

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!
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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____

ACM ASSOCIATES

Date/Time received _____
Initials _____

TECUMSEH MILL APARTMENTS, 164 HARTWELL STREET, FALL RIVER MA 02721

Telephone: 508-676-3600

FAX: 508-675-1244 TTY: 508-402-7015

APPLICATION FOR ADMISSION

1. Please print all sections in ink. Do not leave any section blank, even those which do not apply to you. Please use N/A (not applicable) if you can not fill in a section.
2. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
3. Management will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large type, or other alternate formats. Should you need help in completing this application, please contact the rental office.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing you will be placed on a waiting list, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

Date: _____

Applicant: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

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

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Hispanic

☐ Black (not of Hispanic origin)

☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED

1BR

2BR

☐

☐

UNIT TYPE REQUESTED

Wheelchair

Adapted unit

☐ YES ☐ NO

Hearing/Visual

Adapted unit

☐ YES ☐ NO

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit/development or alternate ways we need to communicate with you? If yes, please explain. ☐ YES ☐ NO _____

Present Housing Costs Per Month \$ _____ Including Utilities? ☐ YES ☐ NO

Do you currently live in Section 8 Housing or have a Section 8 voucher/certificate? ☐ YES ☐ NO

How long have you lived at present address? _____ Years

Does your name appear on the lease for your residence? ☐ YES ☐ NO

What are the reasons for moving? _____

REFERENCES - Full name and address of Landlords or officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone _____
Address: _____

Name of Present Landlord/Official _____ Telephone _____
Address: _____

Note: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____
Address: _____

Name of Character Reference _____ Telephone _____
Address: _____

FAMILY COMPOSITION - List all of those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	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

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER: Please indicate the income received and assets held by each member of your household. List each member by the corresponding number above.

Member # _____
Name of Present Employer _____ Telephone _____
Address: _____
Years Employed: _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address: _____
Years Employed: _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBERS: List all other sources of income, such as Welfare, Social Security, SSI, Pensions, 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)
_____	/	/ (week, month, year)
_____	/	/ (week, month, year)
_____	/	/ (week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Bank	Description	Account #	Amount \$\$
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

PLEASE RESPOND TO THESE 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: []YES []NO _____
2. Has any place where you, your spouse or your co-applicant were living been destroyed or damaged by fire? If yes please provide details: []YES []NO _____
3. Is your household homeless? []YES []NO
4. Does your present apartment contain health code violations? If so, please describe: []YES []NO _____
5. Does your current housing any accessibility or other problems for any member of the household who has a disability? If yes please provide details: []YES []NO _____
6. 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 yes please provide details: []YES []NO _____
7. Have you, your spouse or co-applicant ever been evicted or otherwise removed from rental housing? If yes please provide details: []YES []NO _____
8. Is your household paying more than 50% of monthly income for rent or utilities? []YES []NO
9. Is your household currently living in substandard housing? []YES []NO
10. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you? []YES []NO
11. Does any member of your household receive income from assets, including interest, dividends, stocks or bonds, or rental income? []YES []NO
12. Does any adult member of your household attend school full time? []YES []NO
13. Have you sold or given away any real property or other assets in the last two years? []YES []NO
14. Do you or any other member of your household currently illegally use a controlled substance? If yes please provide details: []YES []NO _____
15. Have you or any other member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, explain circumstances, outcome and present status.
[]YES []NO _____

16. Have you or any member of your household ever been involved in criminal activity that posed a threat to the health, safety or welfare of others? If yes, when and where? [] YES [] NO _____

17. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). [] YES [] NO _____

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 Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State of 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 pain and penalty of perjury.

Head of Household

Date

Co-Applicant

Date

All City Management Corp. / Tecumseh Mill Apartments I 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 activities, functions or services.

All City Management Corp./Boston Rehabilitation Associates I Disclaimer

I hereby authorize All City Management Corp. and Tecumseh Mill Apartments to obtain a consumer report and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records licensing records, and/or any other necessary information. I hereby expressly release All City Management Corp. and Boston Rehabilitation Associates I, and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information. I understand such information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Signature

Social Security #

Date of Birth

Signature

Social Security #

Date of Birth

Signature

Social Security #

Date of Birth

Signature

Social Security #

Date of Birth



Office Use Only

TECUMSEH MILL APARTMENTS

164 Hartwell Street, Fall River, MA 02721 (508) 676-3600 FAX (508) 675-1244 (508) 402-7015

Notice of Right to Reasonable Accommodation

This property is managed by Tecumseh Holdings LLC. We are not permitted to discriminate against applicants and tenants based on their race, color, religion, sex, national origin, familial status, disability, or handicap. We also have specific obligations which relate solely to people with disabilities or handicaps. A disability or handicap is a physical or mental impairment that limits a major life activity (e.g. working, hearing, seeing) a lot.

The Federal definition of a Handicapped person is as follows:

"A person having a physical or mental impairment that

(a) is expected to be of long, continued and indefinite duration;

(b) substantially impedes the person's ability to live independently, and

(c) is of such a nature that this ability could be improved by more suitable housing conditions."

The Federal definition of a Disabled person is as follows:

"A person who is under a disability as defined in Section 23 of the Social Security Act (42 USC 423), or who has a development disability as defined in Section 102 (7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 6001 (7))":

"an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death, or has lasted, or can be expected to last continuously for at least 12 months, or for a blind person at least age 55 years old, an inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period. " Or

has "a severe chronic disability which:

(a) is attributable to a mental and/or physical impairment or a combination of physical and mental impairments,·

(b) was manifested before the age of 22,·

(c) is likely to continue indefinitely;

(d) results in a substantial functional limitation in 3 or more of the following areas of major life activity - self-care, receptive and responsive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency;

and

(e) reflects the person's need for a combination and sequence of special interdisciplinary, or, generic care treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated. "



If you have a handicap or disability and as a result of your handicap or disability you need:

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- a change in the way we communicate with you or give you information,

You may ask for this kind of change, which is called a Reasonable Accommodation.

If you can show that you have a disability and your request is reasonable, we will try to make the changes you request. Please be advised that we have a legal obligation to make changes in policies and procedures ("reasonable accommodations") and structural alterations ("physical modifications") if it will enable an otherwise eligible applicant or tenant with a disability or handicap an equal opportunity to access and enjoy the housing program. We do not have to make a reasonable accommodation or physical modification if the accommodation or modification costs too much money or is too difficult for us to do (poses "an undue financial and administrative burden") or requires us to ignore or change a basic component of our housing program (a "fundamental alteration") in the housing program.

If you, or a member of your family think you might want or need a reasonable accommodation or physical modification, you may request it at any time in the application process or after admission. We will provide you with the appropriate forms to be completed to make your request. These forms are available at the management office located at 1395 Commonwealth Avenue, Allston, MA 02134. If you need help filling out a Reasonable Accommodation Request Form or if you want to give us your request in some other way, we will help you.

We will respond to your request in ten (10) days after receipt of all necessary information required to process the request or unless you agree to a longer time. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

Note: All information you provide will be kept confidential and used only to help you have an equal opportunity to enjoy your housing and the common areas.

Please note: Our obligation to provide reasonable accommodation and physical modification does not require us to waive basic lease requirements for applicants or tenants with disabilities or handicaps. An applicant or tenant family that has a member with a disability or handicap must still be able to meet the essential obligations of tenancy (pay rent, care for their apartment, report required information to the manager, avoid disturbing their neighbors, etc.) with or without reasonable accommodation or physical modification.



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.

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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.