

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

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 |
| <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

- ☐ 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 _____

APPLICATION FOR ADMISSION to:

Knitting Mill Apartments

69 Alden Street

Fall River, MA 02723

Phone: 800-410-2912, Fax: 315-336-0371

Massachusetts TTY 800-439-2370

Please contact Management if you need help understanding this document.

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

Por favor contate o escritorio de gerencia se deve ajudar entendimento este documento.

If you need a reasonable accommodation due to a disability we can provide an alternative method for your application process upon your request. Please answer all questions and include all information requested. If a question does not pertain to you, please indicate N/A in answer space. FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING CONSIDERED INCOMPLETE AND THEREFORE WILL NOT BE PROCESSED. Make certain you carefully read and understand all items before you submit this application. All information is confidential. Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal. The occupancy of a unit is subject to possession of unit being delivered by present occupant. It is understood that this application and each prospective occupant is subject to approval and acceptance. Approval is based on, but not limited to, acceptable credit history and demonstrated ability to pay required rent. When also approved and accepted the applicant agrees to execute a lease before possession is given and to pay the first month's rent plus the required security deposit.

AT LEAST ONE HOUSEHOLD MEMBER MUST BE 62 YEARS OF AGE OR OLDER.

ALL ADULTS, 18 YEARS OF AGE AND OLDER, LISTED ON THE APPLICATION WILL BE REQUIRED TO SIGN THE APPLICATION AND ITS ATTACHMENTS AS WELL AS PROVIDE A PICTURE IDENTIFICATION.

Head of Household Name: _____
Last First Middle

Social Security Number: _____ - - Date of Birth: _____

Present Address: _____ Zip: _____
Street City State

Home Phone: _____ Work Phone: _____

Present Landlord: _____

Present Landlord Address: _____ Zip: _____

Landlord Phone: _____ Reason for Leaving: _____

How long have you lived there: _____ Dates Resided Here: _____



Monthly Rent: \$ _____ Did This Include Utilities? Yes No
 Is your present landlord or any of your previous landlords a relation to you? Yes No
 If Yes, which one? _____
 Are you homeless? _____ Yes _____ No

An applicant is Homeless if she/he meets the following definitions:

- a. is without a place to live or is in a living situation in which there is a significant, immediate and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate unit size.
- b. has made reasonable efforts to locate alternative housing
- c. has not caused or substantially contributed to the safety-threatening or life-threatening situation; and
- d. has pursued available ways to prevent or avoid the safety-threatening or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. Under Massachusetts law it is illegal to discriminate in housing based on Section 8 or public assistance, sexual orientation, gender identity and expression, marital status, military or veteran status, age or ancestry. Applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410 and Massachusetts Fair Housing Center, 57 Suffolk Street, Holyoke MA 01040.

This section is optional and not required to submit an application

The Individual listed as Head of Household on this application should complete the following:

Race of Head of Household:

_____ White _____ American Indian/Alaskan Native _____ Black or African American
 _____ Asian _____ Native Hawaiian or Other Pacific Islander _____ Other

Ethnicity of Head of Household: _____ Hispanic _____ Non-Hispanic

Based on number of household members listed above, how many bedrooms are you applying for?

(Please circle all applicable)

1

2

Please list ALL ADULTS (Including Yourself) to reside in the unit. (Individuals 18 years or older)

Name	Relationship	Sex (Optional)	D.O.B.		SS#	Source of income

List All Children Who Will Reside In Household

Name	Relationship	Sex (Optional)	D.O.B.	SS#	School Name

Do you have full custody of all children noted above? Yes No Partial

Absent Parent Name: _____

Phone Number: _____

Address: _____



LIST TWO PREVIOUS ADDRESSES

(IF ANOTHER PERSON WILL BE RESPONSIBLE FOR RENTING THE APARTMENT WITH YOU, LIST HIS/HER CURRENT AND PREVIOUS TWO ADDRESSES ON BACK OF THIS FORM AND GIVE THE LANDLORD'S NAME AND ADDRESSES.)

1st Previous Address: _____
 How Long At This Address: _____ Dates Resided There: _____
 Reason for Leaving: _____
 Landlord's Name: _____ Phone: _____
 Address: _____

2nd Previous Address: _____
 How Long At This Address: _____ Dates Resided There: _____
 Reason for Leaving: _____
 Landlord's Name: _____ Phone: _____
 Address: _____

Are any household members now living in housing with a subsidized program? Yes No
 If yes, is this assistance: Tenant based _____ Project based _____
 If yes, list names of complex(s): _____
 Address(s): _____
 Dates Resided Here: _____
 Manager/Owner Name: _____ Phone: _____
 Address: _____

Have there been any changes in the household composition in the last 12 months? Yes No
 If yes, explain: _____

Do you anticipate any changes in the household composition in the next 12 months? Yes No
 If yes, explain: _____

Are any household members currently under eviction or ever been evicted? Yes No
 If so, why? _____

Are any household members currently living in a unit with any type of pest? Yes No

Are any household members currently living in a unit containing bed bugs? Yes No

Do you or any household member have any type of pet? Yes No

Have any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? Yes No
 If Yes, Explain: _____

Have any household member ever been evicted from any federally assisted housing unit for drug related criminal activity? Yes No
 If Yes, Explain: _____

Have any household member ever been convicted of a felony? Yes No
 If Yes, please list dates for time served, probation, and/or parole status: _____

Have any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? If Yes, Explain: _____



Are any household members currently using illegal substances? Yes No

Have any household member ever been convicted of a sex related crime or are they, or ever been, a registered sex offender in any state? Yes No

Have you or any member of the household ever used another social security number other than the one you were assigned? Yes No if Yes, explain.

Do you own a car? Yes No If yes, please list the following:
License #: State of Registration: Model/Type:

STUDENT STATUS INFORMATION

Are any household members listed on this application currently enrolled as a student in an institute of higher education (*Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post secondary colleges and universities.*)? Yes No

If yes, please list all household members who were, are currently, or intend to be enrolled in an institute of higher education:

Name	D.O.B.	Full or Part Time	Name of School/Institute

If any household members are listed above, please answer the following questions (For LIHTC purposes only):

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a Title V/TANF recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child and the parent and child are not dependents on another's tax return?	Yes	No
Are any full-time student(s) previously a Foster Child?	Yes	No

EMPLOYMENT INFORMATION

PRESENT EMPLOYER:

Employer Address:

Employer Phone#: How Long Employed:

Job Title: Supervisor:

Gross Weekly Wage: \$ Hourly Rate: \$ Avg. Hrs. worked per week

Spouse or Co-Tenant Current Employer:

Employer Address:

Employer Phone#: How Long Employed:

Job Title: Supervisor:

Gross Weekly Wage: \$ Hourly Rate: \$ Avg. Hrs. worked per week

ALL INCOME MUST BE REPORTED

Complete for all members of the household. List all money earned or received by everyone living in your household.

Please list a "0" on each line that no income is received.

SOURCE

Social Security

SSI

Pensions

Public Assistance

GROSS MONTHLY INCOME

\$

\$

\$

\$



Child Support/Alimony \$ _____
 Trust Funds \$ _____
 Disability \$ _____
 Unemployment Insurance \$ _____
 Workman's Compensation \$ _____
 Wages (if not previously listed) \$ _____
 Interest from Savings \$ _____
 Interest from checking accounts \$ _____
 Dividends from stocks/bonds \$ _____
 Income property owned (List Market Value of Real Estate) \$ _____
 Military Reserves \$ _____

Money paid to you by Higher Education (Grants/Scholarships) \$ _____
 Any monies paid to anyone in the household by someone not
 living in the household (Include any bills paid by someone outside the household) \$ _____
 Other (specify source) \$ _____

Do you or anyone in your household receive utility assistance from sources other than HUD?
 (This includes HEAP) Yes or No If you answered yes how much? \$ _____

Have any household member sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes No

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed (Must be able to be verified) \$ _____

Amount sold/disposed for: \$ _____ Date of transaction _____

Name/Address of Broker _____

(For LIHTC purposes only)

Has any household member filed income taxes for the last tax year? Yes No

If Yes, what was the filing status listed on the income tax return:

Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widow(er) with Dependent

Please list all states that household members have lived in besides Massachusetts

ASSET INFORMATION

List **ALL** assets and investments owned by **ALL** members of the household. Include all savings accounts, checking accounts, IRA's, Keogh accounts, annuities, certificate of deposits, real estate owned (**must provide full market value of all real estate owned**), stocks, bonds and all other assets owned. *Please use separate sheet of paper if necessary.*

<u>Type of Asset</u>	<u>Yes/No</u>	<u>Value Full Market for Real Estate</u>	<u>Bank Name/Address</u>
Checking		\$ _____	
Savings		\$ _____	
Certificate of Deposit		\$ _____	
IRA/Keogh/401K		\$ _____	
Real Estate		\$ _____	
Stocks/Bonds		\$ _____	
Life Insurance Burial		\$ _____	
Fund		\$ _____	
Trusts		\$ _____	
Other Asset(s)		\$ _____	



CHILDCARE EXPENSES INFORMATION

Do you pay childcare for a child 12 years old or younger so that you can work or attend school?

Yes____ No____

If yes, what is the weekly cost of care: \$ _____

Name of childcare provider: _____

Address of childcare provider: _____

MEDICAL EXPENSE INFORMATION

An elderly/disabled household may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur. Please list all medical expenses you expect to incur in the next 12 months that will NOT BE PAID OR REIMBURSED by Medicare or any kind of health insurance and which you expect to be continuous.

Health Insurance: Name _____ Monthly Amount \$ _____

Health Insurance: Name _____ Monthly Amount \$ _____

Medicaid Spend down: Monthly Amount \$ _____ Medicare: Monthly Amount \$ _____

Prescriptions (Not covered by insurance; used for ongoing medical problems):

Pharmacy Name _____ Monthly Amount \$ _____

Unpaid Hospital Bills for which you are making payments: (Only amounts not covered by nor reimbursed by insurance or other agency) Total Amount Owed: \$ _____ Monthly Payment Amount \$ _____

REASONABLE ACCOMMODATION INFORMATION

This information is voluntary. CRM Rental Management, Inc. is a management company that provides low rent housing to eligible households, elderly households and single people. CRM has a legal obligation to provide "reasonable accommodations" to applicants if they or any household member have a disability or handicap. You may request a reasonable accommodation at any time during the application process or after admission. If you would prefer to not discuss your situation with management, that is your right.

Does any member have special housing needs which require any of the following: (check applicable items)

_____ Separate Bedroom	_____ Unit for Vision Impaired	_____ Unit for Hearing Impaired
_____ Barrier-free Unit	_____ One-level Unit	_____ Br/ Bath on 1 st Floor
_____ Live-In Aide	_____ Service Animal	_____ Ramp
_____ Other (Please specify): _____		

Please complete the following to help us identify which forms of advertisement or outreach we are using in accordance with our AFHMP that is working to reach our targeted areas.

How did you hear about our community?

_____ Newspaper Advertisement (please indicate which newspaper):

_____ Friend or Current/Former Resident:

_____ Referral from Community Resource:

_____ Internet:

_____ Brochure/Flyer:

_____ Other: _____



APPLICANT CERTIFICATION (READ CAREFULLY)

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence. I/we understand that we must provide valid proof of social security numbers for all household members prior to occupying a unit.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development, Low-Income Housing Tax Credit program, and/or the Department of Housing and Urban Development's eligibility criteria and CRM Rental 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 (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from a residential program; (5) police records indicating any type of criminal activity or conviction; and (6) any records which show the applicants behavior to be unacceptable, even if it is a manifestation of an applicant's disability.; (7) a credit score lower than that set for this project by an online screening website.

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 or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

 Head of Household Signature

 Date

 Spouse or Co-tenant Signature

 Date

 Other Adult Member Signature

 Date

 Other Adult Member Signature

 Date

 Received By

 Date

 Time

 AM/PM

"Title 18, Section 1001 of the US 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 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 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)."

ATTACHMENTS TO APPLICATION:

1. Authorization to use an online screening website for credit/criminal background checks
2. CRM Rental Management Co, Inc. Criminal History Policy
3. Rental History Verification Consent form
4. HUD 92006 Emergency Contact Form, for HUD housing projects
5. Application attachments, as required, for applicable housing programs

Revised: 11/21/2018



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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.

--	--

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.

Applicant/Co-Applicant Consent Form

I/we hereby consent to allow Knitting Mill Apartments through its' designated agent and its' employees, to obtain and verify my credit information (including a criminal background and sex offender status) for the purpose of determining whether or not to lease me/us an apartment. I/we understand that should I/we lease an apartment, Knitting Mill Apartments will review my/our criminal background and sex offender status yearly at recertification.

***** PLEASE PRESENT PHOTO I.D. FOR ALL ADULTS IN HOUSEHOLD *****

Head of Household Signature

Date

Spouse or Co-tenant Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

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 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 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).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**"



Rental History Consent Form

I/we hereby consent to allow Knitting Mill Apartments through its designated agent and its employees to obtain and verify my landlord references.

Head of Household Signature

Date

Spouse or Co-tenant Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

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 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 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).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**"

Homeless Verification Form

1) Current housing situation:

I certify that (name)_____

- ☐ Is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings or on the street.

Verification: Please attach statement of situation and signature of current service provider.

- ☐ Is staying in an emergency shelter for homeless persons.

Verification: Please attach a statement of situation with signature of shelter staff.

- ☐ Is in a transitional or supportive housing program for homeless persons and/or in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Verification: Please attach statement of situation and signature of transitional/supportive housing staff.

- ☐ Is a temporary resident in a hotel/motel through sponsorship by a social service agency or hotel voucher program. No subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

Verification: Please attach statement of situation, proof of hotel voucher, and signature of current service provider.

- ☐ Is being evicted or forced out within a week from a private dwelling unit, no subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

Verification: Please attach statement of situation and signature of private dwelling owner or staff member.

- ☐ Is being discharged from an institution, such as mental health or substance abuse treatment facility or jail or prison in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks necessary to obtain housing.

Verification: Please attach statement of situation and signature of institution staff member.

- ☐ Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support necessary to obtain housing.

Verification: Please attach statement of situation and signature by the individual.

Homeless Verification Form

Statement of current situation: (Attach separate sheet if needed)

2) Housing History:

Please describe this individual's housing situation for the past three years:

Does this person meet HUD's definition of Chronically Homeless as listed below?

Chronically homeless is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years." To be considered chronically homeless a person must have been sleeping in a place not meant for human habitation (i.e. living on the streets) or in an emergency shelter.

- ☐ Yes, this person is chronically homeless
- ☐ No. He/she is currently but not chronically homeless.

Required signature (see above) _____

Date _____

Organization/Title: _____/_____

Applicant Signature: _____

Date _____

Case Manager/Staff signature: _____

Date

Know Your Rights

Criminal Records

A Guide to Rights in Employment & Housing



February 2017

Massachusetts residents with criminal records often face unique challenges when re-entering society. Among these challenges are barriers to securing employment and housing – key parts of productive participation in our society and critical pathways to economic security.

Because we recognize the importance of access to employment and housing, we have prepared this guide to help educate residents on their basic rights in these areas. If you believe that your rights have been violated, we encourage you to file a complaint with the Attorney General's Civil Rights Division. There are many ways to reach us:

- ▶ **Online:** Complete a Criminal History E-Complaint at <https://www.mass.gov/forms/file-a-criminal-history-civil-rights-complaint>
- ▶ **By Mail:** Send a completed Criminal History Complaint form to the Civil Rights Division at One Ashburton Place, 18th Floor, Boston, MA 02108;
- ▶ **By E-mail:** Email a completed Criminal History Complaint form to the Civil Rights Division at civilrights@state.ma.us;
- ▶ **By Phone:** Call (617) 963-2917; or
- ▶ **In Person:** Visit the Civil Rights Division on Monday through Friday between the hours of 9:30 a.m. and 4:30 p.m. at 100 Cambridge Street, 11th Floor, Boston, MA 02114.

Because the Civil Rights Division receives many complaints, the time it takes to review each complaint can vary. We will do our best to contact you to discuss your complaint within one week of receipt. If you already have filed a complaint with the Civil Rights Division and wish to inquire about the status, you should contact us by calling (617) 963-2917.

Information provided in this booklet is for informational purposes and does not constitute legal advice or legal representation.

EMPLOYMENT

There are a number of rules that apply when individuals with criminal records seek employment.

WHAT EMPLOYERS MAY NOT ASK

- ▶ State law prohibits most employers from asking about an applicant's criminal history on an initial job application.
 - ▷ Exception: Some employers are permitted to ask about an applicant's criminal history. Examples include certain jobs that involve working with young children or working at financial institutions.
- ▶ It is always illegal for employers to ask an applicant or employee to provide a copy of his or her own criminal offender record information (CORI) or arrest records.
- ▶ State law prohibits most employers from asking about the following – at any stage of the hiring process:
 - ▷ Criminal cases that did not end in a conviction (including CWOs);
 - ▷ An arrest or detention (e.g. being held at a police station) that did not end in a conviction;
 - ▷ A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace;
 - ▷ Convictions for a misdemeanor where the date of the conviction OR the release from incarceration was 5 or more years ago, provided there were no subsequent convictions in the last 5 years;
 - ▷ Juvenile records, except for juvenile cases that transferred from the Juvenile Court to an adult court and where the juvenile was tried as an adult; or
 - ▷ Sealed criminal records (which may be reported as “No Record”).
- ▶ However, an employer may ask about criminal convictions if:
 - ▷ The applicant is applying for a position for which certain convictions disqualify the applicant under state or federal law, or
 - ▷ The employer is prohibited by state or federal law from employing individuals who have been convicted of certain criminal offenses.
- ▶ State agencies are required to wait until the final stage of the hiring process (after they find an applicant otherwise qualified for a job) to ask questions about criminal records. See e.g., *Executive Order No. 495*.

WHAT EMPLOYERS ARE PERMITTED TO ASK

- ▶ After the initial job application, employers may ask an applicant about:
 - ▷ Felony convictions at any time (if the records are not sealed); and
 - ▷ Misdemeanor convictions (if the records are not sealed) that were not first-time convictions for the following offenses: drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace.
- ▶ Employers are required to obtain an applicant's written permission before accessing his or her CORI records.
- ▶ If an employer makes an adverse decision based on an applicant's CORI (such as a decision not to hire the applicant), the employer is required to give the applicant notice and provide the applicant with a copy of his or her CORI. If an employer obtains criminal history information through a "consumer report" prepared by a consumer reporting agency (such as TransUnion, Experian, and Equifax, or other background screening companies) and takes any adverse action based on information contained in the report, the applicant is entitled to notice and a copy of the report, as well as an opportunity to correct/explain any errors.

ADDRESSING SEALED RECORDS

- ▶ A job applicant whose criminal records are sealed does not have to provide an employer with any information about the sealed case or charge(s) at any stage of the hiring process. In response to any inquiries regarding a sealed criminal case or charge, a job applicant may answer that he or she has "No Record."
- ▶ Sealed criminal records may not be used to disqualify an applicant for employment with the Commonwealth or any political subdivision thereof.

INDIVIDUAL REVIEW OF CRIMINAL HISTORY INFORMATION

- ▶ Employers that have a policy or practice of automatically rejecting any job applicant with a criminal record may be violating state and federal civil rights laws because using criminal records in this way can have a disproportionate effect on protected groups, including racial minority groups.
- ▶ In most cases, employers should conduct an individualized assessment before determining that a particular criminal record disqualifies an individual for a particular job. Relevant considerations generally should include:

- ▷ The facts or circumstances surrounding the offense or conduct;
- ▷ The number of offenses for which the individual was convicted;
- ▷ Age at the time of conviction, or release from prison;
- ▷ Evidence that the individual performed the same type of work, post-conviction, with the same or a different employer, with no known incidents of criminal conduct;
- ▷ The length and consistency of employment history before and after the offense or conduct;
- ▷ Rehabilitation efforts, e.g., education/training; and
- ▷ Employment or character references and any other information regarding fitness for the particular position.

See e.g., *EEOC Enforcement Guidance: Consideration of Arrest and Conviction Records*, <http://www.mass.gov/ago/docs/civilrights/eeoc-guidance-arrest-conviction.pdf>.

Summary of Rules Applicable to Most Employers		
Job Application	Later During Hiring Process	Never
May NOT ask about criminal history on <u>initial application</u> .	May ask about any felony convictions (if not sealed) and misdemeanor convictions that were not first-time convictions for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace.	Never permitted to ask about: <ol style="list-style-type: none"> 1. Criminal cases that did not end in a conviction; 2. An arrest or criminal detention that did not end in a conviction; 3. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; 4. Convictions for a misdemeanor where the date of the conviction OR the release from incarceration was 5 or more years ago, provided there were no subsequent convictions in the last 5 years; 5. Most juvenile records unless tried as an adult; and 6. Sealed criminal cases.
		Never permitted to ask applicant/employee to provide a copy of his or her own CORI.

HOUSING

There are fewer specific rules for housing providers than there are for employers, but housing applicants do have certain rights.

BASIC RIGHTS AND RESTRICTIONS

- ▶ Housing providers are required to obtain an applicant's written permission before accessing his or her CORI records.
- ▶ If a housing provider makes an adverse decision based on an applicant's CORI (such as a decision not to rent to the applicant), the housing provider is required to give the applicant notice and provide the applicant with a copy of his or her CORI. If a housing provider obtains criminal history information through a "consumer report" prepared by a consumer reporting agency (such as TransUnion, Experian, and Equifax, or other background screening companies) and takes any adverse action based on information contained in the report, the applicant is entitled to notice and a copy of the report, as well as an opportunity to correct/explain any errors.
- ▶ It is illegal for housing providers to ask an applicant to provide a copy of his or her own CORI or arrest records.

INDIVIDUAL REVIEW OF CRIMINAL HISTORY INFORMATION

- ▶ Housing providers that have a policy or practice of automatically rejecting any applicant with a criminal record may be violating state and federal civil rights laws because using criminal records in this way can have a disproportionate effect on protected groups, including racial minority groups.
- ▶ In most cases, housing providers should conduct an individualized assessment before determining that a criminal record disqualifies an applicant for housing. Relevant considerations generally should include:
 - ▷ The nature and severity of a conviction;
 - ▷ The amount of time that has passed since the criminal conduct occurred;
 - ▷ The facts or circumstances surrounding the offense or conduct;
 - ▷ The age of the individual at the time of the conduct;
 - ▷ Evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and
 - ▷ Evidence of rehabilitation efforts.

See e.g., *HUD Guidance on Application of FHA Standards to the Use of Criminal Records*, <http://www.mass.gov/ago/docs/civilrights/hud-ogcguidappfhastandcr.pdf> (2/10)

- ▶ Individuals who have been convicted of (1) sexual offenses and subjected to a lifetime sexual offender registration requirement, or (2) drug-related criminal activity involving the manufacture or production of methamphetamine on the premises of federally-assisted housing, are permanently prohibited from admission to federally-assisted housing developments and are only eligible for admission to state-funded housing developments if they can establish sufficient mitigating circumstances.

OTHER RESOURCES

ADDITIONAL INFORMATION & HELP SEALING RECORDS

- ▶ Greater Boston Legal Service's CORI & Re-Entry Project:
<https://www.gbls.org/our-work/cori-and-re-entry-project>
- ▶ Mass Legal Help: <http://www.masslegalhelp.org/cori>

REQUEST A COPY OF YOUR CORI

- ▶ Department of Criminal Justice Information Services:
<http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/>

MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD)

- ▶ MCAD Fact Sheet, Criminal Offender Record Procedure Reforms:
<http://www.mass.gov/mcad/resources/employers-businesses/criminal-records-fact-sheet.pdf>
- ▶ MCAD Regulations, 804 CMR 3.02 ("Permissible Inquiries"):
<http://www.mass.gov/mcad/pubs-regs/statutes-regs/804-cmr-03-00-mcad-gen.html>

OTHER RE-ENTRY SERVICES

- ▶ "Coming Home Directory," A Resource Directory of Offender Reentry Services in Greater Boston:
http://www.ma-atr.org/Images/coming_home_directory.aspx

Office of Attorney General Maura Healey

(617) 963-2917

www.mass.gov/ago/civilrights



/@MassAGO



/MassAttorneyGeneral



/mass_ago

Section III - Scope of Work

The INVESTOR, in close coordination with the AGENCY, shall perform all professional services (the "WORK") necessary to complete the development and occupancy of the following project in full compliance with the terms of this Agreement:

The AGENCY will provide HOME Program funding for **construction of eleven (11) housing units, 7 one-bedroom units and 4 two-bedroom units, located at 69 Alden Street, Fall River, Massachusetts**. All units with HOME Program funds will be occupied by tenant households with incomes equal to or less than 60% of area median income during the affordability period of thirty (30) years. Existing tenants must be at or below 80% median income, new tenants must be 60% of the median income. ***If there are five or more units in the project, 20% of units (for this project 3 units) must be rented to very low income (income at or below 50% of area median household income) and must be Low HOME Rent (See Appendix B).*** The affordability will be applicable and limited to **11** floating HOME-assisted units in the project. The project will also have 4 one-bedroom and 4 two-bedroom MVRP units and 3 one-bedroom Section 8 units, all will be Project Based Vouchers. If units are not leased within 6 months after the completion of the project the INVESTOR must submit an enhanced marketing plan to FRCDA.

The Project is subject to the Federal Labor Standards Provisions.

It is understood that the INVESTOR will provide a specific working budget and realistic timetable as relates to: construction, contingency or soft costs, and other allowable costs/activities prior to any fund usage. Said budget shall identify all sources and uses of funds, and allocate HOME and non-HOME funds to activities or line items.

The aforementioned Work tasks and the Project Development Cost (Appendix A) will be performed in essentially the manner proposed in the INVESTOR's proposal. The aforementioned document will be considered to be a part and portion of this agreement for reference.

Exhibit 1

PROJECT DEVELOPMENT COST

City of Fall River HOME Funds		
Acquisition	\$ 750,000.00	(Not to Exceed)
Construction Costs	\$ 618,000.00	(Not to Exceed)
Total HOME Funds	\$ 1,368,000.00	(Not to Exceed)

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞ս, և չո՞ւմ կատարե՞ք այս քանակություն, եթե խոսո՞ւմ կա՞մ կարդո՞ւմ ե՞ք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អប្រសើរណាស់ប្រសិនបើ ប្រើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 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 kazye 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 megérte 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

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