

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

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

King's Beach Towers
130 Eastern Avenue
Lynn, MA 01902
TEL: 781-581-5100 FAX: 781-842-0030

This is a smoke-free environment.

Dear Applicant:

Thank you for your interest in King's Beach Towers.

SECTION 8 HOUSING PROGRAM:

- * An applicant must be 62 years of age or older, or disabled or handicapped.
- * An applicant must be a United States citizen, nationalized or certain categories of eligible non-citizen. An applicant must fill out a declaration format which is included.

Income Targeting:

HUD has implemented a new income category _"Extremely low Income."
This income category is defined as those households making 30% or less of the median household income.

AT LEAST 40% OF FAMILIES ADMITTED TO KING'S BEACH
TOWERS IN A FISCAL YEAR MUST BE EXTREMELY LOW INCOME.

<u>Income Guidelines:</u>	<u>1 person</u>	<u>2 people</u>	<u>3 people</u>
30% of Median	\$ 20,650	\$ 23,600	\$ 26,550
Very low-income	\$ 34,350	\$ 39,250	\$ 44,150
Low income	\$ 51,150	\$ 58,450	\$ 65,750

All obtained information relative to applicant's eligibility must be obtained by third party verification.

Please attach a copy of your birth certificate & your social security card.

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.

PRELIMINARY RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY

Please print and fill in ALL information

SITE NAME:
ADDRESS:

KINGS BEACH TOWERS
130 Eastern Avenue
Lynn MA 01902

PHONE:

781-581-5100

FAX:

781-842-0030

TDD:

800-545-1833 x 124

Date _____

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: _____

. 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:

OBR 1BR 2BR 3BR 4BR 5BR 6BR

☐ ☐ ☐ ☐ ☐ ☐ ☐

UNIT TYPE REQUESTED:

☐ Market Rent

Wheelchair Adapted

☐ Basic Rent

Unit

☐ Low Rent

☐ Yes ☐ No



Hearing/Visual Adapted

Unit

☐ Yes ☐ No



This Is a Smoke Free Environment

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 your present address _____ Years

What are the reasons for moving? _____

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

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT?
1. _____	Head of Household	_____	_____	_____	Yes No
2. _____		_____	_____	_____	Yes No
3. _____		_____	_____	_____	Yes No
4. _____		_____	_____	_____	Yes No
5. _____		_____	_____	_____	Yes No
6. _____		_____	_____	_____	Yes No
7. _____		_____	_____	_____	Yes No
8. _____		_____	_____	_____	Yes No

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 _____



EQUAL HOUSING
OPPORTUNITY

REV:2/00

Name of Present Landlord/Official _____

Telephone _____

REV:2/00

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 _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

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

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed ____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other 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)**



REV:2/00

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	Type of Asset	Gross Earnings (before taxes)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

2. Does your present apartment contain health code violations? If so, please describe:

3. Is your present apartment too small for your family? Yes _____ No _____

4. 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: _____

5. 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 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 or Federal Law.

I/We hereby certify that 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

The Crowninshield Management Company 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.



Kings Beach Tower

All applicants for admission into the HUD-assisted housing programs must provide a complete list of all states in which any household member has resided:

Please list for all Applicants over 18 years of age ALL states in which they have resided;

Head of Household: _____
Last Name First Name, Middle Initial

States: _____

Member # _____
Last Name, First Name, Middle Initial

States: _____

Member # _____
Last Name, First Name, Middle Initial

States: _____

Is the applicant/head of household, or any member of the applicant's household, subject to a lifetime sex offender registration requirement in any state? Yes _____ No _____

Failure to accurately respond to any question during the application process is cause to deny the family admission.

Managed by Crowninshield Management Corporation, AMO®
130 Eastern Avenue, Lynn, MA 01902
TEL: (781) 581-5100
FAX: (781) 581-6190

