

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



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

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

Date Generated:

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ **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:

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME in the row below:

HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME in the row below:

HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX: BAEZ GONZALEZ) SUFFIX

DO YOU HAVE A SOCIAL SECURITY NUMBER or ITIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	YOUR DATE OF BIRTH	AGE	GENDER
Enter your FULL and COMPLETE SSN or ITIN below:		Type as: MM-DD-YYYY, no exceptions		F M T-MTF T-FTM

ETHNICITY	RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial)

REQUESTED ACCOMMODATIONS: Do you need any of these:	<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"/> No-Steps unit (elevator to any floor)	<input type="checkbox"/> Vision Impaired Unit
<input type="checkbox"/> First-Floor unit only	<input type="checkbox"/> Need an Interpreter:
	<input type="checkbox"/> Hearing Impaired Unit
	<input type="checkbox"/> Domestic Violence Victim
	<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"/> PT Student
ANY VETERANS IN YOUR HOUSEHOLD:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

<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
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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: ☐ Yes ☐ No Breed, Size, Weight, Color:

HOUSEHOLD SIZE AND COMPOSITION:	ANNUAL INCOME	DOCUMENTED DISABILITY?
<input type="text"/> ← # Adults <input type="text"/> ← # Children <input type="text"/> ← Total # in Household	\$ <input type="text"/>	<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 Viol <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		

PREFERRED TELEPHONE NUMBER:	SECOND TELEPHONE	PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:
		<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone

EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street and Apt # or PO Box:



CITY, STATE, AND ZIP CODE:

City	State	Zip
BACKUP ADDRESS	<input type="checkbox"/> same as above <input type="checkbox"/> a shelter <input type="checkbox"/> a P.O. Box <input type="checkbox"/> a "care of" address <input type="checkbox"/> a co-applicant's address	

Street and Apt # or PO Box: Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City	State	Zip
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# BEDROOMS NEEDED→	ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?
	<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: _____



APPLICATION FOR HOUSING

This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

"Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта."

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản.

ខ្មែរ: ឯកសារនេះប្រសិនបើអ្នកក្រីក្រឬរងរបួស, សូមទូរស័ព្ទ ០០០០
ក៏ប្រគល់ឲ្យអ្នកបំបាត់ជំងឺស្រួចស្រាវជ្រាវ៖ ០០០០ ល។

Management will provide help in reviewing and explaining this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats and additional assistance can be provided.

Instructions for completing the application:

1. Complete all sections of this Application by either typing or handwriting your information (in ink). Please do not leave any section blank and if the section does not apply to you, put "N/A". If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. Please make sure that you sign and date the last page. Applications should be mailed, emailed, faxed or delivered to a property listed on the next page or if multiple properties are chosen, send to Appleton Corporation, Attn: Donna Coyle, 800 Kelly Way, Holyoke MA 01040, email: dcoyle@oconnells.com or fax to (413) 534-8344.
2. The Application must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. False, incomplete or misleading information will cause your household's application to be denied.

- Once your application is complete and on file with the property, it is your responsibility to contact the property directly in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application). It is your responsibility to respond to any waiting list application updates sent to you by the Management Agent.

Filling out an application does not guarantee eligibility or qualification for an apartment. After the Management Agent receives your completed Application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, and the waiting list for that property is not closed, your household will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening and suitability.

If your household does not appear eligible, you will receive a letter denying your application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter. If the waiting list is closed at the property you are applying for, or your application is incomplete, your application will be returned to you with an explanation letter.

The Application process will be completed in accordance with the Management Agent's standard procedures, which are summarized in each property's site-specific copy of the Tenant Selection Plan. Upon request to the Management Agent, you have the right to receive both the Tenant Selection Plan and the Tenant Selection Plan Resource Guide, which summarize eligibility and screening requirements for occupancy in the development.

If you do not receive any information from the management agent within 30 calendar days of submitting your application, please contact the properties you applied for directly.

<i>Property Information</i>	<i>Unit Locations</i>
BH Chestnut Crossing 275 Chestnut Street Springfield, MA 01104 achestnutcrossing@oconnells.com Telephone: (413) 333-4070	275 Chestnut Street
Liberty Hill Town Houses 5 Nursery Street Springfield, MA 01104 alibertyhills@oconnells.com Telephone: (413) 310-3085	Columbia Terrace Franklin Street Halsey Street Nursery Street
HC Brookings LLC 367 Hancock Street Springfield, MA 01104 aeliasbrookings@oconnells.com Telephone: (413) 266-8857	367 Hancock Street
Cross Town Corners LLC 261 Oak Grove Avenue Springfield, MA 01109 atwiggs@oconnells.com Telephone: (413) 785-5312	Adams Street Pine Street Winthrop Street Hancock Street Tyler Street
BH Tapley LLC 261 Oak Grove Avenue Springfield, MA 01109 atwiggs@oconnells.com Telephone: (413) 785-5312	221 Bay Street

<i>Property Information</i>	<i>Unit Locations</i>
Henry Twiggs Estates I 261 Oak Grove Avenue Springfield, MA 01109 atwiggs@oconnells.com Telephone: (413) 785-5312	Acorn Street Cambridge Street College Street Dawes Street Kenyon Street Oak Grove Avenue Shattuck Street Maynard Street
Henry Twiggs Estates II 261 Oak Grove Avenue Springfield, MA 01109 atwiggs@oconnells.com Telephone: (413) 785-5312	Albemarle Street Beverly Street Dearborn Street Dunmoreland Street Gunn Square Marlborough Street Middlesex Street Norfolk Street Northampton Avenue Reed Street Rouchelle Street Westford Street Wilbraham Road
New South Street LLC 22-34 New South Street Northampton, MA 01060 aeliasbrookings@oconnells.com Telephone (413) 266-8857	22-34 New South Street Northampton, MA

HOME CITY
DEVELOPMENT, INC.
261 Oak Grove Avenue
Springfield, MA 01109



APPLICATION

Professionally Managed By:



800 Kelly Way, Holyoke, MA 01040
Telephone: (413) 536-8048 / Fax (413) 534-8344
Email: dcoyle@oconnells.com

Mark an [X] next to each Property you would like to apply for.

<input type="checkbox"/> HC Brookings LLC 367 Hancock St. Springfield, MA (1-, 2- & 3-Bedrooms)	<input type="checkbox"/> Liberty Hill Town Houses 5 Nursery St., Springfield, MA 01104 (2-, 3- & 4-Bedroom Town Houses)	<input type="checkbox"/> Henry Twiggs Estates I ~ 261 Oak Grove Ave., Springfield, MA (2-, 3-, 4- & 5-Bedrooms)
<input type="checkbox"/> New South Street LLC 22-34 New South St. Northampton, MA (1-, 3- & 4-Bedrooms)	<input type="checkbox"/> Cross Town Corners LLC 261 Oak Grove Ave., Springfield, MA (1- & 2-Bedrooms)	<input type="checkbox"/> Henry Twiggs Estates II ~ 261 Oak Grove Ave., Springfield, MA (2-, 3-, 4- & 5-Bedrooms)
<input type="checkbox"/> BH Chestnut Crossing 275 Chestnut St., Springfield, MA (Efficiencies)	<input type="checkbox"/> BH Tapley LLC 261 Oak Grove Ave., Springfield, MA (1-, 2- & 3-Bedrooms)	

Please Print Clearly and Complete All Questions

Fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the property's Management Office.

1. Household Information (List each household member who will be residing in the apartment.)

First Name	MI	Last Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Relationship to Head of Household (Co-Head, Spouse, Dependent, Other, Live-In Aid, Foster, None of the Above)	Sex (Response is Optional)	Full or Part Time Student (Yes or No)
			- -	/ /	Head of Household		Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

If no, explain custody agreement (proof of custody may be required): _____

2. Apartment Size & Features

Number of Bedrooms in current units: _____ Do you ☐ RENT or ☐ OWN (check one)

Size of Apartment Requested: ☐ Efficiency ☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ 5 Bedrooms

Wheelchair Adapted Unit ☐ Yes ☐ No Hearing Adapted Unit ☐ Yes ☐ No Visual Adapted Unit ☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain: _____



3. Contact Information

Present Address:		Email Address:	
City:	State:	Zip Code:	Best Telephone Number to Contact You
Mailing Address (if different than Present address):			
City:	State:	Zip Code:	

4. Household Composition & Student Information

1. Have there been any changes in household composition in the last twelve (12) months? [] Yes [] No

2. Do you anticipate any changes in household composition in the next twelve (12) months? [] Yes [] No

3. Is there someone not listed above who would normally be living with the household? [] Yes [] No

4. Are you living with anyone now who will not be moving into this unit with you? [] Yes [] No

If you answered yes to question 1, 2, 3 or 4 please explain: _____

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? [] Yes [] No

IF you answered YES to question 5, answer questions 6 to 10:

6. Are any full-time student(s) married and filing a joint tax return? [] Yes [] No

7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? [] Yes [] No

8. Are any full-time student(s) a TANF or a Title IV recipient? [] Yes [] No

9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return whose children are not dependents of anyone other than a parent? [] Yes [] No

10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? [] Yes [] No

5. Ethnicity, race and disability status of household members

NAME	ETHNICITY (Hispanic / Non-Hispanic / Decline to Report)	RACE (White / Black / Asian / American Indian / Native Hawaiian / Other / Decline to Report)	Disabled (Yes or No)	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

6. References

Applicants must provide the contact information for all addresses at which they have resided over the last five (5) years, include shelters and family. Please attach additional sheets if more space is needed.

Name & Address of Present Landlord: _____ Landlord's
Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
Rental Address: _____ Rent: \$ _____ per month
Move In Date: _____ Does your rent include utilities? [] Yes [] No
What is your reasons for moving? _____

Name & Address of Previous Landlord: _____ Landlord's
Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
Rental Address: _____ Dates lived
at previous address, from _____ to _____ Rent: \$ _____ per month
What was your reason for moving? _____

Name & Address of Previous Landlord: _____ Landlord's
Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
Rental Address: _____ Dates lived
at previous address, from _____ to _____ Rent: \$ _____ per month
What was your reason for moving? _____

Does the household have a Federal or State mobile housing voucher? [] Yes [] No

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.



7. Priorities and Preferences

Please respond to these questions if you wish to be considered for priorities or special deductions/considerations. **Be aware that priorities are not available at all properties and some properties may have additional preferences that are not included on this list. Refer to the properties Tenant Selection Plan for more information. The selection of priorities/preferences could impact where you are placed on the waitlist. You may contact the development directly to inquire about any additional preferences that may apply.

- | | |
|---|--|
| <input type="checkbox"/> Homeless due to Displacement by Natural Forces
<input type="checkbox"/> Homeless due to Displacement by Sanitary Code Violations
<input type="checkbox"/> Homeless due to Displacement by Urban Renewal
<input type="checkbox"/> HUD VAWA Certification (Violence Against Women Act)
<input type="checkbox"/> Working Family Preference (check all that apply)
<input type="checkbox"/> head of household or spouse is working 20 hours or more per week for a minimum of 6 consecutive months preceding the family's selection from the waiting list and such employment can be verified by the employer | <input type="checkbox"/> Involuntary Displacement by Domestic Violence
<input type="checkbox"/> Veteran
<input type="checkbox"/> Currently paying over 50% of income in rent

<input type="checkbox"/> Persons aged 62 or older
<input type="checkbox"/> Persons receiving Social Security and SSI
<input type="checkbox"/> Disabled persons |
|---|--|

8. Income

List ALL sources of income received by each member of your household. If a sections does not apply, cross it out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
1	Social Security	\$
2	Social Security	\$
3	SSI Benefits	\$
4	SSI Benefits	\$
5	Pension - Source:	\$
6	Pension - Source:	\$
7	Veteran's Benefits (list claim #)	\$
8	Veteran's Benefits (list claim #)	\$
9	Unemployment Compensation	\$
10	Unemployment Compensation	\$
11	Public Assistance (Title IV / TANF etc..)	\$
12	Contributions to the household (montary or not)	\$
13	Full-Time Student Income (household members 18 & over only)	\$
14	Financial Aid (not including loans)	\$
15	Annuities - Source:	\$
16	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
17	Scheduled Payments from Invesments	\$
18	Retirement Account Payments (including required minimum distributions)	\$
19	Income from Rental Property	\$
20	Wages - Gross Monthly Amount Employer: Address:	\$
21	Wages - Gross Monthly Amount Employer: Address:	\$
22	Are you legally entitled to receive Alimony? [] Yes [] No	\$
23	Are you legally entitled to receive Child Support? [] Yes [] No	\$
24	Other Income	\$
25	Other Income	\$
26	Total Gross Annual Income (Based on the monthly amounts listed above X 12)	\$
27	Total Gross Annual Income from the PREVIOUS year (do NOT leave this blank)	\$
28	Do you anticiapte any changes in your current income in the next 12 months?	[] Yes [] No
29	Is any member of the household legally entitled to receive income assistance?	[] Yes [] No
30	Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household?	[] Yes [] No

If yes to any of the above, explain:

9. Assets (even if jointly held)

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

31. Checking Account	#	Bank	Balance \$
Checking Account	#	Bank	Balance \$
Checking Account	#	Bank	Balance \$
32. Savings Account	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$
33. Trust Account	#	Bank	Balance \$
34. Debit Card ~ NOT associated with a checking account	#	Bank	Balance \$
35. Direct Express	#	Bank	Balance \$
36. Certificate of Deposit (CD's)	#	Bank	Balance \$
	#	Bank	Balance \$
37. Money Market Acct	#	Bank	Balance \$
38. Savings Bonds	#	Bank	Balance \$
	#	Bank	Balance \$
39. Life Insurance Policy	#	Bank	Balance \$
	#	Bank	Balance \$
40. Mutual Funds	Name:	# of Shares	Interest or Dividend \$ Value \$
41. Stocks	Name:	# of Shares	Interest or Dividend \$ Value \$
42. Bonds	Name:	# of Shares	Interest or Dividend \$ Value \$
43. Real estate: Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of property: _____			
Location of property: _____		Appraised Market Value \$	Mortgage/Loan balance: \$
44. Have you sold or disposed of any property or other asset(s) in the last two (2) years?			
If Yes, type of property: _____		Market Value when sold? \$ _____	
Amount sold for: \$ _____		Date of transaction: _____	
45. Have you sold or disposed of any other asset(s) in the last two (2) years? (examples: given money away, setup an irrevocable trust,...)			
If Yes, describe the asset: _____		Amount sold for: \$ _____	
Date of transaction: _____			
46. Do you have any other assets not listed above (excluding personal Property)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list: _____			

10. Additional Information

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?
☐ Yes ☐ No If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

2. List all states where all household member have lived: _____

NOTE : Failure to respond fully to the above questions may result in rejection or denial of this application.

General Information

1. How did you hear about this housing development? _____

2. Do you have a pet? ☐ Yes ☐ No If yes, how many pets? _____ What type of pet? _____ Size? _____

Note: Pets are ONLY allowed in our senior properties or for persons with disabilities who require a service animal.

3. Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.) ☐ Yes ☐ No

Applicant Certification (All adult applicants, 18 or older, must sign the Application.)

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform each property checked off on page 1, **in writing**, whenever there is a change in address, telephone number, income situation or household composition (if I need to add or remove a person from my application). I understand it is my responsibility to respond to any waiting list updates sent by the Management Agent.

I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Inquiries may be made to verify the statements herein. I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and landlord history. No determination of actual suitability for housing will be made until my application comes to the top of the waiting list and screening is completed by the Agent and suitability for housing is determined.

I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and I will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

Signed under the pains and penalties of perjury.

Head of Household/Applicant	Date	Co-Head/Spouse	Date
Other Adult Applicant	Date	Other Adult Applicant	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

RIGHT TO REASONABLE ACCOMMODATION: The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY: The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION: Appleton Corporation, acting as management agent for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or

*If you do not receive confirmation of receipt from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.

