

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: 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

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 Stamp – for Office Use Only*



Dear Applicant:

Enclosed is an application package for the above-referenced property, which participates in a governmentally assisted affordable housing program, provided through the Department of Housing and Urban Development (HUD).

You are welcome to complete this application package at the property's management office or you can complete the application package in advance and bring it or mail it to the management office. The application package can be submitted in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If you have trouble understanding this document, please contact the management office. If you would like a copy of our Resident Selection Plan, please ask at the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)

Completing the Application Documents:

The application and all attachments should be filled out very carefully. The owner/agent will not review an application until all application documents are complete, signed as appropriate and submitted to the owner/agent. Please complete the supplemental pages for additional household members that are over age 18 at the time of application.

If the household includes multiple members, the owner/agent will not review an application for any household member until all application documents for all members are complete, signed as appropriate and submitted to the owner/agent. Failure to answer all questions on the application may result in disqualification. If information does not apply, please use N/A (Not Applicable) as your response. **DO NOT USE WHITE-OUT OR LIQUID PAPER** anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change.

Applicants are added to the waiting list **based on the date and time the complete application package is received** by the owner/agent. Income limits vary by household size. The owner/agent will provide applicants a copy of the income limits for the property area upon request. HUD requires that property managers incorporate the most recently published income limits when determining eligibility. This property serves families whose income meets up to the low income limit as determined by HUD for the local area.

If your contact information (phone number or address) should change it is your responsibility to notify the management office, leaving a voice message is not adequate.

Very truly yours,
APT Management, Inc.

Edward Roaf

Edward Roaf
Property Manager

Apple Village

att: Notification of No Smoking Policy
Application
HUD form 92006
Fact Sheet- How your rent is determined
HUD form 1141
Residents Rights & Responsibilities
EIV & You Brochure
Do you have a Social Security Number?

APT Management, Inc. 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, or in its programs, activities, functions or services. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained the Department of Housing and Urban Development's regulations implementing Section 504(24CFR, part 8 dated June 2, 1988)

Carol Dempsey • 500 West Cummings Park Suite 6050 • Woburn, MA 01801 • 781.935.4200 • TTY: 711

APPLE VILLAGE APARTMENTS • 600 MANOR ROAD • BEVERLY • MASSACHUSETTS • 01915 • 978.927.2606 • FAX: 978.927.3935 • TTY: 711



Equal Housing Opportunity

Notification of No-Smoking Policy

Dear Applicant:

Please be advised that Apple Village has adopted a **No Smoking Policy** effective July 1, 2018. The property will no longer allow smoking on the grounds within 25 feet of any entrance, exit, window, and vent of the building or anywhere within the building including individual units for all new leases. Existing residents will become smoke free in their units at their regularly scheduled annual recertification beginning July 1, 2018.

The term "Smoking" shall include the inhaling, exhaling, or carrying of any lighted cigarette, e-cigarette, cigar, pipe, hookah, other tobacco products, **marijuana including medical marijuana**, herbal smoking products "Legal Weed" or products known as "bath salts" or other legal or illegal substances.

Based on federal law/The Quality Housing and Work Responsibility Act of 1998 (QHWRA), **admission to federally funded housing by marijuana users is strictly prohibited**. QHWRA requires that owner/agents establish standards that prohibit admission based on the illegal use of controlled substances including state legalized marijuana. State laws that legalize recreational **OR** medical marijuana directly conflict with QHWRA and thus are subject to federal preemption. Residents, residents' guests and residents' service providers are prohibited from using marijuana on the property (even in a smokeless manner).

Apple Village and the Department of Housing and Urban Development is committed to this policy to reduce the risk of fire and the known adverse health effects of secondhand smoke. This policy applies to all applicants, tenants, guests, employees, and service persons.

Questions Concerning this Notice

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted es discapacitado y desea solicitar un alojamiento razonable o si tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de que le proporcionen un acceso significativo basado en sus necesidades individuales.

If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.



Application for Admission and Rental Assistance Section 8 Housing

Property Name:	APPLE VILLAGE	Telephone:	1.978.927.2606
Address:	600 MANOR RD, BEVERLY, MA 01915	Fax:	1.978.927.3935
TTD/TTY:	711 National Voice Relay	EMAIL:	applevillage@aptfin.com

Date and time stamp application received from applicant : (Office Use Only)

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. Please indicate unit size preferences below. You may choose more than one floor plan. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit
<input type="checkbox"/> 4 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list:

The information provided below will assist Management in providing reasonable accommodations and accessible resources where they are most needed. Response to this question is confidential and will only be used for purposes of determining eligibility for assistance, or the need for accommodations.

Do you, or any member of your household covered by this application, wish to disclose any information regarding a disability at this time that may require a Reasonable Accommodation/Modification? ☐ Yes ☐ No If Yes, In the space below, please describe any type of accommodation/modification that would most benefit you and/or member(s) of your family to comply with the terms of the lease.

☐ Elderly (62 or over) Waiting List ☐ Family Waiting List

Applicant Name

How did you hear about us? ☐ Salem News ☐ Craigslist ☐ Housing Authority _____ (specify which)
☐ Resident Referral ☐ Other (specify)

Gender ☐ Male ☐ Female ☐ Prefer not to disclose

Ethnicity (This information is for Statistical Data only) ☐ Hispanic ☐ Non-Hispanic ☐ Other

Race (This information is for Statistical Data only) ☐ White ☐ Black/African American ☐ Asian ☐ Hawaiian/Other Pacific Islander
☐ American Indian or Alaska Native ☐ Other

Citizenship Status ☐ United States Citizen or National ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen

What is your relationship to the Head of Household?
☐ Head of Household ☐ *Co-head ☐ *Spouse ☐ Child ☐ Other adult ☐ Foster adult/child
☐ Live-in Aide (live in aides complete a different application and must be approved before move in)
☐ None of the Above *You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.

Current Address

Mailing address -if different

Home Phone

Cell Phone

Email address

Work Phone May we contact you at work? ☐ Yes ☐ No

Birth date

Social Security Number

If you have no Social Security Number, you claim you are exempt because

☐ You are an ineligible non-citizen ☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Are you currently receiving housing assistance from HUD or a PHA? ☐ Yes ☐ No

Are you a student enrolled in an institute of higher education? ☐ Yes ☐ No





Application for Admission and Rental Assistance Section 8 Housing

If yes	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Do you or anyone in your household smoke/use Marijuana (even for medical reasons). Based on federal law/The Quality Housing and Work Responsibility Act of 1998 (QHWRA), admission to federally funded housing by marijuana users is strictly prohibited. QHWRA requires that owner/agents establish standards that prohibit admission based on the illegal use of controlled substances including state legalized marijuana. State laws that legalize recreational or medical marijuana directly conflict with QHWRA and thus are subject to federal preemption. Residents, residents' guests and residents' service providers are prohibited from using marijuana on the property (even in a smokeless manner).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This property will become smoke free July 1, 2018. Do you agree that you, your guests and any service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate each state where YOU have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application. Please check each state since birth.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		
Are you or <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry? If so, list state:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RENTAL HISTORY:		
Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Landlord		
Complete Address		
Contact Name (if known)		
Phone Number		
Month/Year Moved In:	Month/Year Moved Out:	still living there
Reason for leaving		
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving Rental Assistance (Subsidy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to this landlord? IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #1		
Complete Address		
Contact Name (if known)		
Phone Number		
Month/Year Moved In:	Month/Year Moved Out:	
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to this landlord? IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No





Application for Admission and Rental Assistance Section 8 Housing

Previous Landlord #2			
Complete Address			
Contact Name (if known)			
Phone Number			
Month/Year Moved In:	Month/Year Moved Out:		
Reason for leaving			
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you related to this landlord? IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you do not have a current landlord or Five (5) years of a landlord reference. Please provide two personal references from someone not related to you or any household member.		
Name:	Address:	Phone:
Name:	Address:	Phone:

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be able to establish utilities in your unit? Electric/Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than six people will live in the unit. This application must include information about everyone who will live in the unit.

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults	Minors		
Are you anticipating adding to your household in the next twelve months through birth, adoption or foster care? Please check yes or no.	Yes	No		
Member # & Household member's full name				
2				
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (<i>live in aides must be approved before move in</i>) <input type="checkbox"/> None of the Above				
Citizenship Status	<input type="checkbox"/> United States Citizen or National <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			
SSN	Date of Birth			
Please indicate each state where this person has lived				
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.				





Application for Admission and Rental Assistance Section 8 Housing

Member # & Household member's full name			
3			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above			
Citizenship Status		<input type="checkbox"/> United States Citizen or National <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
SSN		Date of Birth	
Please indicate each state where this person has lived			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
Member # & Household member's full name			
4			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above			
Citizenship Status		<input type="checkbox"/> United States Citizen or National <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
SSN		Date of Birth	
Please indicate each state where this person has lived			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
Member # & Household member's full name			
5			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above			
Citizenship Status		<input type="checkbox"/> United States Citizen or National <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
SSN		Date of Birth	
Please indicate each state where this person has lived			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
Member # & Household member's full name			
6			
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the Above			
Citizenship Status		<input type="checkbox"/> United States Citizen or National <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
SSN		Date of Birth	





Application for Admission and Rental Assistance Section 8 Housing

Please indicate each state where this person has lived

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C.

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed? *If you answered yes, you will be required to provide the most recent four to six paystubs so that we may estimate your income in accordance with HUD requirements. Please save your pay stubs or earnings statements.* ☐ Yes ☐ No

If yes, please provide the name and address of your present employer below.

Employer #1	
Complete Address	
Phone	

How much employment income do you earn per (check one) <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly or <input type="checkbox"/> annually? OR: I earn \$ _____ Per Hour and I work _____ hours per week.	\$
How are you paid? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	

Employer #2	
Complete Address	
Phone	

How much employment income do you earn per (check one) <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly or <input type="checkbox"/> annually? OR: I earn \$ _____ Per Hour and I work _____ hours per week.	\$
How are you paid? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	

Do you currently have more than two employers? ☐ Yes ☐ No

If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months?

Please write in 0.00, NA or None if you will receive no income from these sources.

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

Monthly Social Security?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly SSI?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly State SSP Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card		
Monthly Retirement Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Are you entitled to Child Support?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Child Support Amount		\$	
Are you entitled to Alimony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Alimony Amount		\$	
Monthly Public assistance?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	





Application for Admission and Rental Assistance Section 8 Housing

Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family or other sources for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	

Assets

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property in the United States or its territories or any other country? If so, please list complete address:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value- Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		





Application for Admission and Rental Assistance Section 8 Housing

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

Existing Resident Household Split

☐ Yes ☐ No

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in 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).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit, background and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name Head of Household (please print) _____

Signature _____ Date _____

Applicant Name Co-Head/Spouse (please print) _____

Signature _____ Date _____

Applicant Name Other Adult Household Member (please print) _____

Signature _____ Date _____

Applicant Name Adult Household Member (please print) _____

Signature _____ Date _____

***APT Management, INC.** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Senior Vice President ■ 500 West Cummings Park, Suite 6050 ■ Woburn, MA 01801 ■ 1.781.935.4200 ■ TDD: 711 National Voice Relay



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խոսողո՞ւմ ե՞սք նշում՝ կատարե՞ք այս քանակությունը,
կթե՞խոսում կամ՝ կարդում ե՞ք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.

12. Farsi

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

- ☐ Assinale este quadrado se você lê ou fala português. 26. Portuguese
- ☐ Însemnați această căsuță dacă citiți sau vorbiți românește. 27. Romanian
- ☐ Поставьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- ☐ Обележите овај квадратик уколико читате или говорите српски језик. 29. Serbian
- ☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. 30. Slovak
- ☐ Marque esta casilla si lee o habla español. 31. Spanish
- ☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. 32. Tagalog
- ☐ ให้กาเครื่องหมายลงในช่องดำผ่านถ่านหรือทุกภาษาไทย. 33. Thai
- ☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. 34. Tongan
- ☐ Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. 35. Ukrainian
- ☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ 36. Urdu
- ☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. 37. Vietnamese
- ☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. 38. Yiddish