

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:

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

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

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:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$

.00

DOCUMENTED DISABILITY?

☐ 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:

BLUE 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:





← Date Time Stamp – for Office Use Only

Affordable Compliance Application



Falls View Apartments
132 E Main St and 56 Grove St., Chicopee, MA 01020
Phone: (757)-838-1816 TTY:711

Completed by Management:

Head of Household Name: _____

Co/Head: _____

No of Household Members: _____

No of Bedrooms: _____

(Household may qualify for more than one bedroom size)

Special needs required: ☐ Yes or ☐ No

Date Received: _____

Time Received: _____

Received by Management agent: _____

FALSE INFORMATION WILL RESULT IN AUTOMATIC REJECTION OF YOUR APPLICATION FOR HOUSEING.

Please complete this application with all pertinent details. Be sure that all questions are addressed. When applicable, "N/A" may be acceptable, however, all yes or no answers must have a yes or no response. CS American Management requires a completed application form for the applicant to be placed on the waiting list. Failure to complete this application will cause delays in your placement on that list.

APPLICANT CONTACT INFORMATION

This information will be used to contact you regarding your application status

Head of Household Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Marital Status: _____

Married ☐ / Single ☐ / Separated ☐ / Divorced ☐ / Decline ☐

List States Resided in: _____

CO-Head of Household Name: _____

Address: _____ Phone _____

Number: _____

Email Address: _____

Marital Status: _____

Married ☐ / Single ☐ / Separated ☐ / Divorced ☐ / Decline ☐

List States Resided in: _____

How did you hear about our apartment community? If a current resident referred you, please list the resident's name:

Exemption of the Social Security Number Requirements:

Disclosure of Social Security Numbers for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

HOUSEHOLD INFORMATION

Please list all household members. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.)

| NAME (FIRST, MIDDLE INITIAL, LAST) | RELATIONSHIP TO HEAD OF HOUSEHOLD | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | BIRTH DATE (MM/DD/YY) | HANDICAPPED/ DISABLED please circle one | STUDENT please circle one |
|---------------------------------------|---|---------------------------|---------------------------|--------------------------|---|------------------------------|
| | HEAD | | | | Y N | Y N |
| | CO-HEAD | | | | Y N | Y N |
| | | | | | Y N | Y N |
| | | | | | Y N | Y N |
| | | | | | Y N | Y N |
| | | | | | Y N | Y N |
| | | | | | Y N | Y N |
| | | | | | Y N | Y N |

REASONABLE ACCOMMODATION: If you are an individual with disabilities, you may make a request for reasonable accommodation. If you would like more information on how to make a request for reasonable accommodation, please ask the Community Manager.

A. Household Composition:

| | | | |
|---|------|--------------|--------|
| If applicable, do all of the children in the household live with you 50% or more of the time? | | YES | NO |
| Will you or any adult household member require a live-in care attendant to live independently? | NAME | RELATIONSHIP | YES NO |
| Do you expect any changes in the household compositions in the next 12 months? If yes, please explain: | | YES | NO |

B. Student Status Eligibility:

1) YES NO Are you or any other household member (including minors) **CURRENTLY** a Part-Time or Full-Time **STUDENT**?

| | | |
|------------------|-------------------------|-------------|
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |

2) YES NO Do you or any other household member (including minors) **EXPECT TO BE** a Part-Time or Full-Time **STUDENT** in the next 12 months?

| | | |
|------------------|-------------------------|-------------|
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | GRADE/LEVEL |

3) L YES NO Have you or any other household member (including minors) been a **FULL TIME STUDENT** in **THIS** calendar **YEAR** (January – December)?

| | | |
|------------------|-------------------------|----------------|
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | DATES ATTENDED |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | DATES ATTENDED |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | DATES ATTENDED |
| HOUSEHOLD MEMBER | EDUCATIONAL INSTITUTION | DATES ATTENDED |

4) If you answered yes to any of the last 3 (three) questions and you or your household members are attending any school other than elementary through high school. How are you paying for the tuition and fees associated with school, college, tech school, etc.? Please explain:

LIHTC:

If ALL members of the household are full-time students, does your household meet any of the following exceptions?

- Yes No Will the household be occupied by an individual who is a full-time student and receiving assistance under Title IV of the Social Security Act (TANF)? (APPLICANT/RESIDENT MUST PROVIDE PUBLIC ASSISTANCE BENEFIT LETTER)
- Yes No Will the household be occupied by an individual who is a full-time student enrolled in a Job Training program receiving assistance under the Job Training Partnership Act or under similar Federal, State or local laws? (APPLICANT/RESIDENT MUST PROVIDE MISSION STATEMENT FROM EDUCATIONAL INSTITUTION)
- Yes No Will the household be occupied entirely by full-time students who are single parents and their children and such parents and children are not dependents of another individual other than the other parent? (APPLICANT/RESIDENT MUST PROVIDE CURRENT FEDERAL INCOME TAX RETURN)
- Yes No Will the household be occupied entirely by full-time students who are married and filing a joint Federal Income Tax return? (APPLICANT/RESIDENT MUST PROVIDE CURRENT FEDERAL INCOME TAX RETURN)
- Yes No Will the household be occupied entirely by full-time students who were previously under the care and placement responsibility of a foster care program? (APPLICANT/RESIDENT MUST PROVIDE PROOF FROM APPLICABLE FOSTER CARE PROGRAM)

HUD DEPENDENT OR INDEPENDENT STUDENT:

If ANY members of the household are or will be full or part-time students in the next 12 months, does your household meet any of the following exceptions?

- Yes No Will you be at least 24 years old by December 31st of the current year in which you are applying for housing?
- Yes No Are you an orphan or ward of the court through the age of 18?
- Yes No Are you a veteran of the US Armed forces?
- Yes No Do you have legal dependents other than a spouse? IE: Children or Elderly dependent parent?
- Yes No Are you a graduate or professional student?

If you answered "yes" to any of the above questions, please skip to the next section. If you answered "no" to all of the above, please answer the next three questions:

- Yes No Are you claimed as a dependent on your parents or guardians tax return?
- Yes No Is your previous address other than your parent's/guardian's and have you established a separate household for at least one year prior to applying for housing?
- Yes No Are you of legal contract age under state law?

If you answered "yes" to any of the above questions, please skip to the next section. If you answered "no" to all of the above, please answer the next three questions:

- Yes No Are you claimed as a dependent on your parents or guardians tax return?
- Yes No Is your previous address other than your parent's/guardian's and have you established a separate household for at least one year prior to applying for housing?
- Yes No Are you of legal contract age under state law?

C. For the purpose of this program, the term "disability" refers to a person who has a condition which limits one or more of life's major functions, including but not limited to the ability to see, hear, or move about freely without the aid of an auxiliary device. This definition may also include limitations on a person's ability to focus, concentrate, or reasonably establish a means to properly care for their own health and well-being.

- Yes No Does anyone in the applicant's household have need for an accessible unit?
- Yes No Does anyone in the applicant's household qualify under these terms for assistance offered by this property a

If yes, please explain: _____

D. Emergency Contact: (Not someone listed on the application. Please list someone in the immediate area if possible.)

| | | | |
|-----------------|--------------|--------------|------------|
| CONTACT NAME(S) | | RELATIONSHIP | |
| HOME PHONE | MOBILE PHONE | | WORK PHONE |

E. Power of Attorney: Does anyone have full Power of Attorney for you? *(Please provide a copy of the POA document)*

| | | | |
|-----------------|------------------|----------------|--|
| CONTACT NAME(S) | | RELATIONSHIP | |
| Address | City | State | |
| | MOBILE PHONE () | WORK PHONE () | |

Rental History
Must be answered for all adult household members

A. Please list the CURRENT residence for each adult household member:

Name of Household Member: _____ Yes No Have you notified your present landlord you are moving?

| | | | |
|--|--------------|---------------------------------|--|
| ADDRESS | | Landlord's Name | |
| FEDERALLY SUBSIDIZED HOUSING Yes No | MOBILE PHONE | How long have you resided here? | |

Name of Household Member: _____ Yes No Have you notified your present landlord you are moving?

| | | | |
|--|--------------|---------------------------------|--|
| ADDRESS | | Landlord's Name | |
| FEDERALLY SUBSIDIZED HOUSING Yes No | MOBILE PHONE | How long have you resided here? | |

Name of Household Member: _____ Yes No Have you notified your present landlord you are moving?

| | | | |
|--|--------------|---------------------------------|--|
| ADDRESS | | Landlord's Name | |
| FEDERALLY SUBSIDIZED HOUSING Yes No | MOBILE PHONE | How long have you resided here? | |

B. Please list the FORMER residence for each adult household member:

Name of Household Member: _____

| | | | |
|----------------|--------------|--------------------------------|--|
| ADDRESS | | Landlord's Name | |
| E-MAIL ADDRESS | MOBILE PHONE | How long did you resided here? | |

Name of Household Member: _____

| | | | |
|----------------|--------------|--------------------------------|--|
| ADDRESS | | Landlord's Name | |
| E-MAIL ADDRESS | MOBILE PHONE | How long did you resided here? | |

Name of Household Member: _____

| | | | |
|----------------|--------------|--------------------------------|--|
| ADDRESS | | Landlord's Name | |
| E-MAIL ADDRESS | MOBILE PHONE | How long did you resided here? | |

Rental History Continued
Must answer for all adult Household Members

Yes | No Are you fleeing or attempting to flee domestic violence?

Yes No Are you lacking a fixed nighttime residence?

_Yes _No Are you seeking housing due to a Presidentially Declared Disaster?

Yes | No Have you ever been evicted from a federally funded property or terminated from a federally funded program? If yes, from where? _____ When did this occur?

| Yes No Have your or any member of your household ever been convicted of a felony?

Yes | No No Have you or any member of your household ever been convicted of a lifetime sex offender registration requirement in any state?

INCOME Information

Include all income for all household members, including children's income.
Include all income anticipated over the next 12 months.

- A) ☐ YES ☐ NO Does anyone in the household have **EMPLOYMENT** wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments.) Please note if position is Seasonal.

| | | | |
|------------------|----------|-----------------------------|----------------------|
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME FT PT | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME _ FT _ PT | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME _ FT _ PT | MONTHLY GROSS AMOUNT |

- B) ☐ YES ☐ NO Has anyone in the household **CHANGED EMPLOYMENT, RESIGNED** or been **TERMINATED** from Employment in the last 12 months?

| | | | |
|------------------|----------|-----------------------------|------------------|
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME _ FT _ PT | TERMINATION DATE |
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME _ FT _ PT | TERMINATION DATE |
| HOUSEHOLD MEMBER | EMPLOYER | FULL/PART TIME _ FT _ PT | TERMINATION DATE |

- C) ☐ YES ☐ NO Does anyone in the household have **SELF-EMPLOYMENT** income or a **PERSONAL BUSINESS**? (Must provide complete Federal tax return with Schedule C or Schedule E, see Self-Employment Certification)

| | | | |
|------------------|-------------------|-----------------------------|----------------------|
| HOUSEHOLD MEMBER | SELF-EMPLOYED AS: | FULL/PART TIME _ FT _ PT | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | SELF-EMPLOYED AS: | FULL/PART TIME _ FT _ PT | MONTHLY GROSS AMOUNT |

- D) ☐ YES ☐ NO Does anyone in the household have income as a member of the **MILITARY/ARMED FORCES**? (Includes Base Pay, Drill Pay, & other Special Pay, but not Hostile Fire Pay)

| | | | |
|------------------|----------------------|----------|----------------------|
| HOUSEHOLD MEMBER | BRANCH AND BASE NAME | PAY TYPE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | BRANCH AND BASE NAME | PAY TYPE | MONTHLY GROSS AMOUNT |

- E) ☐ YES ☐ NO Does anyone in the household have **UNEMPLOYMENT** or **WORKER'S COMPENSATION** income? (May include both Short- and Long-Term Disability (NOT Social Security) or Insurance payments)

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |

- F) ☐ YES ☐ NO Does anyone in the household collect **SOCIAL SECURITY/SSI/SSP/SS DISABILITY**? (Please provide current award letters)

| | | |
|------------------|---|----------------------|
| HOUSEHOLD MEMBER | CHECK ALL THAT APPLY SS SSI SSP DISABILITY | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | CHECK ALL THAT APPLY SS SSI SSP DISABILITY | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | CHECK ALL THAT APPLY SS SSI SSP DISABILITY | MONTHLY GROSS AMOUNT |

☐ YES ☐ NO Does anyone in the household collect Social Security/SSI/SSP/SS Disability amounts under someone else's Social Security number?

If yes, please provide name: _____ and SSN: _____

- G) ☐ YES ☐ NO Does anyone in the household have income from a **PENSION** or from **VETERAN'S BENEFITS**?

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |

H) YES NO Does anyone in the household have **REGULAR INCOME** from an **ANNUITY, 401K, or IRA?** (This is ONLY if regular periodic amounts are being paid out)

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | AGENCY | MONTHLY GROSS AMOUNT |

I) YES NO Does anyone in the household collect **PUBLIC ASSISTANCE/TANF, or SNAP/Food Stamps?** (SNAP is not counted as income, but used for qualifying purposes. Please provide current Budget Sheet.)

| | | |
|------------------|--------------------|----------------------|
| HOUSEHOLD MEMBER | TYPE OF ASSISTANCE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | TYPE OF ASSISTANCE | MONTHLY GROSS AMOUNT |

J) YES NO Does anyone in the household have income from **FAMILY MEMBERS or FRIENDS?** (Includes anyone supplementing your income or paying any of your bills)

| | | |
|------------------|------------|----------------------|
| HOUSEHOLD MEMBER | INDIVIDUAL | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | INDIVIDUAL | MONTHLY GROSS AMOUNT |

K) YES NO Does anyone in the household have **REGULAR INCOME** from **CHARITY, LOTTERY WINNINGS, INHERITANCES, or OTHER CASH INCOME?** (Includes babysitting, housework, yardwork, etc.)

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |

L) YES NO Does anyone in the household have income from **CHILD SUPPORT?** (Please provide court orders)

YES NO Will BOTH parents of ALL children be residing in the household?

Please enter names and information of ALL CHILDREN IN THE HOUSEHOLD. Please complete this section even if Child Support is not collected. Please circle yes or no to the below questions.

| Child's Name (Please enter each child individually) | Do you receive or expect to receive child support payments for this child? | How much is ordered or paid? | If Yes, how often? (Weekly/Monthly) | Do you have Court Ordered child support? | Have you spoken with a Child Support Collection Agency? | In what County and State is that agency? | Do you have Mutually Agreed Upon child support (no court order)? | Is Child Support received through Social Services? | Will this child live in the household 50% or more of the time? |
|--|--|------------------------------|--|--|---|--|--|--|--|
| | YES NO | \$ | | YES NO | YES NO | | YES NO | YES NO | YES NO |
| | YES NO | \$ | | YES NO | YES NO | | YES NO | YES NO | YES NO |
| | YES NO | \$ | | YES NO | YES NO | | YES NO | YES NO | YES NO |
| | YES NO | \$ | | YES NO | YES NO | | YES NO | YES NO | YES NO |
| | YES NO | \$ | | YES NO | YES NO | | YES NO | YES NO | YES NO |

YES NO Is anyone in the household ENTITLED TO RECEIVE child support (by mutual agreement or arrangement, or court order) and IS NOT RECEIVING it?

If yes, please explain _____

If children are in the household WITH NO CHILD SUPPORT, please explain why household is not receiving. _____

In Verifying Child Support, we are required to contact the source of the income. If child support is expected or provided by the child's missing parent, that parent may need to be contacted.

YES NO Are there any domestic violence situations with the missing parent that would disallow management from verifying child support through that missing parent?

If yes, please explain _____

M) YES NO Is anyone in the household entitled to receive **ALIMONY/SPOUSAL MAINTENANCE** (by mutual agreement or arrangement, or court order)? (Please provide court order and settlement documentation)

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |

If court ordered and NOT RECEIVING, please explain: _____

N) YES NO Does anyone in the household have **REGULAR PAYMENTS FROM RENTAL PROPERTY/LAND** or any other type of real estate transactions? (Federal Income Tax Return Schedule E, and current lease for land/rental property required)

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |

O) YES NO Do you or any other household member receive **UTILITY ASSISTANCE** from sources other than HUD?

| | | |
|------------------|--------|----------------------|
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |
| HOUSEHOLD MEMBER | SOURCE | MONTHLY GROSS AMOUNT |

P) YES NO Does anyone in the household expect any **VERIFIABLE** changes in income in the next 12 months? if yes, what is the anticipated change? _____

(i.e. job change, layoff, medical leave, military leave, etc. Include only verifiable changes. If a household member is looking for a job, that is not a verifiable change until the household member actually is hired.)

ASSET Information

Include all assets held by all household members, including children's assets.
All assets must be documented, including those disposed of in the last two years (24 months).
Assets held jointly will be counted at the full cash value.

A) YES NO Does anyone in the household have a **CHECKING ACCOUNT**? How Many? _____

Joint account? YES NO If yes, with whom? _____ Is income provided through account by joint owner? YES NO

| | | | |
|------------------|-----------------------|-------------------------|---------------------------|
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | ESTIMATED CURRENT BALANCE |
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | ESTIMATED CURRENT BALANCE |
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | ESTIMATED CURRENT BALANCE |

B) YES NO Does anyone in the household have a **SAVINGS ACCOUNT**? How Many? _____

Joint account? YES NO If yes, with whom? _____ Is income provided through account by joint owner? YES NO

| | | | |
|------------------|-----------------------|-------------------------|-----------------|
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | CURRENT BALANCE |
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | CURRENT BALANCE |
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | CURRENT BALANCE |

C) YES NO Does anyone in the household have a **FUNDED DEBIT or PREPAID CARD**? (These can be issued for payments of Social Security/SSI, Public Assistance, Child Support, etc. Receipt showing current card balance required) How Many?

| | | |
|------------------|-------------|-----------------|
| HOUSEHOLD MEMBER | CARD ISSUER | CURRENT BALANCE |
| HOUSEHOLD MEMBER | CARD ISSUER | CURRENT BALANCE |

D) YES NO Does anyone in the household have **MONEY MARKET** accounts?

Joint account? YES NO If yes, with whom? _____ Is income provided through account by joint owner? YES NO

| | | | |
|------------------|-----------------------|-------------------------|-----------------|
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | CURRENT BALANCE |
| HOUSEHOLD MEMBER | FINANCIAL INSTITUTION | ACCOUNT NUMBER (LAST 4) | CURRENT BALANCE |

- E) YES NO Does anyone in the household have **CD'S, STOCKS, MUTUAL FUNDS, 401K's, IRA's** or other **RETIREMENT ACCOUNTS**, or **ANNUITIES** as assets? (Note: If any of these are producing regular payments, they should be listed in the Income section.)

| | | | |
|------------------|-------------------------|---|------------|
| HOUSEHOLD MEMBER | ACCOUNT NUMBER (LAST 4) | CD <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> OTHER <input type="checkbox"/> | CASH VALUE |
| HOUSEHOLD MEMBER | ACCOUNT NUMBER (LAST 4) | CD <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> OTHER <input type="checkbox"/> | CASH VALUE |
| HOUSEHOLD MEMBER | ACCOUNT NUMBER (LAST 4) | CD <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> OTHER <input type="checkbox"/> | CASH VALUE |
| HOUSEHOLD MEMBER | ACCOUNT NUMBER (LAST 4) | CD <input type="checkbox"/> STOCK <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> OTHER <input type="checkbox"/> | CASH VALUE |

- F) YES NO Does anyone in the household have a **WHOLE LIFE** or **UNIVERSAL INSURANCE POLICY**? (Does not refer to term life and employer held policies)

| | | | |
|------------------|-------------|--------------------|-----------|
| HOUSEHOLD MEMBER | INSTITUTION | CURRENT CASH VALUE | DIVIDENDS |
| HOUSEHOLD MEMBER | INSTITUTION | CURRENT CASH VALUE | DIVIDENDS |
| HOUSEHOLD MEMBER | INSTITUTION | CURRENT CASH VALUE | DIVIDENDS |

- G) YES NO Does anyone in the household have **SAVINGS BONDS**? (Please provide copies)

| | | |
|------------------|--------------|-------------------|
| HOUSEHOLD MEMBER | TYPE OF BOND | ISSUING AUTHORITY |
|------------------|--------------|-------------------|

If yes, how many? _____ Total Cash Value of Bonds _____ Total Annual Income Earned \$ _____

- H) YES NO Does anyone in the household hold a **MORTGAGE OR DEED OF TRUST, or LAND CONTRACT** for another individual? (Bill of sale and current amortization schedule required.)

Address: _____ City, State, Zip _____

Amount of Principal rec'd monthly \$ _____ Interest rec'd monthly \$ _____

- I) YES NO Does anyone in the household have or own **REAL ESTATE or LAND** of any kind? (This includes your personal residence, mobile homes, vacant lands, farms, vacation homes, commercial properties, etc. If there is more than one property, please provide information for all.)

| | | | |
|------------------|---------------------|---------------------------|------------------------------|
| HOUSEHOLD MEMBER | TYPE OF REAL ESTATE | IF JOINTLY OWNED, W/ WHO? | CURRENT VALUE OF REAL ESTATE |
| HOUSEHOLD MEMBER | TYPE OF REAL ESTATE | IF JOINTLY OWNED, W/ WHO? | CURRENT VALUE OF REAL ESTATE |

Do you have full title to the real estate? YES NO Is there a mortgage on the property? YES NO Is the property for sale? YES NO Is the property listed with a real estate agency? YES NO Is there rental income from the property? YES NO (If yes, see Income section, letter N)

- J) YES NO Has anyone in the household **ESTABLISHED A TRUST FUND or FUNERAL ACCOUNT** in the last two years (24 months)? (Please provide documentation.)

| | | | |
|------------------|-----------------|-----------------------|-------------|
| HOUSEHOLD MEMBER | TYPE OF ACCOUNT | FINANCIAL INSTITUTION | BENEFICIARY |
| HOUSEHOLD MEMBER | TYPE OF ACCOUNT | FINANCIAL INSTITUTION | BENEFICIARY |

- K) YES NO Does anyone in the household have a **SAFE DEPOSIT BOX, or PERSONAL PROPERTY HELD AS AN INVESTMENT**, such as coin/stamp collections, gems, art, jewelry, antique/show cars, antiques, etc.? (This does not include personal belongings such as your car, furniture, personal jewelry or clothing.)

| | | |
|------------------|--------------|--------------------|
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |

- L) YES NO Has anyone in the household received a **LUMP SUM PAYMENT** such as:

a. Lottery Winnings

b. ☐ Inheritance

c. Insurance Settlement

d. Capital Gains

e. Other Lump Sum Payment _____

If yes, please explain what has been done with the money: _____

M) YES | NO Does anyone in the household have any **ADDITIONAL ASSETS**, such as **CASH ON HAND**, or **OTHER ACCOUNTS**? (Online accounts such as PayPal, Venmo, Draft Kings, etc. should be listed here)

| | | |
|------------------|--------------|--------------------|
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |
| HOUSEHOLD MEMBER | TYPE OF ITEM | CURRENT CASH VALUE |

Medical and Child Care Expenses
(Questions A-E, To Be Completed For Elderly, Handicapped, or Disabled Households Only)

A) What **MEDICAL OUT OF POCKET EXPENSES** do you incur on a **REGULAR** basis during the year? (Doctors, dentists, eye doctors, health care facilities, oxygen, special equipment, etc.)

| | | | |
|------------------|------------------|-----------------|----------------------|
| NAME OF PROVIDER | TYPE OF PROVIDER | TYPE OF EXPENSE | TOTAL ANNUAL EXPENSE |
| NAME OF PROVIDER | TYPE OF PROVIDER | TYPE OF EXPENSE | CASH VALUE |
| NAME OF PROVIDER | TYPE OF PROVIDER | TYPE OF EXPENSE | CASH VALUE |
| NAME OF PROVIDER | TYPE OF PROVIDER | TYPE OF EXPENSE | CASH VALUE |

B) What **PHARMACIES** do you use?

| | | |
|------------------|-------------------------------|----------------------|
| NAME OF PHARMACY | TYPE OF EXPENSE (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| NAME OF PHARMACY | TYPE OF EXPENSE (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| NAME OF PHARMACY | TYPE OF EXPENSE (DESCRIPTION) | TOTAL ANNUAL EXPENSE |

C) YES | NO Does your doctor require you to take any **NON-PRESCRIPTION MEDICATIONS** or products? If yes, please describe.

| | |
|---|----------------------|
| TYPE OF PRODUCT OR MEDICATION (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| TYPE OF PRODUCT OR MEDICATION (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| TYPE OF PRODUCT OR MEDICATION (DESCRIPTION) | TOTAL ANNUAL EXPENSE |

D) YES | NO Do you **PURCHASE** any **MEDICAL INSURANCE**? (AARP, EPIC, Blue Cross/Blue Shield, etc.)

| | | |
|---------------------------|---------------------------------|----------------------|
| NAME OF INSURANCE CARRIER | TYPE OF INSURANCE (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| NAME OF INSURANCE CARRIER | TYPE OF INSURANCE (DESCRIPTION) | TOTAL ANNUAL EXPENSE |

E) YES | NO Do you have to **HIRE TRANSPORTATION** to and/or from **MEDICAL APPOINTMENTS**?

| | | |
|----------------|--------------------------------------|----------------------|
| NAME OF DRIVER | TYPE OF TRANSPORTATION (DESCRIPTION) | TOTAL ANNUAL EXPENSE |
| NAME OF DRIVER | TYPE OF TRANSPORTATION (DESCRIPTION) | TOTAL ANNUAL EXPENSE |

F) YES | NO Do you pay **CHILD CARE EXPENSES** for any children under age 13?

| | | |
|-----------------------------|--------------------------------|----------------------|
| NAME OF CHILD CARE PROVIDER | ADDRESS WHERE CARE IS PROVIDED | TOTAL ANNUAL EXPENSE |
| NAME OF CHILD CARE PROVIDER | ADDRESS WHERE CARE IS PROVIDED | TOTAL ANNUAL EXPENSE |

Applicant Signature Page
Application must be signed and dated by all adult household members

PRIVACY ACT NOTICE – The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member. (Note: certain exceptions are outlined in the property's Resident Selection Plan. A copy of this plan is available at the property and upon request).

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members, have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. (Note: certain exceptions are outlined in the property's Resident Selection Plan. A copy of this plan is available at the property and upon request). Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Signature Clause: (please read)

My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Credit Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

HOUSEHOLD SIGNATURES:

| | | |
|----------------------------------|-----------------------|---------------|
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Manager/Owner Signature | _____ Printed Name | _____ Date |

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

EQUAL HOUSING OPPORTUNITY
WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW Handicap Accessibility
(The Fair Housing Amendment Act of 1988) TDD: (800) 833-8134

Falls View Apartments (does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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

Name: Christina Mead, Director of Compliance
Address: 881 Alma Real Drive, Suite 213
Telephone-Voice: Pacific Palisades, CA 90272
585-340-7276

Telephone-TTY: 711 (enter number 585-340-7276, when prompted)



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Falls View Apartments

132 E Main St and 56 Grove St. Chicopee, MA01020

Name of Property**Project No.****Address of Property**

CS American Management

Project Based Section-8

Name of Owner/Managing Agent**Type of Assistance or Program Title:****Name of Head of Household****Name of Household Member**

Date (mm/dd/yyyy): _____

| Ethnic Categories* | Select One |
|---|------------------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | Select All that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.