

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
○

Silsbee Tower Apartments

Dear Applicant,

Enclosed please find the information requested. **Please be advised that Silsbee Tower offers 1 Bedroom Apartments for people who are 62 years of age or older. We do not have any apartments that are larger, if you need a home with 2 or more bedrooms, you will not qualify for an apartment at Silsbee Tower.** Please fill out the application, sign the documents attached to the application and mail it with the verifications listed below:

- Income verification
- Banking Information and a current account statement(s)
- Birth Certificate and/or a copy of INS/ Immigration status (if applicable)
- A copy of your social security card(s)
- Photo ID (copy) if possible

Once all information is received, we will process your application.

Thank you for your interest in Silsbee Tower Apartments.

Sincerely,

Charles Lambesis, ARM
Manager/Silsbee Tower Apartments



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: Silsbee Tower Apartments
ADDRESS: 67 Silsbee Street
CITY/STATE: Lynn, MA01901
Phone #: (781) 593-6515
FAX #: (781) 595-6835
TDD #: (781) 849-8107

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 _____

Mailing Address _____

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

☐ American Indian/Alaskan Native
☐ Black (not of Hispanic origin)
☐ Hispanic

☐ Asian or Pacific Islander
☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

0 BR 1 BR 2 BR
☐ ☐ ☐

UNIT TYPE REQUESTED:

☐ Elderly/Disabled ☐ Wheelchair Adapted Unit
☐ Moderate Rent ☐ Yes ☐ No

Hearing/Visual Adapted Unit
☐ Yes ☐ No

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



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.

What are the reasons for moving? _____

How did you hear about Silsbee Tower Apartments? _____

FAMILY COMPOSITION – List all those who will occupy the apartment (include yourself)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DOB F O R M)	SEX	SOCIAL SECURITY NUMBER
1. _____	Head of Household	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

NAME AND PHONE NUMBER OF FRIEND OR RELATIVES WE CAN CONTACT IF UNABLE TO REACH YOU:

NAME: _____ **PHONE #** _____

LANDLORD REFERENCES Provide the full name and address of Landlords or Officials at other places you have lived over the last five years, (include shelters)

Present Address: _____

Name of Present Landlord/Official _____ Telephone _____

Landlord's/Official's Mailing Address: _____

Length of Tenancy: from _____ to *Present*

Prior Address: _____

Name of Prior Landlord/Official _____ Telephone _____

Landlord's/Official's Mailing Address: _____

Length of Tenancy: from _____ to _____



NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have know 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 _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?
Yes / No _____. If Yes, list the household members and type of assistance being received.

HOUSEHOLD MEMBER	TYPE OF HOUSING ASSISTANCE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Name	Type of Income	Gross Earnings(before taxes)
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____ (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 Name	Type of Asset	Gross Asset Income
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____ (week / month / year)

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? Yes _____ No _____ If so, please explain.

2. Does your present apartment contain health code violations? Yes _____ No _____ 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 _____
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? Yes _____ NO _____ If so, please explain.

Additional Applicant Information required, according to HUD Notice H 2012-11, in regards to State Registered Lifetime Sex Offenders in Federally Assisted Housing.

Are you or any member of the applicant household subject to a lifetime registration requirement under a State sex offender registration program? Yes _____ No _____

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

Household Member Name

All States Lived In

Note: Failure to answer the questions listed above will result in this application being returned to the applicant as an incomplete application.

CERTIFICATION

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

Silsbee Tower Associates, acting management agent for Silsbee Tower Apartments (the development) 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.



Consent for Release of Information

Managed by:
SILSBEE TOWER ASSOCITES

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name(s): _____

Phone: _____

Address: _____

I, the above-named individual(s), have authorized **Silsbee Tower Associates** to verify the accuracy of the information which I have provided from the following sources: Financial Institutes, Unemployment, Transitional Assistance, Social Security, SSP, SSI, Alimony, CORI and Landlord References.

ALL INFORMATION FURNISHED ON THIS APPLICATION (Initial here please _____).

I hereby give you my permission to release this information to the Silsbee Tower Associates, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Silsbee Tower Associates, acting management agent for Silsbee Tower Apartments within (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Head of Household Signature

Date

Co-Head of Household Signature

Date

THIS INFORMATION IS VALID FOR A PERIOD OF
15 MONTHS FROM THE DATE NOTED ABOVE

For Federal Developments, use the most recent version of the following forms:

All adult household members (18 year of age and older), in addition to signing the application, must also sign the following:

- < *Notice and Consent for the Release of Information, Form HUD 9887*
- < *Applicant's/Tenant's Consent for the Release of Information, Form HUD 9887-A*
- < *Declaration of Citizenship or otherwise eligible alien*
- < *All release forms required for third-party verification*
- < *Any other documents required as a condition of program participation*



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 3/31/2014)**Silsbee Tower Apartments****67 Silsbee St., Lynn, MA 01901**

Name of Property

Project No.

Address of Property

The Simon Companies/Silsbee Tower Associates**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*	One or More
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 format 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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. **The two ethnic categories you should choose from are defined below. You should check one of the two categories.**
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. **The five racial categories to choose from are defined below: You may mark one or more.**
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Silsbee Tower Apartments

Criminal History Authorization

The Simon Companies has been certified by the **Criminal History Systems Board** to access conviction and pending criminal case data.

As an applicant, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

The information below is correct to the best of my knowledge.

Applicant Signature_____

Applicant Information (Please Print)

Last Name_____ First Name_____ Middle Name_____

Maiden Name or Alias (If applicable)_____

Date of Birth_____ Social Security Number ____-____-____

Address_____

Information requested by_____



67 Silsbee Tower Apartments, Lynn, Ma. 01901-1476

(781) 593-6515 Fax: (781) 595-6835



Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

- (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
- (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____/_____/_____
Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____/_____/_____
Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____/_____/_____
Signature Date

Check here if adult signed for a child: _____

Silsbee Tower Apartments

Credit Report Release and Information Form

The Undersigned hereby authorizes Silsbee Tower Associates to disclose pertinent information as requested below to Core Logic Safe Rent for the sole purpose of obtaining a standard credit report on the undersigned, including investigations of personal credit history, employment and other financial situations.

The Undersigned understands that the information obtained will be treated as totally confidential and that NO information on the report will be accessible to any party not directly involved.

(Applicant)

(Date)

(Co-Applicant)

(Date)

Applicant
Name: _____
Social Security #: _____
Birth Date: _____
<u>Current Address and Zip code:</u> _____
<u>Previous Addresses for 5 Years:</u>
#1 _____ _____
#2 _____ _____
<u>Home and work Phone Number:</u>
(h) _____ (w) _____
<u>Current Employer:</u> _____

Co-Applicant
Name: _____
Social Security #: _____
Birth Date: _____
<u>Current Address and Zip code:</u> _____
<u>Previous Addresses for 5 Years:</u>
#1 _____ _____
#2 _____ _____
<u>Home and work Phone Number:</u>
(h) _____ (w) _____
<u>Current Employer:</u> _____

The above information is true and correct to the best of my/our knowledge.

(Applicant Signature)

Date

(Co-Applicant Signature)

Date



67 Silsbee Tower Apartments, Lynn, Ma. 01901-1476

(781) 593-6515 Fax: (781) 595-6835



Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: Present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A