

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto: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 Received. Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER  
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,  
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter Explain: |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim     |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant      |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

# Stewart

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PROPERTY MANAGEMENT

Dear Potential Applicant,

Thank you for your interest in the new Jewel Crossing Apartments currently under construction in North Attleborough MA.

The property will consist of 66 apartments and will have 1, 2 & 3 bedroom units. The first building (30 units) is scheduled to open in April, with the second building to follow within a couple months.

Applications will be accepted during the period of January 8, 2018 – March 9, 2018.

If we receive more applications than we have apartments for a particular bedroom size, we will be required to hold a lottery to determine the order in which applicants will be processed for those apartments. All applicants will be notified of the lottery date which will be held approximately 7 days after the application close date of March 9, 2018.

A local preference will be given for some of the apartments.

The 1, 2 & 3 bedroom rents will be approximately \$760, \$905 and \$1040, which will include heat and hot water. Income limits will apply.

Other amenities will include:

100 off street parking spaces

On-site play area

Dishwasher, stove, refrigerator and air conditioner included in each apartment

Coin / card laundry rooms located throughout the buildings

On site management office

Community room and fitness room free of charge for residents.

An informational meeting will be held on Saturday, January 20, 2018 @ 10:00am at the North Attleborough Police Department located at 102 South Washington Street. All interested persons are invited to attend.

Please return the application to: Stewart Property Management, PO Box 10540, Bedford NH 03110 or by fax to 603 641 1063.

Feel free to contact us at 603- 641-2163 with any questions.



*Stewart Property Management does not discriminate based on race, color, sex, age, religion, national origin, family or marital status, or handicap.*



P.O. Box 10540 • Bedford, New Hampshire 03110 • (603) 641-2163 FAX (603) 641-1063

[bleblanc@stewartproperty.net](mailto:bleblanc@stewartproperty.net) • [www.stewartproperty.net](http://www.stewartproperty.net)



## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HOUSING:

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) All household members that are 18 years of age or older are required to be screened for a criminal record check. Enclosed is the form for Massachusetts. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary)
- 4) Be sure that all household members 18 years of age or older sign both the application and release form.

Please call our office at 603-641-2163 if you have any questions, or e-mail us at [bleblanc@stewartproperty.net](mailto:bleblanc@stewartproperty.net)

**\*\*\* PLEASE MAIL YOUR COMPLETED APPLICATION TO: \*\*\***

STEWART PROPERTY MANAGEMENT

P.O. BOX 10540

BEDFORD, NH 03110

**SMOKING POLICY:** The majority of our properties are now smoke-free. Please contact us for specific information regarding this property.

# APPLICATION FOR HOUSING

TAX CREDIT

Stewart Property Management Use Only:		
Property Name:	Barrier Free (H/C unit) Requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bedroom Size:	Comments:	
<input type="checkbox"/> Accepted		
<input type="checkbox"/> Rejected		

Time/Date Stamp



www.stewartproperty.net

Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check NO next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation.

Property Name you are applying for: \_\_\_\_\_ Number of bedrooms requested: \_\_\_\_\_

## A. GENERAL INFORMATION

Full Name:		Phone Number:	
Address:		E-Mail:	

## B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. ONLY include children who will be living in the apartment at least 50% of the time.

Full Name and middle initial	Relationship to HEAD	Date of Birth	Full Time Student?	Social Security #	Sex
	HEAD				

Does anyone listed above have a maiden name, or alias? ☐ YES ☐ NO If yes, please list them below:


<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you expect any additions to the household within the next 12 months?
	If yes, please explain giving name and relationship:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have primary physical custody of all children listed under the Household Composition above?
	If no, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	Are there any absent household members that are not listed under the Household Composition above?
	If yes, please explain giving name and relationship:

C: INCOME

Please fill in each section, checking NO next to the items that you do not receive.

Check if NO	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
<input type="checkbox"/>		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if NO	Family Member	Source of Income	Name of Public Assistance Office	Gross Monthly Amount
<input type="checkbox"/>		Public Assistance		\$
Check if NO	Family Member	Source of Income		Gross Monthly Amount
<input type="checkbox"/>		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Pension/Annuities		\$
		Pension/Annuities		\$
Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
<input type="checkbox"/>		VA Benefits		\$
		VA Benefits		\$
Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Alimony		\$
<input type="checkbox"/>		Child Support		\$
<input type="checkbox"/>		Self Employment		\$
<input type="checkbox"/>		Other Income		\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any changes expected in income within the next 12 months?			
If yes, please list family member and explain:				

D: ASSETS

Please fill in each section, checking NO next to the items that you do not have.

	CHECKING/SAVINGS ACCOUNTS, OR CD				
Check if NO	Family Member	Bank Name/Type	Account #	Balance	Interest Rate
<input type="checkbox"/>				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
	STOCKS				
Check if NO	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
<input type="checkbox"/>				\$	
				\$	
	BONDS				
Check if NO	Family Member	Series	Date of Issue	Amount	
<input type="checkbox"/>				\$	
				\$	

**ASSETS, continued**

<b>TRUST ACCOUNTS</b>					
Check if NO  <input type="checkbox"/>	<b>Family Member</b>	<b>Bank Name</b>	<b>Account #</b>	<b>Balance</b>	<b>Interest Rate</b>
				\$	
	Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IRAs</b>					
Check if NO  <input type="checkbox"/>	<b>Family Member</b>	<b>Bank Name</b>	<b>Account #</b>	<b>Balance</b>	<b>Interest Rate</b>
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>ANNUITIES/MUTUAL FUNDS/401K/403b</b>					
Check if NO  <input type="checkbox"/>	<b>Family Member</b>	<b>Bank Name</b>	<b>Account #</b>	<b>Balance</b>	<b>Interest Rate</b>
				\$	
				\$	
<b>WHOLE LIFE POLICIES (NOT TERM LIFE)</b>					
Check if NO  <input type="checkbox"/>	<b>Family Member</b>	<b>Insurance Name</b>	<b>Account #</b>	<b>Amount</b>	
				\$	
<b>ANY OTHER ASSETS</b>					
Check if NO  <input type="checkbox"/>	<b>Family Member</b>	<b>Asset Type</b>			<b>Market Value</b>
					\$
					\$
<b>REAL ESTATE</b>	1) Do you own any property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Family Member:</b>
	2) If yes, what type of property is it?				
	3) Where is the location of the property?				
	4) What is the appraised market value?				
	5) Amount of mortgage or outstanding loan?				
	6) Is the property owned jointly?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	7) Do you now rent, or intend to rent this property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DISPOSED OF ASSETS</b>	1) Has any member of your household disposed of any asset(s) in the last two years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	2) If yes, what type of asset (e.g. cash, property, bank accounts)?				
	3) Market value when disposed:		\$		
	4) Amount disposed for?		\$		
	5) Date of transaction?				

**E: PROGRAM INFORMATION**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has <b>everyone</b> in your household ( <b>ALL</b> adults and children) been a student for at least 5 months in the current calendar year or; is <b>everyone</b> in your household (adults and children) currently a student, or planning to become one within the next 12 months? <b>If yes</b> , please check the applicable status from the list below:
	<input type="checkbox"/> Married and filing a joint tax return <input type="checkbox"/> Receiving Social Security Title IV payments (NHEP, RUFA) <input type="checkbox"/> Participating in a job training program with assistance <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return. <input type="checkbox"/> None of the above.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household <b>ever</b> lived at <b>any</b> property managed by Stewart Property Management? If yes, list property name and dates:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require an accessible unit? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever resided in a federally assisted housing complex? If yes, when and where?

**PROGRAM INFORMATION, continued**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household ever been evicted? If yes, please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? If yes, please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally capable of entering into a lease agreement? If no, please explain:	
How did you hear about the apartment for which you are applying?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you or anyone in your household have a Section 8 voucher? Housing Authority: _____ Contact Person: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant: _____ Relationship (if any) _____	
For each adult household member, list every state that they have ever lived in:		

**F: HOUSING REFERENCES****Please complete all areas below.**

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

<b>Current Address:</b> ↓		
	Resided here since:	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Current Landlord:	Phone Number of current landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	
<b>1st Previous Address:</b> ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	
<b>2nd Previous Address:</b> ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	



**G: OTHER INFORMATION**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any pets?
	If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime?
	If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs?
	If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol?
	If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program?
	If yes, please explain:

**H: CERTIFICATION**

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we will occupy will be my/our only residence. I/We understand that eligibility for housing will be based on Section 42 of the Internal Revenue Code and applicable sections of the HUD 4350.3 Occupancy Handbook and Stewart Property Management's Resident Selection Criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse/Co-Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**I: RELEASE OF INFORMATION AUTHORIZATION**

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse/Co-Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that SPM complies with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, sexual orientation, marital status and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race: (Check one or more)

☐ American Indian/Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian or other Pacific Islander☐ WhiteEthnicity: ☐ Hispanic or Latino☐ Non-Hispanic or LatinoGender: ☐ Male☐ Female

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# **Jewell Crossing**

## **Local Preference**

A local preference will be given for some of the apartments at Jewell Crossing. In order to qualify for this preference, households must meet at least one of the criteria indicated below. Please check any / all that apply.

\_\_\_\_\_ Current resident: A household in which one or more members is living in the Town of North Attleborough at the time of application. Documentation of residency should be provided, such as rent receipts, utility bills, street listing or voter registration listing.

\_\_\_\_\_ Municipal Employee: Employees of the Town of North Attleborough, such as teachers, janitors, firefighters, police officers, librarians, or town hall employees.

\_\_\_\_\_ Employees of local businesses: Employees of businesses located in the Town of North Attleborough. Those with a bona fide offer for employment at the time of application shall qualify under this preference.

\_\_\_\_\_ Households with children attending the Town of North Attleborough schools.

## CORI REQUEST FORM

**STEWART PROPERTY MANAGEMENT has been certified by the Criminal History Systems Board for access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated.**

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE  
(Unless otherwise preempted by law)

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
ID Theft Index Pin  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC  
IDENTIFICATION: \_\_\_\_\_.

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614**



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