

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



| | |
|---|---------------------------------|
| ○ | Head of Household's FIRST Name |
| | Head of Household's MIDDLE Name |
| | Head of Household's LAST Name |

| | | | |
|------------------------------|--|--------|---------------------|
| HoH's SOCIAL SECURITY NUMBER | | GENDER | HoH's DATE OF BIRTH |
| ○ | | ○ | |

| | |
|---|---|
| ETHNICITY Also provide your race at right! | RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country! |
| ○ | ○ |

| |
|-----------------------------|
| ○ YOUR MOTHER'S MAIDEN NAME |
|-----------------------------|

| | |
|---------------------|------------------|
| YOUR HOME TELEPHONE | SECOND TELEPHONE |
| ○ | |
| YOUR EMAIL ADDRESS | |
| ○ | |

| |
|---|
| CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| |
|------------------------|
| SECOND CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| | | |
|-------------------------------|------------|--|
| TOTAL HOUSEHOLD SIZE | # BEDROOMS | How much money does your family receive in a year? |
| ○ # Adults # Children Total # | ○ | ○ .0 0 |

| |
|----------------|
| INCOME SOURCES |
| ○ |

| |
|----------------------------------|
| MOBILE RENTAL ASSISTANCE, if any |
| ○ |

| |
|--------------------------|
| REQUESTED ACCOMMODATIONS |
| ○ |

| |
|--|
| SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE |
| ○ |

Wingate Management Company

WELCOME TO GOSNOLD GROVE APARTMENTS

Instructions for: GOSNOLD GROVE

Enclosed please find the Housing Application you requested. Please note the following:



A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

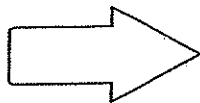
One Release to Obtain Information Form must be completed by each household member 18 years or older. (Please copy the form as needed.)



Applications must be completed in full. Incomplete applications will be returned to the applicant.



If you should move or change your phone number, notification of such change must be in writing and mailed to: **Norton Glen FOR GOSNOLD GROVE APARTMENTS LEASING OFFICE 4 Norton Glen Terrace, Norton, MA 02766**
Notification must include the following:



- A – Applicant(s) Name(s) and Social Security Number
- B – Apartment Complex(s) of Application
- C – Approximate Month/Year the Original Application was Submitted
- D – Old Address and Phone Number
- E – New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.



Applicants will be notified of their status once they are close to the top of the list.

GOSNOLD GROVE APARTMENTS **PRELIMINARY RENTAL APPLICATION**

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

PROPERTY NAME: GOSNOLD GROVE APARTMENTS

Return Completed Application To:
Norton Glen Apartments
FOR GOSNOLD GROVE
4 Norton Glen Terrace
Norton, MA 02766
PHONE: 508-548-7866

Application Received:

APPLICATION FOR ADMISSION

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

Applicant: _____ Home Tel: _____

Present Address: _____
Street Apt. #
City State Zip Code

Present Landlord Name: _____

Address: _____
Street City State Zip Code

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/ Alaskan Native ☐ Asian or Pacific Islander ☐ Black (not of Hispanic origin)
☐ Hispanic ☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

UNIT TYPE REQUESTED:

1 BR 2 BR 3 BR 4BR
[closed] [] [] []

Wheelchair Adapted Unit ☐ Yes ☐ No
Hearing/Visual ☐ Yes ☐ No

FOR OFFICE USE ONLY:

_____ Market
_____ Basic
_____ Low

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Present Housing Cost Per Month \$ _____ Including Utilities? [] Yes [] No

How long have you lived at present address? _____ Years.

Do you own any pets? _____

What are the reasons for moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF.
(Any person not listed will not be allowed to move in.)

| FULL NAME OF EACH PERSON IN HOUSE HOLD | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH | SEX | SOCIAL SECURITY NUMBER | FULL TIME STUDENT |
|--|---|---------------------|-------|------------------------------|-------------------------|
| 1) _____ | Head of Household | _____ | _____ | _____ | Yes or No |
| 2) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 3) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 4) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 5) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 6) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 7) _____ | _____ | _____ | _____ | _____ | Yes or No |
| 8) _____ | _____ | _____ | _____ | _____ | Yes or No |

HOUSING REFERENCES - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) PRESENT Address _____

Move In Date _____ Move Out Date _____

Name of **PRESENT** Landlord _____ Telephone _____

Address _____

2) Previous Address _____

Move In Date _____ Move Out Date _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

3) Previous Address _____

Move In Date _____ Move Out Date _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been arrested or convicted of any crime? If so, please give details:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 5.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants.

| Household Member | Type of Income | Gross Earnings (Before Taxes) |
|------------------|----------------|----------------------------------|
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |

(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)**HOUSEHOLD MEMBER****TYPE OF ASSET****VALUE OF ASSET**

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone #: _____

Address: _____

How did you hear about us?

| | | | |
|----------------------------|--------------------------|-----------------------|--|
| Newspaper Advertisement | <input type="checkbox"/> | Please Specify: _____ | |
| Craigslist | <input type="checkbox"/> | DHCD/MassAccess | <input type="checkbox"/> |
| Resident Referral | <input type="checkbox"/> | Drive by/Walk in | <input type="checkbox"/> |
| Housing Authority Referral | <input type="checkbox"/> | Other | <input type="checkbox"/> Please Specify: _____ |

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? [☐] Yes [☐] No If so, please describe:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

I /We hereby certify that the information furnished on this application is true and complete, to the best of my/ our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a criminal background check report may also be requested. I /We certify that I /We understand that false statements of information are punishable under applicable State or Federal Law.

I /We hereby certify that I /We have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household / Applicant

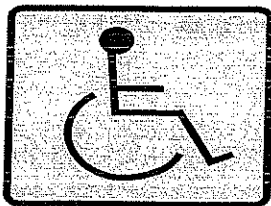
Date

Co-Applicant

Date

Gosnold Grove Apartments does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

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 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).



APPLICANT DECLARATION SHEET

INSTRUCTIONS:

Complete this form, including each member of the household.

HEAD OF HOUSEHOLD ONLY

Full Name: _____

Sex: _____ Date of Birth: _____

Social Security No.: _____ Alien Registration No.: _____

Admission No.: _____ if applicable, (11-digit # found on INS Form I -94
Departure Record)

Nationality: _____ (Enter the foreign nation or country to which you
owe allegiance. This is normally, but not always
the country of birth.)

Save Verification No.: _____
(to be entered by owner if and when received)

ENTIRE HOUSEHOLD

Are you or any member of your household:

- a) A citizen or national of the United States? [] Yes [] No
- b) A non-citizen with eligible immigration status? * [] Yes [] No
- c) A non-citizen not claiming eligible immigration status? ** [] Yes [] No

* Please be advised that if you answered yes to item b), you will be required to send verification of your eligible immigration status for each member of your household.

** Please be advised that if you answered yes to item c), for any member of your household, you may not be eligible for residency in federally subsidized housing, or you may be eligible for prorated assistance only.

Signature of Head of Household _____

Date _____

ELIGIBILITY CONSENT FORM

INSTRUCTIONS:

Complete this form for each non-citizen member of the household who declared eligible immigration status on the Declaration Sheet. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (a) HUD, as required by HUD; and
 - (b) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance, and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence of other information by the INS.

Signature

Date

Check here if an adult signed for a child. []

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign.

Applicant _____
Signature Social Security No. Date

Print Name

Applicant _____
Signature Social Security No. Date

Print Name

Applicant _____
Signature Social Security No. Date

Print Name

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

| | |
|--|-----------------------|
| 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. | |
| | |

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.