="checkbox"/> No														
CURRENT HOUSING STATUS:										<input type="checkbox"/> Homeless					<input type="checkbox"/> Housing Loss 14 days					<input type="checkbox"/> Fleeing Dom. Violence					<input type="checkbox"/> At risk of homelessness					<input type="checkbox"/> Stably Housed				
HAVE YOU BEEN DISPLACED: <input type="checkbox"/> No <input type="checkbox"/> by Accessibility/health issues <input type="checkbox"/> by Addiction behaviors <input type="checkbox"/> by Cost of living <input type="checkbox"/> by Pandemic <input type="checkbox"/> by fire/flood/earthquake <input type="checkbox"/> by Domestic Violence or Sexual Assault <input type="checkbox"/> by Urban development, eminent domain <input type="checkbox"/> by Condemnation of home, code violations <input type="checkbox"/> by Threat to life or safety																																		
BEST TELEPHONE NUMBER TO USE: one number in each box															Leave Blank		SECOND TELEPHONE (if you have one):																	
BEST EMAIL ADDRESS:																																		
BEST MAILING ADDRESS (include apt #): <input type="checkbox"/> where I currently live <input type="checkbox"/> a "care of" address Put one letter in each box. Leave a box blank between words.																																		
City, State, and Zip Code: Put one letter in each box. Leave one blank box between words.																																		
SECOND BEST MAILING ADDRESS (include apt #): <input type="checkbox"/> same as above <input type="checkbox"/> where I currently live <input type="checkbox"/> a "care of" address																																		
City, State, and Zip Code: _____																																		
															PRIORITIES and PREFERENCES - <input type="checkbox"/> = <b>X</b> <a href="#">some programs may allow you to claim these</a>																			
# BEDROOMS NEEDED→															<input type="checkbox"/> Disability <input type="checkbox"/> Elder <input type="checkbox"/> Local Resident <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Student <input type="checkbox"/> Homeless Veteran																			
															<input type="checkbox"/> Rent-burdened 40% <input type="checkbox"/> Rent-burdened 50% <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> HUD VAWA Certificate																			
															<input type="checkbox"/> Victim of Hate Crime <input type="checkbox"/> Community Based Housing																			
															Displaced by: <input type="checkbox"/> Urban Renewal <input type="checkbox"/> Sanitation Code <input type="checkbox"/> Natural Forces <input type="checkbox"/> Other: _____																			
															Signature of Head of Household: _____ Date (mm/dd/yyyy): _____																			
← Date/Time Stamp																																		

# Welcome Home

Thank you for your interest in our community. Morton Village offers affordable apartment homes which require income, asset, and student status to be verified to determine eligibility. Please return the following applicable items to the office to begin your application process.

## Proof of income (if applicable)

- ☐ Eight (8) \_\_\_\_\_, consecutive paystubs
- ☐ Proof of child support
- ☐ Public assistance award Letter
- ☐ Housing Choice Voucher w/ approved unit size
- ☐ Current Social Security and/or SSI (*must be within 120 days*) award letter
- ☐ Unemployment stubs/award letter reflecting weekly benefit amount
- ☐ Current pension or retirement benefit letter
- ☐ Any other income
- ☐ If self-employed, a copy of most current tax returns and Schedule C or other applicable Schedule(s)
- ☐ If paid by cash, copy of tax returns with 1099 (*IRS considered independent contractor*).
  - If claiming no tax return previously filed, IRS Form 4506-T (*can be signed at the leasing office*)

## Proof of Assets

- ☐ Six (6) months current checking account statements
- ☐ One (1) current savings account statement
- ☐ 401(k) current statement
- ☐ IRA, stocks, bonds, and other current statement
- ☐ Whole life insurance current statement
- ☐ If you own a house
  - provide the current mortgage statement that includes the balance owed and a current appraisal.
  - If you are selling your house, the realtor can provide you with a letter with the current market value and estimated closing costs listed.
  - If you are renting your home, please supply the above and a copy of the executed lease, and expenses to rent the property over the next 12 months (taxes, insurance, maintenance, utilities, and mortgage interest)
- If you have sold a house within the past two (2) years, provide the HUD closing statement.
- If you have had a foreclosure, provide the Release of Debt documentation from the lender or a copy of the executed trustee's deed of sale.

## Verification of student status for all adults aged 18 and older

- ☐ Verification from the Admissions or Registrar's Office or dean, counselor, advisor, etc., or from VA Office or
- ☐ School records, such as paid fee statements that show enough credits to be considered a full-time student by the educational institution attended. *\* the definition of a full-time student from the educational institution can usually be found on their website*

## Verification of Minors under 18 years old

- ☐ All Minors under the age of 18 years old require a Birth Certificate to be submitted with the application documents.

## Proof of Identification (Photo ID i.e. license, passport, green card, State ID, etc.)

**\* Applications cannot be accepted unless all applicable items are received. Verifications that are subject to change are valid for 120-days from the move in date. Once the 120-days has expired, new verifications must be obtained.**

RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

Each co-applicant and each occupant 18 years old and over must submit a separate application.



Date when filled out: November 30, 2021

ABOUT YOU

Full name (exactly as on driver's license or govt. ID card)

Your street address (as shown on your driver's license or government ID card):

Driver's license # and state:

OR govt. photo ID card #:

Former last names (maiden and married):

Your Social Security #:

Do you or any occupant smoke? ☐ Yes ☐ No

Will you or any occupant have an animal? ☐ Yes ☐ No

Kind, weight, breed, age:

Current home address (where you now live):

City/State/Zip:

Home/cell phone: Current rent: \$

Email address:

Name of apartment where you now live:

Current owner or manager's name:

Their phone: Date moved in:

Why are you leaving your current residence?

Your previous home address:

City/State/Zip:

Apartment name:

Name of above owner or manager:

Their phone: Previous monthly rent: \$

Date you moved in: Date you moved out:

YOUR WORK

Present employer:

Address:

City/State/Zip:

Work phone:

Position:

Your gross annual income is over: \$

Date you began this job:

Supervisor's name and phone:

Previous employer:

Address:

City/State/Zip:

Work phone:

Position:

Gross annual income was over: \$

Dates you began and ended this job:

Previous supervisor's name and phone:

YOUR CREDIT HISTORY

Your bank's name, city, state:

List major credit cards:

Other non-work income you want considered. Please explain:

Past credit problems you want to explain. (Use separate page.)

WHY YOU APPLIED HERE

Were you referred? ☐ Yes ☐ No

If yes, by whom:

Name of locator or rental agency:

Name of individual locator or agent:

Name of friend or other person:

Did you find us on your own? ☐ Yes ☐ No If yes, fill in information below:

☐ On the Internet ☐ Stopped by ☐ Newspaper (name):

☐ Rental publication:

☐ Other:

YOUR RENTAL/CRIMINAL HISTORY

Check only if applicable. Have you or any occupant listed in this Application ever:

☐ been evicted or asked to move out? ☐ moved out of a dwelling before the end of the lease term without the owner's consent? ☐ filed for bankruptcy? ☐ been sued for rent or other breach of a residential lease? ☐ been sued for property damage? ☐ been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, fraud, violence to another person or destruction of property, or a sex crime? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

OTHER OCCUPANTS

Please list the names and dates of birth for any minor child(ren) who will you intend to reside in the unit. Any individual over the age of 18 shall be required to submit an application and be listed as a resident above.

Name:

DL or govt. ID card # State:

Birthdate:

Name:

DL or govt. ID card # State:

Birthdate:

Name:

DL or govt. ID card # State:

Birthdate:

Name:

DL or govt. ID card # State:

Birthdate:

Name:

DL or govt. ID card # State:

Birthdate:

YOUR VEHICLES

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle:

Year: License #: State:

Make and color of vehicle:

Year: License #: State:

Make and color of vehicle:

Year: License #: State:

EMERGENCY

Emergency contact person over 18, who will not be living with you:

Name:

Address:

City/State/Zip:

Work phone:

Home phone:

Relationship:

AUTHORIZATION

I or we authorize (owner's name) Avanath Morton Village LLC

to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature:

Applicant must also sign on the next page of this application.

© 2021, National Apartment Association, Inc. - 3/2021, Massachusetts Page 1 of 2



Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The National Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- Names of all residents who will sign Lease Contract
- Name of Owner/Lessor **Avanath Morton Village LLC**
- Property name and type of dwelling (bedrooms and baths)
- Complete street address **65 Morton Village Drive**  
City/State/Zip **Mattapan, MA 02126**
- Names of all other occupants not signing Lease Contract (persons under age 18)
- Total number of residents and occupants
- Beginning date and ending date of Lease Contract
- Total monthly rent for dwelling unit \$
- Rent to be paid at (check one) ☒ on-site manager's office or ☒ at **WIPS locations**
- ☐ Check if the dwelling is to be furnished;
- Utilities paid by owner (check all that apply): ☐ electricity, ☐ gas, ☒ trash, ☐ cable TV, ☐ master antenna;
- You are (check one): ☐ required to purchase personal liability insurance or ☒ not required to purchase personal liability insurance;
- Special provisions regarding parking, storage, etc. (see attached page, if necessary):

Application Agreement

- Lease Contract Information.** The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current Lease Contract. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information.
- First Month's Rent Deposit (may or may not be refundable).** You have delivered to our representative a first month's rent deposit in the amount indicated in paragraph 13 of this Rental Application. *The first month's rent deposit is not a security deposit.* However, it will be credited toward the required first month's rent when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 9 if you are not approved; OR it will be retained by us as liquidated damages pursuant to 940 CMR 3.17(6)(c) if you fail to sign or attempt to withdraw under paragraph 5 or 6.
- Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the first month's rent deposit of all applicants toward the required first month's rent.
- Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the first month's rent deposit of all applicants toward the required first month's rent. The balance of First Month's Rent shall be due pursuant to the executed Lease Contract.
- If You Fail to Sign Lease Contract After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person, by telephone, or by email, or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the first month's rent deposit as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c), and terminate all further obligations under this Agreement.*
- If You Withdraw Before Approval.** You and any co-applicants may not withdraw your Application or the first month's rent deposit after you have tendered the deposit, completed this application, and after we have processed same. *If before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c) and the parties will then have no further obligation to each other.*
- Completed Application.** An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked): ☐ a separate Application has been fully filled out and signed by you and each co-applicant; ☐ a first month's rent deposit has been paid to us. *If no item is checked, all are necessary for the Application to be considered completed.*
- Nonapproval in Ten Days.** We will notify you whether you've been approved within ten days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within ten days after we have received a completed Application. Notification may be in person, by email, by mail, or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
- Refund after Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 8, we'll refund your first month's rent deposit within \_\_\_\_\_ days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 5, 8, or 9 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
- Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
- Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- First Month's Rent deposit:** \$ \_\_\_\_\_
- Signature.** *Our representative's signature is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract. No such agreement shall be established until and unless a lease is signed by all applicants and the owner.*

**Acknowledgment.** You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question or give false information, we may reject the application, retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c) for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to this application, we may recover all attorney's fees and litigation costs in enforcement of this agreement. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

**This Rental Application and the Lease Contract are binding documents when signed. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (street, city): \_\_\_\_\_ Unit # or Type: \_\_\_\_\_

2. Person accepting application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Person processing application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Date that applicant or co-applicant was notified by ☐ telephone, ☐ letter, or ☐ in person of ☐ acceptance or ☐ non acceptance: \_\_\_\_\_  
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_\_\_\_\_

6. Name of owner's representative who notified above person(s): \_\_\_\_\_

## HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: **Morton Village** Unit: \_\_\_\_\_

Certification Type:  
☐ Move In/Initial Certification  
☐ Re-certification  
☐ Other: \_\_\_\_\_

Housing Program:  
☐ Low Income Housing Tax Credit  
☐ HOME  
☐ Other: \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION

- **Unless assistance is required, this form must be completed by the applicant/tenant.**
- **List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.**
- **Do not include minors who will be present less than 50% of the time.**
- **List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.**

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO
5.				[ ] YES [ ] NO
6.				[ ] YES [ ] NO
7.				[ ] YES [ ] NO
8.				[ ] YES [ ] NO

Are any HH changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

Are any student changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

### II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> <li>• If NO continue to Section III</li> <li>• If YES please complete the following questions:</li> </ul>	[ ] YES [ ] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[ ] YES [ ] NO
Was a student previously a foster child?	[ ] YES [ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES [ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES [ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES [ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES [ ] NO

### INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12-month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions



### III. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.  
All adults must sign the form.

Head of Household				Co-Head and/or Other Member Name:		
Type of Income	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non-cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
35. Are any income changes expected in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe:						

**For each source of income checked YES above, please complete the following:**

Income #	HH Member	Name of Source	Address/Phone/Email



#### IV. HOUSEHOLD ASSETS

- *List assets for all household members including minors*
- *Cash value is market value minus any costs/penalties/fees required to convert to cash*
- *Do not list assets that are not accessible to the family*

	Head of Household		Co-Head and/or Other Member Name:	
Type of Asset	Check One	Approx Cash Value	Check One	Approx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 <sup>nd</sup> checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 <sup>nd</sup> savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 <sup>nd</sup> prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<b><i>For each asset checked YES above, please complete the following:</i></b>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

*Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.*

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co Head and/or Other Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date





Resident's Name: \_\_\_\_\_

Bldg./Apt. Number: \_\_\_\_\_

## Acknowledgement of Receipt

---

This is to confirm that I have received the following required brochures and notices to be distributed at time of application and/or move in.

- Resident Selection Criteria
- Notice of Occupancy Rights Under the Violence Against Women Act, form HUD-5380
- Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, form HUD-5382

\_\_\_\_\_  
Resident Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (Co-Head of Household)

\_\_\_\_\_  
Date



## RELEASE AND CONSENT FORM

### I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT

Apartment Community: <b>Morton Village Apartments</b>	Agency:
Contact Name: <b>Adrienne Vesey</b>	Contact Title: <b>Community Manager</b>
Address: <b>65 Morton Village Drive Mattapan, MA 02126</b>	Phone: <b>(617) 615-8116</b>
Email Address: <b>avesey@avanath.com</b>	Fax: <b>(617) 296-0909</b>

### II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name:
I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Department's service provider.
<b>INFORMATION COVERED</b>
I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a Affordable Housing Program.
<b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</b>
The groups or individuals that may be asked to release the above information include, but are not limited to:
Past and Present Employers      Welfare Agencies      Veterans Administrations
Support and Alimony Providers      State Unemployment Agencies      Retirement Systems
Educational Institutions      Social Security Administration      Medical and Child Care Providers
Bank and other Financial Institutions      Utility Providers      Previous Landlords
Public Housing Agencies      Appraisal Districts      Insurance Carrier

### III. APPLICANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and <b>will stay in effect for a year and one month</b> from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.		
Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**



# DIVESTITURE OF ASSETS

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_  
Phone: \_\_\_\_\_

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

**Who must complete this form:** If you are age 18 or older or an emancipated minor, you need to certify whether or not you have disposed of any assets for less than fair market value in the past 2 years.

**We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.**

The US Government requires the following:

- All questions must be answered.
- If a question does not apply, put N/A.
- If uncertain, use best available information.
- Use of "White out" and pencil is prohibited.
- If information must be changed, strike through & initial change.
- Signature and date of person completing this form is required.

Check appropriate statement A or B below:

- A. \_\_\_\_\_ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- B. \_\_\_\_\_ I/we have sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

**PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY IF STATEMENT B. IS CHECKED:**

1. Please describe the asset that was disposed of: \_\_\_\_\_
2. When was the asset disposed of? \_\_\_\_\_
3. What was the fair market value of this asset at the time of disposal? \$ \_\_\_\_\_
4. How was the fair market value of this asset determined? \_\_\_\_\_

\_\_\_\_\_  
(Attach documentation providing proof of the amount of sale, i.e. closing papers, final bank statement, sale of stocks, etc...)

5. What was the gross amount received for this asset? \$ \_\_\_\_\_  
(Attach copies of receipts or any other documentation supporting the amount entered.)

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Custody & Child Support Affidavit

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

***Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:***

[ ] I certify that as of the signing of this form, I have no children that will reside with me in the apartment should I be accepted as a resident at Morton Village. **Stop here and sign below.**

Child Name/SSN(last four digits)/DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Absent Parent: \_\_\_\_\_

Will this child live with you in the tax credit apartment at least 50% of the time?

☐ YES ☐ NO

Who claimed the child as a dependant on their most recent tax return?

☐ I did ☐ The absent parent ☐ Other: \_\_\_\_\_ ☐ No one

Do you receive support (monetary or not) for this child? ☐ YES ☐ NO  
(Note: "Support" may be legally ordered or an informal agreement)

If YES list amount \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been awarded an amount of child support for this child through the courts?  
☐ YES ☐ NO

If awarded but not paid, have you taken legal action to collect child support?  
☐ YES ☐ NO

If yes, please describe efforts and proof: \_\_\_\_\_

Do you expect to receive child support for this child in the next 12 months?  
☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Household Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)



# MARITAL STATUS AFFIDAVIT

To be completed by all applicants

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

## Check ONE box:

☐ I certify that I am currently married. **Stop here and sign and date bottom of form.**

☐ I certify that I have **never been** married. **Stop here and sign and date bottom of form.**

I certify that I am: ☐ divorced ☐ separated ☐ widowed ☐ estranged

from my spouse whose name is: \_\_\_\_\_

Date of divorce/separation/etc. \_\_\_\_\_

## Check this box if you are **ESTRANGED** from your spouse and initial:

☐ I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and **WILL NOT** be living in the apartment at any time during my tenancy. Initial here: \_\_\_\_\_

## Check A or B:

A. ☐ I am **NOT** and will **NOT** be receiving any form of spousal contributions to my household.

B. ☐ I **AM** or **DO** anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$\_\_\_\_\_ per month will be received during the next 12-month period (*verification is required*). I will immediately notify the office of any change in this amount.

## Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and am providing copies of legal documents to verify divorce, separation, etc. ☐ YES ☐ NO If **NO** please state why: \_\_\_\_\_

The following legal actions have been made to attempt to collect payments owed to me:

\_\_\_\_\_  
\_\_\_\_\_

***These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.***

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





## BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Morton Village</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Bank Contact:

Bank Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

### RETURN THIS FORM TO:

Adrienne Vesey - Community Manager  
avesey@avanath.com  
(617) 615-8116 (P) or (617) 296-0762 (F)

*Adrienne Vesey*  
Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Average 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

If retirement investments are held, are withdrawals taken? [ ] YES [ ] NO If Yes, Amount \$\_\_\_\_\_ Frequency \_\_\_\_\_

***If additional space is needed please attach a separate sheet with information, date and signature***

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction



## EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	<b>Morton Village</b>	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Employer Contact:

Business Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

### RETURN THIS FORM TO:

Adrienne Vesey - Community Manager  
avesey@avanath.com  
(617) 615-8116 (P) or (617) 296-0762 (F) **296-0762 (F)**

*Adrienne Vesey*  
Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes ☐ Date First Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ No ☐ Last Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Wages (check one) ☐ Hourly ☐ Salary \$ \_\_\_\_\_ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly  
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other \_\_\_\_\_

Number of regular hours scheduled per week: \_\_\_\_\_  
(If hours vary please list maximum anticipated)

Gross pay from prior year: \$ \_\_\_\_\_

Gross Year to Date Pay: \$ \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ Through \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour

Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour

Average number of shift differential hours per week: \_\_\_\_\_

(CIRCLE ALL THAT APPLY)

COMMISSIONS, BONUS, TIPS, OTHER: \$ \_\_\_\_\_ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly  
☐ Semi-monthly ☐ Yearly ☐ Other \_\_\_\_\_

Did employee receive a raise last year? ☐ No ☐ Yes If YES, when? \_\_\_\_\_ If the employee received a raise last year, is there any reason to think this year might be different? \_\_\_\_\_

Will the employee receive a raise this year? ☐ No ☐ Yes If YES: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) : \_\_\_\_\_

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401K? ☐ No ☐ Yes  
Does the employee have access to withdraw funds from the retirement plan i.e. 401K while still employed? ? ☐ No ☐ Yes

Employer Signature

Employer Printed Name & Title

Date

Phone #

Fax #

E-Mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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# Race and Ethnic Data Reporting Form

avanath+

Name of Property & Address \_\_\_\_\_

Date \_\_\_\_\_

Data Collection for:

☐ Wait List

☐ Tenant

☐ Applicant

Please list All Members of your Household with Head of Household as #1:

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

Ethnic Categories	Select One Ethnic Category for EACH Household Member							
Household Member	1	2	3	4	5	6	7	8
Hispanic or Latino								
Not Hispanic or Latino								
Racial Categories	Select All Races that Apply for Each Household Member							
American Indian or Alaska Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
Other								
Other Categories	Add Information for Each Household Member							
Gender ("M" or "F")								
Age								
Disability ("Yes" or "No" for all over 5 yrs. of age)								

There is no penalty for persons who do not complete the form. Initial here ☐ if you choose not to disclose race and/or ethnicity information for your household. Every adult must sign:

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Adult Co-Tenant Signature

\_\_\_\_\_  
Adult Co-Tenant Signature

\_\_\_\_\_  
Adult Co-Tenant Signature

\_\_\_\_\_  
Adult Co-Tenant Signature

\_\_\_\_\_  
Adult Co-Tenant Signature

## Instructions for the Race and Ethnic Data Reporting (Based on Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

**1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

**2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

**1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

**4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## Morton Village Apartments

65 Morton Village Drive

Mattapan, Boston 02126

Phone: (617)-322-0611 | Email: [mortonvillage@avanath.com](mailto:mortonvillage@avanath.com)

### Rental Information and Qualification Standards

Effective Date: October 15, 2020

Thank you for your interest in Morton Village Apartments. The following information is provided to help answer any questions you may have regarding our community.

### **Rental Rates & Deposits:**

Studio/1 Bath	Starting at \$1,371.00*
1 Bed/1 Bath	Starting at \$1,449.00- \$1,834.00*
2 Bed/1 Bath	Starting at \$1,729.00- \$2,191.00*

**\*Rents are based off the Area Median Income established by Boston Housing Authority. Morton Village is an Income Restricted Community.**

**~ All visitors who wish to view an apartment must present a valid state or government issued photo ID ~**

Application Fees:	None. All applicants age 18 and over must complete an application.
Holding Deposit:	\$100.00 - paid at time of application by money order/cashier's check. This is refundable <b>only</b> if you cancel your application within 72 hours of applying or if you are denied based on income, credit, criminal background, or eviction check. If your application is approved, it will be applied towards your security deposit.
Security Deposit:	Based on credit check results. We are happy to announce our partnership with e-Premium Insurance to provide our residents with a low-cost alternative to our traditional deposits. \$500
Pet Deposits and Fees:	<b>Not permitted at this time*</b> This may change in the future.
Lease Term s:	One (1) year lease available only.

**Utilities:** Morton Village pays for water and trash removal. The resident is responsible for payment of GAS, & ELECTRICITY. Gas AND Electricity must be transferred to resident's name and account numbers given before keys will be released on move-in day.





**Income Limits:**

**Morton Village is an Income Restricted Community. This provides affordable housing to households with low incomes falling within pre-determined ranges. Your benefit from this program is our ability to offer apartments at a reasonable rate. The following qualifying income ranges represent total (combined) gross income for the household:**

<b>HOUSEHOLD SIZE</b>	<b>60%AMI</b>	<b>80%AMI</b>	<b>100%AMI</b>
<b>1</b>	\$56,400.00	\$67,700.00	\$84,600.00
<b>2</b>	\$64,400.00	\$77,350.00	\$96,250.00
<b>3</b>	\$72,480.00	\$87,000.00	\$108,750.00
<b>4</b>	\$80,520.00	\$96,650.00	\$120,800.00
<b>5</b>	\$87,000.00	\$104,400.00	\$130,500.00
<b>6</b>	\$93,420.00	\$112,150.00	\$140,150.00

**Identification:** Identification and proof of legal residency for all persons residing in the household will be required. Driver's licenses and social security cards or Tax ID cards are required. If you do not have these, please ask the Leasing Office for other acceptable options.

**Income:** All sources of income must be disclosed. This includes full and part-time employment, child support, alimony, social security, pensions, retirements, savings interest, dividends, etc.

**Employment:** A verification form must be completed by the employer and returned directly by them to our Leasing Office (Last six consecutive pay stubs).

**Self-Employment:** Tax returns (including Schedule C) for the past 3 years are required. You must be self-employed for THREE entire tax years; otherwise, your income will be considered "unverifiable" and your application rejected. Additional information may be required such as business statements/projection schedules verified and signed by an independent source. Generally, if the net business income for the past three years has shown an increase, the same percentage of increase will be assumed for the upcoming year.

**Other Income:** Documentation of all income received from child support, alimony, investments, pensions, savings accounts, etc., must be submitted with application and dated within 90 days of move in. Anticipated income for all unemployed applicants must also be included.

**Student Status:** The household may not be occupied in its entirety by full-time students, regardless of whether the applicants are working. Please ask a Marketing Specialist for details to the exceptions to this rule.

**Credit History:** We verify your credit through Credit Retriever, a program that provides us with approval or denial based on the personal information furnished by the applicant. The program offers recommendations without breaching the privacy of the applicant.

**Rental History:** Last two (2) years of rental history is required for each adult. Applicants with a negative history or rental judgment on their credit report may be rejected. Additional addresses obtained from credit reports may be questioned. Any collections owing to another landlord more than \$300 **will** be declined.

**Application Process:** Your application must be completed in full before we can begin processing. While it typically takes 72 hours, it may take longer based on the verification of information. You will be notified via email, mail, or phone of the status.



## Morton Village Apartments

Dear Applicant:

Thank you for your interest in our community. The following is a brief explanation of our screening criteria. Please note, your eligibility is not solely based on the following:

- Student loans and Medical debt is not considered.
- Late payments within the last year are considered.
- Closed bankruptcy is considered within the last 6 months.
- We do not consider one (1) foreclosure within the last two (2) years.
- We do not consider account balances under \$200.
- The total household income must be greater than 2 times the monthly rent amount.
- A negative employment/residency reference less than 6 months is considered.
- Any debt to a previous apartment community or landlord is considered within the last seven (7) years.
- Criminal background includes but is not limited to the following: arson, assault/battery, bad checks, burglary, crimes against animals, crimes against minors, crimes against government or government officials, cyber-crime, destruction/damage/vandalism of property, disturbance to peace and order, domestic crimes, drug related, embezzlement, fraud, gambling, harassment, homicide, kidnapping, organized crime/conspiracy, Petty theft, purposefully obstruct, impairs or perverts the law, robbery, sex crimes, theft/larceny, trespassing, weapons, incarceration (due to conviction) and/or any offense not listed. Please note some of the subjects listed are restricted to the last seven (7) years or may not have a time restriction.
- Civil Court Records: Filings or unlawful detainers, monetary judgments, possession/forcible detainers within the last three (3) years

Please contact me at your earliest convenience if you have any questions. Thank you once again for your interest. You may reach me at the management office at (617)-615-8116.

Kind regards,

Morton Village Apartments

## RENTAL QUALIFYING STANDARDS

**Morton Village does business in accordance with the Fair Housing Act. We provide equal housing and service for all people regardless of race, color, religion, sex, national origin, handicap or familial status, or any other protected class as defined by state and local jurisdiction.**

**Occupancy Guidelines for Massachusetts:**

- o Maximum occupants -two (2) people per bedroom.
- o Two (2) people, one of whom is pregnant, may occupy a one (1) bedroom apartment until the child will be eighteen (18) months of age by the end of the lease (meaning child must be 6 months of age or less at move in).
- o Four (4) people, one of whom is pregnant, may occupy a two (2) bedroom apartment until the child will be eighteen (18) months of age by the end of the lease (meaning child must be 6 months of age or less at move in).

**Qualification Guidelines:** Each person over the age of 18 must fill out an application . Each applicant must complete an application in its entirety and all information provided must be true, accurate and complete, as well as verifiable. Income plus verified credit history will be entered into a credit scoring system, which determines both rental eligibility and security deposit level. Criminal history will be verified and must meet the standards outlined below to be eligible to rent. Each applicant's criminal status will be individually evaluated; leaseholders' income and credit will be combined.

**Credit Worthiness:** A credit report will be secured for all leaseholders to verify account credit ratings. The results will be entered into the credit scoring model, which determines applicant eligibility to rent and security deposit level. Unfavorable accounts which will negatively influence this score include, but are not limited to collections, charge offs, repossessions and current delinquency.

**Income/Employment:** Gross annual income for all leaseholders is combined and entered into the credit scoring model. Additional sources of income may be considered.

**Criminal History:** A criminal background check will be conducted for each applicant. The criminal search will be run for all addresses at which the applicant(s) has resided *over* the previous 24 months. The application may be rejected for criminal related reasons including, but not limited to, the following:

- o Felony conviction
- o Any terrorist related conviction
- o Any illegal drug related conviction
- o Any prostitution related conviction
- o Any sex related conviction
- o Any cruelty to animals related conviction
- o Misdemeanor conviction involving crime against persons or property

**Apartment Availability:** The listing of available apartments to rent is updated as each apartment becomes available. This may occur at varying times throughout the day and, accordingly, available listing at business day begin may differ from the available listing at business day end.

*Reasons for not approving an application include, but are not limited to insufficient income, criminal record, household size exceeding occupancy limits, and falsification of the application information.*



## **WHAT DO I NEED WHEN I APPLY?**

### **FEES**

- Holding Deposit of \$100.00 per household in Money Order or Cashier's Check to hold the apartment for the applicant while we process the application. The Holding Fee is refundable if you cancel within 72 hours of applying or if you're denied based on income, credit, criminal background, or eviction. Otherwise, it is not refunded.

### **IDENTIFICATION**

- A valid photo ID (i.e. - Driver's License, State Identification, Passport)
- Social Security Card or Tax ID for each occupant (even those under the age of 18)
- Birth Certificates for any minors being added to the Household.

### **CHILDREN**

- Supporting Documentation for Custody and Child Support (dated within 90 days of move in)

### **BANK/ASSET INFORMATION**

- Account numbers for your bank accounts (i.e. - Checking/Savings/CD, etc.)
- Branch Addresses/ Phone/ Fax number
- Other documentation may be required upon request (i.e. - copies of bank statements or verification form from bank)
- If you have any assets that receive interest or income (example: 401(k), savings account, CD) please provide a current statement.

### **EMPLOYMENT INFORMATION**

- **Please Provide Us With...**
  - Your employer's name/contact person who can verify employment
  - Work Address
  - Hours of Business
  - We do perform **verbal verifications**, so please **provide a phone number** where the employer can be reached **Monday • Friday 8am - 5pm**.
  - H.R. (**Human Resources**) or Personnel Department's Address/ Phone/ Fax

## **HOW LONG DOES IT TAKE FOR AN APPLICATION TO BE APPROVED?**

- 5-10 business days. All documents requested from applicants must be returned within 72 hours of request or application will be denied and the \$100 holding fee not refunded. Please ask an Office Team Member if you have any questions.

## **WHAT IS THE APPLICATION PROCESS?**

- Credit, Criminal Background, and Eviction Check (Must be Approved or Approved with conditions)
- All income for the household is verified and calculated for combined gross household income - it must meet the income limits for your household size and desired apartment size. See the Income limit Chart on second page for all the income brackets.

## **HOW WILL I KNOW WHETHER OR NOT MY APPLICATION HAS BEEN APPROVED?**

- One of our team members will contact you via phone/email to inform you of your results

## **WHAT ARE THE LEASING OFFICE HOURS?**

- **Monday - Friday : 8am - 5pm**
- **Saturday: Closed**
- **Sunday: Closed**

**Morton Village  
Mattapan, Suffolk County, MA  
Boston-Cambridge- Quincy, MA**

**2021 Income and Rent Limits**

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
<b>60% Income limits</b>	\$ 56,400.00	\$ 64,440.00	\$ 72,480.00	\$ 80,520.00	\$ 87,000.00	\$ 93,420.00
<b>80% Income Limits</b>	\$ 67,700.00	\$ 77,350.00	\$ 87,000.00	\$ 96,650.00	\$ 104,400.00	\$ 112,150.00
<b>100% Income Limits</b>	\$ 84,600.00	\$ 96,650.00	\$ 108,750.00	\$ 120,800.00	\$ 130,500.00	\$ 140,150.00

PBV-S8	(1) Studio	(9)1 Bdrm	(10) 2 Bdrm
Max. Gross Rent	\$1,700.00	\$1,900.00	\$2,300.00
Utility Allowance	\$ 39.00	\$61.00	\$83.00
Max. Allowable Rent	\$1,661.00	\$1,839.00	\$2,217.00

11/1/2021

80% 100 units	(74)1 Bdrm	(26)2 Bdrm
Max. Gross Rent	\$1,895.00	\$2,274.00
Utility Allowance	\$61.00	\$83.00
Max. Allowable Rent	\$1,834.00	\$2,191.00

60% 66 units	(6) Studio	(19)1 Bdrm	(21)2 Bdrm
Max. Gross Rent	\$1,410.00	\$1,510.00	\$1,812.00
Utility Allowance	\$ 39.00	\$61.00	\$83.00
Max. Allowable Rent	\$1,371.00	\$1,449.00	\$1,729.00

11/1/2021

100% 41 units	(20)1 Bdrm	(21) 2 Bdrm
Max. Gross Rent	\$1,826.00	\$2,205.00
Utility Allowance	\$61.00	\$83.00
Max. Allowable Rent	\$1,765.00	\$2,122.00

**Assumptions:**

207 units/ 7 studios/122 one-bedrooms/ 78 two-bedrooms

41 units @ 100% AMI

100 units @80% AMI

66 units @ 60% AMI

20 project based vouchers- Boston Housing authority

Aquisition oppourtunity Program- City of Boston ( Rent restriction in place 50 years)

Annual recertification required to maintain Income and rent restriction

Landlord pays: Water/sewer, gas and trash

Heat and water - gas boiler

Resident pays electric (cooking/fridge/wall AC units/other)

BHA Utility eff. 8.1.2021

BHA Income limits and Rent schedule effective 6/1/2021; FMR 100% updated 10/1/21

updated 10/13/2021



**Morton Village**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Boston Housing Authority** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

**Protections for Applicants**

If you otherwise qualify for assistance under **Boston Housing Authority**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

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The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **Boston Housing Authority**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Boston Housing Authority** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.



If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

**Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Boston Housing Authority at (617)-988-4000.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at

<https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

## **CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION**

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking. In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider

are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA.

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.