

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*

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

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

- ☐ I do not have mobile rental assistance
- ☐ Mobile Section 8 voucher
- ☐ MRVP
- ☐ AHVP
- ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH Members:

Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

ANY PETS: ☐ Yes ☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$.00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES: ☐ Email ☐ Mail ☐ Cellphone

BEST 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 or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____



Note: Please fill in sections completely. Failure to do so will result in the processing delays or rejection of your application. Should you need help in completing this application, please contact the Leasing Center.

For Office use Only
Place date/time stamp here

Yardi entry date: ____/____/____ by

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Number of BR's in current apt: _____ 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, cable TV and Internet): ☐ \$ _____

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

How did you hear about this Beacon Community? _____

Why have you selected/applied to live at a Beacon community? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) ☐ Yes ☐ No

Do you have a Housing Choice Voucher (i.e. Section 8 Voucher)? ☐ Yes ☐ No (check one)
If yes, from which Housing Authority? _____ (please attach copy of your

voucher).

B. HOUSEHOLD COMPOSITION

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

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

Please note if a member of the household is a Foster Child or Foster Adult, please note in the Relationship to Head column per the HUD Handbook 4350.3 Rev 3 Chapter 5.



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

C. STUDENT ELIGIBILITY

STUDENT ELIGIBILITY FOR HUD PROGRAMS

Is this household applying for Project Based Section 8, RAP, Rent Supp, Section 236, BMIR or Factored assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, no further questions are necessary to determine student eligibility, If yes, answer below.		
Are any household members full or part time students enrolled in an accredited institution of higher education and applying for subsidy separate from their parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, additional documentation may be required to determine eligibility when an apartment is available.		

D. 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
Is any member of your household currently engaging in illegal use of drugs?	<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.		

E. 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. Attach appropriate documentation for each income source to this application (e.g. Social Security benefits statement, pay stubs, if applicable, etc.).		
Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$



	SSI Benefits	\$
	Title IV/TANF	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Adoption Subsidy	\$
	Annuity Income	\$
	Veteran's Benefits (list claim #)	\$
	Disability Income	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Military Pay	\$
	Contributions to the Household (monetary or otherwise)	\$
	Net Income from a Business	\$
	Grants, Scholarships or other Financial Aid?	\$
	For the student(s) receiving financial aid are they over age 23 with dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For the student(s) receiving financial aid are they applying for Section 8 as part of their parent/guardian's household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Interest Income (source)	\$
	Rental Income from Real Estate	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Please attach your 4 most recent, consecutive pay stubs and/or other proof of income

Household Member Name	Source of Income	Gross 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:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled 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	\$
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 to 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 (<i>monetary or not</i>) 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:		

F. ASSETS

List assets for ALL household members, 18 years or older.

If your assets are too numerous to list here, please attach additional list.

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 of Deposit (CD)	#	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 \$
Retirement Accounts	#	Administrator	Value \$
(401k, 403b, IRA, etc)	#	Administrator	Value \$
	#	Administrator	Value \$
Whole Life Insurance	#		Cash Value \$
Whole Life Insurance	#		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 \$
Investment Property			Appraised Value \$
Real Estate Property: 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 or outstanding loans balance due			\$
Amount of annual insurance premium			\$
Amount of most recent tax bill			\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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
If yes, please list:	

G. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		
Prior Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		
Prior Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

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



H. DEMOGRAPHIC INFORMATION *(Optional)*

These are optional questions, but are important for fair housing purposes.
Please indicate appropriate category. Thank you.

Ethnicity of Head of Household # _____

1. Hispanic

2. Non-Hispanic

3. Declined to Report

Race of Head of Household # _____

1. American Indian or Alaskan Native

3. African American

5. Other

2. Asian or Pacific Islander

4. Caucasian

6. Declined to Report

I. 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:

Is a pet a member of your family?

Yes

No

If yes, describe:



J. OTHER INFORMATION

Community Eligibility

Elderly and/or Disability Eligibility (where applicable): For some applicable HUD-regulated communities, we are required by HUD to request the following information for the purpose of determining eligibility for admission and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

Head of Household, Spouse or Co-Head is:

- ☐ 62 years of age or older
- ☐ 51- 61 years of age
- ☐ Disabled

Enterprise Income Verification (EIV) System Notification

HUD's EIV System enables this community to cross reference resident-reported benefits and wage income to ensure the integrity of income and rent calculations. Please initial here that you have read this Notification. If you have any questions, you are encouraged to ask the management staff.

HOH Initials: _____ Co-Resident Initials: _____ Co-Resident Initials: _____

Federally Assisted Housing Requirement per 24 C.F.R. Part 5 Section 5.856

Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? _____

Implementation of the Violence Against Women and Justice Department Reauthorization Act of 2005

Are you a victim of domestic violence, dating violence or stalking? ☐ Yes ☐ No

If yes, please complete the Certification of Domestic Violence, Dating Violence or Stalking form (HUD-91066) which will be provided by the management staff upon request.



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized apartment home 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/our 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.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, 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 will hold harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

(Signature of Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Management Representative)

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 or 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, against the officer or employee of HUD 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).

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



RENTAL APPLICATION
(Affordable Programs) -- Continued

OPTIONAL QUESTIONS TO ASCERTAIN IF AN
APPLICANT IS ELIGIBLE FOR PRIORITY STATUS
PLEASE INDICATE YES OR NO TO EACH QUESTION

1st Priority: Are you Homelessness due to Displacement by Natural Forces: An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) fire not due to the negligence or intentional act of applicant or a household member;
- (ii) earthquake, flood or other natural cause; or,
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

YES _____ No _____

2nd Priority: Are you Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:

- (i) any low rent housing project as defined in M.G. L. c. 121B, § 1, or;
- (ii) a public slum clearance or urban renewal project initiated after January 1, 1947, or,
- (iii) other public improvement.

YES _____ No _____

3rd Priority : Are you Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and,
- (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

YES _____ No _____

Note: For purposes of this subsection, "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.

4th Priority: Are you Involuntary Displaced by Domestic Violence: "Domestic Violence" as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one



or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or,
- (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

YES _____ No _____

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature.

Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

Head of household must initial verifying the Priority status selection here: _____
(initial above)

VERIFICATION OF LANDLORD HISTORY

ALL APPLICANTS: PLEASE SIGN 2ND PAGE ONLY. FORM TO BE FILLED
IN BY ISLAND CREEK VILLAGE'S STAFF.

DATE: _____

TO: _____

FROM: Island Creek Village East
24 Post Road
Duxbury MA 02332
Tel: 781.934.6714 / Fax: 781.846.5818
TTY: 711

SUBJECT: Verification of Information Supplied by the Applicant Shown Below for Housing Assistance

NAME _____
SSN _____
ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Property Manager of the property shown at the top of this form. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelop for this purpose. The applicant/resident has consented to this release of information as shown here.

INFORMATION BEING REQUESTED BY LANDLORD/PREVIOUS LANDLORD

1. When did the referenced applicant move in? _____
2. When did the referenced applicant move out: _____ (if applicable)?
3. How many bedrooms? _____; how many persons lived in the unit? _____
4. What was the monthly rent? \$ _____. Please circle which utilities were included in the monthly rent: Gas/Electric/Water
5. Was the applicant ever late in the payment of the monthly rent? _____ If yes, and after the 5th day of the month, how many times was the applicant late over the past twelve (12) months?

6. What living conditions did the applicant maintain? Please check.
_____ Acceptable housekeeping (safe and sanitary)
_____ Unacceptable housekeeping: Please describe (including but not limited to pest infestation, hoarding, etc.):



7. Was the applicant destructive to the apartment/home or the surrounding public areas? _____ If yes, please explain:

7. Did you receive any resident complaints in reference to the applicant? _____ If yes, please explain:

8. Did the applicant give a proper vacate notice: _____ What was the reason given for vacating?

9. Would you re-rent to the applicant in the future? _____ If not, why:

10. Additional Comments:

Print Name and Title of Person
Supplying the Information

Name of Agency/Organization

Signature of Person
Supplying the Information

Date

Telephone Number with Area Code

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information.

Signature of 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 or 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, against the officer or employee of HUD 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).

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: _____
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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.

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: _____
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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.			
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Signature of Applicant

Date

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Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

Applicant/Resident Signature

Date

Do Not Write Below this LINE – MANAGEMENT USE ONLY

Application Processing

Approved: _____ Approved by: _____ Waitlist(s): _____
Date Signature Title

(Approval is only for waiting list placement, final eligibility will be determined at move in).

Disapproved: _____ Disapproved by: _____ Reason: _____
Date Signature Title

Applicant notified in writing on (date): _____ (written notification attached)

Appeal Processing

Applicant appealed decision on (date): _____ (written notification attached)

Applicant notified of informal conference on (date) _____ by _____
(written notification attached)

Applicant appeal reviewed by: _____
Signature Title Date

Appeal decision: _____ Approved _____ Disapproved

Applicant notified in writing on (date) _____ (written notification attached)

