



CROCKER CUTLERY LIMITED PARTNERSHIP
42 CANAL RD • P0 Box 30 • TURNERS FALLS, MA 01376
Telephone (413) 863-9781 • Facsimile: (413) 863-9289

Important Information

YOU WILL NOT BE ELIGIBLE IF:

- 1. Your combined family gross income is greater than that indicated by your family size according to the income limits below, or
- 2. Your household is made up completely of people who will be or have been full-time students during five (5) calendar months of this year, or
- 3. You or any member of your household does not meet the rental criteria established by CCLP, for instance, criminal history, rental history, credit check, etc., or
- 4. Your application is incomplete. In order to process your application it must be completed in its entirety. You must supply all required information (for example: social security numbers, birth dates, income, and signatures), if your application is NOT complete, it will not be processed.

The Crocker Bank Building and Cutlery Block Apartments are Low Income Housing Tax Credit developments regulated by IRS Code Section 42. To be eligible for housing at either building (1) your household cannot be comprised entirely of students who will be or have been full-time students during five (5) calendar months of the year; and (2) your total family income must be below the following limits:

For eligible applicants, the rent will be the lower of 30% of adjusted gross income OR the contract rents, which are as follows:

1	Person	2	People	3	People	4	People	5	People
\$									

All applications taken during the rent-up period will be logged and assigned a waiting list number. You will be notified within 30 days of your place in processing order. All applications are subject to criminal records check, eviction history, credit checks, and personal references. All information will be verified before final eligibility is determined.

Reasonable accommodations will be made for persons having disabilities. If you need reasonable accommodations in order to complete your application, a staff person will assist you.

*NOTE: Re: Student Status: You may be eligible if anyone in your household is a full time student married and filing a joint tax return, or an AFDC/TANF recipient under Title IV, or enrolled in a job training program under the Job Training Partnership Act (federal, state and local), or single parent living with his/her minor child and none of the household members are a dependent on another's tax return. A single full time student will NOT be eligible.

Apartments at Crocker Cutlery Limited Partnership are available on an Open Occupancy Basis. CCLP does not discriminate on the basis of race) color, religion, sex, national origin, sexual orientation, age, familial status, or physical or mental disability in the access or admission to its programs or employment.

Equal Housing
Opportunity

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

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○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
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○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at	Project: Crocker Cutlery Limited Partnership
	Address: 61-99 Third Street / 52 Ave. A Turner Falls, MA 01376
Please complete this application and return to:	Name: CCP
	Address: 42 Canal Road Turner Falls, MA 01376

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

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

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

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

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

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

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

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

Name	Relationship to Head	Marital Status M-married D-divorced S-single L-legal separateion E-estranged	Birth Date	Age	SS#	Student Y/N
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

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 caldenar year at an educational institution (other than a correspondence school) with regular factlty and students?

☐ Yes☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS F1		
Are any full-time students(s) married and fililng a joint rax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her mindor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	
	Employer:	\$
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer-	
	Position Held	
	How long employed:	
Please attach alimony order even if you are not receiving payments	Alimony	
	Are you legally entitled to receive alimony?	\$
	If yes, list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive alimony?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
Please attach child support order. If you are not receiving monies, you still need to attach the payment agreement.	Child Support	
	Are you legally entitled to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income	
	Other Income	
	Other Income	
	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)	\$
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
	Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:	

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Dividend Paid	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid	Value \$
Bonds	Name:	#Shares:	Interest or Dividend	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed:	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please list:	

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

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

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

G. VEHICLE AND PET INFORMATION (if applicable)

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

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

CERTIFICATION

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

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

C
C
L
P

Crocker Cutlery Limited Partnership

42 Canal Road, P.O. Box 30, Turners Falls, MA. 01376

Telephone: (413) 863-9781 Fax: (413) 863-9289

STATEMENT OF AUTHORIZATION

Based on this application I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of this application.

I authorize the Crocker Cutlery Limited Partnership and/or management services to make inquiries to verify the information I have provided in this application. CCLP will obtain Criminal Offender Records, rental history, personal references, and credit history, on all adult applicants eighteen (18) years of age or older for the purposes of evaluating applicants for rental.

Signed under the pains and penalties of perjury.

Signature

Date

Signature, Co-Tenant

Date

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit# _____

Property Name: _____

Landlord's Address: _____

Applicant's Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature

Title

Print Name

Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

Signature

Date

Signature Co-Tenant

Date

Verification form is attached.