

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: **617-536-8561**



○	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
○

Document List from Applicant for Interview

All occupants aged 17.5 years and older must attend interview. Please bring the following information that pertains to you and your household status to the appointment.

EMPLOYMENT INCOME - For every member of your family over 17 years of age who works bring the following information and /or documents.

- Current pay stubs
- Name, address, telephone number of employer
- Current rate of regular pay and overtime pay and the number of hours per week normally worked.
- Information about any changes you expect in your pay or the number of hours to be worked during the next twelve months.
- Other types of income you expect to receive from employment, such as tips, commissions, profit sharing programs, etc.

SELF-EMPLOYMENT INCOME - Please bring a copy of last year's executed tax return including Schedule C. Also bring a current financial statement, accountant's statement of Net Business Income (projected for the next 12 months), income receipts, or any documentation you can provide to corroborate income projections for the next 12 months.

BENEFIT AND SUPPORT INCOME - If any member of your family receives any of the following types of income, please bring the following information: source of income including name, address and telephone number, amount received and/or written verification of this income:

- Unemployment Compensation
- Social Security - (please call 1-800- 772-1213 to request an award letter.)
- Supplemental Social Security
- Pension- provide most recent statement or check stub for all family members receiving a pension.
- Disability Income
- Alimony/ Child Support (copy of support order and/or divorce decree, documentation from court, notarized letter from payee or printout from Mass DOR (applicant can receive a one year print-out of any income they have received from this source))
- Welfare or other public assistance
- Regular support from family members or friends

SAVINGS ACCOUNTS (including Christmas clubs, Certificates of Deposits, IRA and Keogh Accounts) and **CHECKING ACCOUNTS**

- Bring in current statement or passbook for each.

RETIREMENT ACCOUNTS, INCLUDING 401K -Please bring most recent statement and name and address of plan administrator

WHOLE LIFE INSURANCE -Please bring copy of policy.

REAL ESTATE YOU OWN - Please bring information about the current value of the property. If you own property and rent it, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

STOCKS, BONDS, TRUSTS OTHER INVESTMENTS - Please bring account numbers and statements of value on investments and information about income from investments.

OTHER INCOME - For all other types of income, please bring the name, address and telephone number of the source of the income and information about the amount of the income.

ASSETS DISPOSED - If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets as well.

OTHER INFORMATION

- Last Year's tax return and attachments (and current W-2s between January - April)
- Birth Certificates for all household members
- Social Security cards of all members in the household or Passport, VISA or Alien Registration ID
- Student Status information for full-time students
- Student income (grants, scholarships, etc.) for all students (exceptions apply)

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Chestnut Square Apts / Sirk Building
	Address: 77 Chestnut Street / 80 Bridge Street
	Lowell, MA 01852
Please complete this application and return to:	Name: Same as above
	Address:

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: ☐ One BR ☐ Two BR ☐ Three BR

If you require a handicap-accessible unit, check here ☐

If you require any modifications to an apartment, check here and explain in a note to us ☐

If you have a disability or a handicap, you may request a Reasonable Accommodation if you believe a change in the apartment or policy will assist you living independently.

Do you have a Housing Voucher (i.e., Section 8 Voucher)? ☐ Yes ☐ No (check one)

If yes, which Housing Authority? _____ (please attach a copy of your voucher).

HOUSEHOLD COMPOSITION:

List ALL persons who will live in the apartment. List the head of household first. (Include any unborn child and due date)

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N (If yes, part time or full time)
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in the last twelve months?

☐ Yes

☐ No

If yes, explain:

Do you anticipate any changes to the household in the next twelve months?

☐ Yes

☐ No

If yes, explain:

STUDENT ELIGIBILITY:

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 YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax 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 student(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 minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the full time student, at any time, a participant in a state-administered foster care system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CRIMINAL & RENTAL HISTORY BACKGROUND:

Are you currently under eviction or have you been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to a sexual offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any drug-related criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what state?		
If yes, is the registration a lifetime requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement Under a state sex offender registration program.		

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. Do not leave any section blank.

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	
	Contributions to the Household (monetary or not)	
	Full-Time Student Income (18 & Over Only)	

Household Member Name	Source of Income	Monthly Amount
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Long Term Medical Care Insurance Payments in excess of \$180/day	
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	

	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	
	Other Income	
	Other Income	
	Other Income	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above 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
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	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 member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
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, Type of property</i>	
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, describe the asset</i>	
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, please list:</i>	

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, describe:</i>		
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, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

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 pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			

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

AUTHORIZATION TO RELEASE INFORMATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT
--

Date: _____

Re:

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.**

Signature
«rental_agent»
Community Manager

Date

Release by Applicant/Tenant

I, _____, hereby authorize you to furnish all requested information.

Signature
«full_name»

Date

BACKGROUND INQUIRY RELEASE

The Caleb Foundation may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications.

Please complete and sign the form that follows, authorizing, without reservation, any party, including but not limited to; financial institutions, law enforcement agencies, state agencies, and private information bureaus or repositories, contacted by an outside agency to furnish any or all of the above listed information. Your authorization releases the outside agency from any and all liability for damages arising from the investigation and disclosure of the requested information. Further it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the outside agency the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

For your records, a copy of this completed notice that a consumer report may be obtained for business purposes will be provided. Please retain it for your records. (Fill one out for every adult 18 or over)

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT SIGNATURE: _____ DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT SIGNATURE: _____ DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes