

**PERSONAL:**

Date \_\_\_\_\_

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS #
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
7.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
8.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
9.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
10.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#

No. of Autos \_\_\_\_\_ Reg. No. of Auto No. 1 \_\_\_\_\_ Reg. No. of Auto No. 2 \_\_\_\_\_

No. of Pets \_\_\_\_\_ Type \_\_\_\_\_

In Case of Emergency Notify (Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired  
☐ unit for hearing impaired ☐ grab bars

**RESIDENCY & EMPLOYMENT:**
**Present Address** \_\_\_\_\_

**Present Phone** \_\_\_\_\_ **Second Phone (if any)** \_\_\_\_\_

☐ Own: Dates of Current Occupancy From: \_\_\_\_\_ to: **Present Time** \$ \_\_\_\_\_  
Month/Day/Year Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy From: \_\_\_\_\_ \$ \_\_\_\_\_  
Monthly Rental Payments

If Rents \_\_\_\_\_  
Present Landlord Name Address Landlord Phone

**Previous Address** \_\_\_\_\_

Dates of Previous Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_  
Monthly Rental Payments

If Rents \_\_\_\_\_  
Former Landlord Name Address Landlord Phone

**Currently employed by** \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Annual Gross Salary** \$ \_\_\_\_\_ .00 per year Other Income (Comm/Bonus) \_\_\_\_\_ \$ \_\_\_\_\_

## PERSONAL:

Date \_\_\_\_\_

Please list every name who will occupy the apartment (first line is you as the Head of Household)

1.	Name	Gender	D.O.B.	Applicant	SS#
2.	Name	Gender	D.O.B.	Relationship	SS#
3.	Name	Gender	D.O.B.	Relationship	SS#
4.	Name	Gender	D.O.B.	Relationship	SS#
5.	Name	Gender	D.O.B.	Relationship	SS#
6.	Name	Gender	D.O.B.	Relationship	SS#
7.	Name	Gender	D.O.B.	Relationship	SS#
8.	Name	Gender	D.O.B.	Relationship	SS#
9.	Name	Gender	D.O.B.	Relationship	SS#
10.	Name	Gender	D.O.B.	Relationship	SS#

No. of Autos \_\_\_\_\_ Reg. No. of Auto No. 1 \_\_\_\_\_ Reg. No. of Auto No. 2 \_\_\_\_\_

No. of Pets \_\_\_\_\_ Type \_\_\_\_\_

In Case of Emergency Notify (Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?.

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired  
☐ unit for hearing impaired ☐ grab bars

## RESIDENCY & EMPLOYMENT:

**Present Address** \_\_\_\_\_  
 Street City State Zip Code

**Present Phone** \_\_\_\_\_ **Second Phone (if any)** \_\_\_\_\_

☐ Own: Dates of Current Occupancy From: \_\_\_\_\_ to: **the present time** \$ \_\_\_\_\_  
 Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_  
 Monthly Rental Payments

If Rents \_\_\_\_\_  
 Present Landlord Name Address Landlord Phone

**Previous Address** \_\_\_\_\_  
 Street City State Zip Code

Dates of Previous Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_  
 Month Year Month Year \$ \_\_\_\_\_  
 Monthly Rental Payments

If Rents \_\_\_\_\_  
 Former Landlord Name Address Landlord Phone

**Currently employed by** \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Annual Gross Salary** \$ \_\_\_\_\_ per year Other Income (Comm/Bonus) \_\_\_\_\_ \$ \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150

TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_ (Organization)  
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_ (Organization)  
with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\* Father's Full Name: \_\_\_\_\_

\* Mother's Full Name: \_\_\_\_\_ 1 \_\_\_\_\_





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Current Address**

\* Street Address: \_\_\_\_\_  
Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



## Supplemental Applicant Questionnaire

### Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

**Head of Household** only answer **Yes** or **No** to each of the following questions for the household:

**YES    NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____<br>Explanation: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are all members of the household full time students?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does anyone in the household attend an institute of higher education?<br>If yes, do they receive financial assistance for tuition?<br>If yes, name of household member receiving financial assistance for tuition _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you or any member of your household have a Section 8 voucher?<br>If yes, name of Housing Authority _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____ |

### Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

**Answer each YES –NO question. For each YES include the gross amount and frequency.**

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$

		Worker's Compensation	\$
		AFDC / TANF / Welfare Grant	\$
		Are you entitled to receive alimony?	
		Do you receive alimony? (enter amount)	\$
		Do you have at least 50% custody of your children?	
		Are you entitled to receive child support?	
		Do you receive child support? (enter amount)	\$
		Military Pay	\$
		Net income from a business	\$
		Contributions from anyone outside the household	\$
		Does anyone else in the household have income?	
		Any income from assets?	\$
		Any income from sources not mentioned above?	\$
		Do you anticipate any changes to your income within the next 12 months? If yes, explain: _____	

**Asset Information:** List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

**Certification by Applicant:**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

---

Applicant

Date

---

Management

Date





This is an important notice. Please have it translated.

Este é um aviso importante. Queira mandá-lo traduzir.

Este es un aviso importante. Sirvase mandarlo traducir.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение. Пожалуйста переведите

Massachusetts Department of Housing and Community  
Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other (specify) \_\_\_\_\_

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? \_\_\_\_\_

5) What is the number of children under 6 years of age in the household that reside in the unit?  
\_\_\_\_\_

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_

## Parkside Village

195 Hildreth St #50 Lowell, MA 01850  
P: 978-454-9228 F: 978-446-1229 Email: parksidevillage@winncoco.com

### 2022 Income Guidelines

Studio	Rent \$950	1 Person	2 Person	3 Person	4 Person	5 Person
60%	Maximum	53,100	N/A	N/A	N/A	N/A
	Minimum	37,860	N/A	N/A	N/A	N/A
<b>1 Bd</b>	<b>Rent \$1,340</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>
	Maximum	53,100	60,660	68,220	N/A	N/A
60%	Minimum	40,200	40,200	40,200	N/A	N/A
<b>2Bd</b>	<b>Rent \$1,595</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>
	Maximum	53,100	60,660	68,220	75,780	81,900
60%	Minimum	47,850	47,850	47,850	47,850	47,850

HUD Income Limits Effective 5/2022

### Amenities

**Community Amenities**  
 24-hour Emergency Maintenance  
 Adjacent to Public Transportation: Bus Stop  
 Adjacent to Tennis & Basketball Courts  
 Located Beside Public Park & Pool  
 Nearby Parks & Recreation  
 One Business Day Service Response Guarantee  
 Online Payments Accepted  
 On-Site Laundry Center  
 Pet Friendly Community (Indoor cats only)  
 ResidentsFirst Program & Services

**Apartment Amenities**  
 Air Conditioning  
 Carpeting  
 Energy Star Appliances  
 Fully-Equipped Kitchens  
 Garden Style Units  
 Heat, Hot Water & Gas Cooking Included  
 Linen Closets  
 Updated Bathrooms  
 Walk-in Closets  
 Window Coverings