

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this application to the address at left.  
Do not fax or email!

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto: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:

# TODAY'S DATE



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:

Does the HoH have a Social Security Number or ITIN? ☐ = **X** ☐ Yes ☐ No *If "Yes" you must provide the full number!*

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-####

HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy

GENDER M, F, T

ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino

RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

REASONABLE ACCOMMODATION OR SPECIAL CIRCUMSTANCES at the moment (else, fill in any of the items below) **None needed**

- ☐ Fully Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

Would you like to further explain the Reasonable Accommodation request:

HEAD OF HOUSEHOLD'S CAREER STAGE: (below)

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

ANY VETERANS in HH? ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any (you must select one of these)

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

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 Explain:

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 ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status  
☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Addiction issues ☐ Cost of Living ☐ Pandemic  
☐ Condemnation of Home, code violations ☐ Domestic Violence or Sexual Assault ☐ Fire, flood, earthquake ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

BEST TELEPHONE NUMBER TO USE

SECOND TELEPHONE (if you have one)

EMAIL ADDRESS

WHERE YOU LIVE OR BACKUP ADDRESS

Check this box if backup address is the same as best mailing address below

Address Line 1

Apt # or "care of" name

City

State

Zip

BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

OTHER PRIORITIES AND PREFERENCES? It is important to claim these if you can!

UNIT SIZE

(# BEDROOMS NEEDED)

- ☐ 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: \_\_\_\_\_

## MECHANICS SQUARE PARTNERSHIP

c/o 600 MT. PLEASANT STREET  
NEW BEDFORD, MA 02745  
(508) 995-1844 FAX (508) 998-7220



Thank you for inquiring about Mechanics Square Apartments. Our building is section 8 certified for elderly. Enclosed is the application you requested. Please complete the application in full. All boxes must be checked for the application to be accepted. Please review the qualification requirements below before sending in your application. Feel free to call if you have any questions (508) 994-3590 and leave a message.

### **Qualification requirements:**

- Must be 62 Years or older
- Low income Housing – not to exceed \$40,000 annually
- Credit Check and Background Check is required
- Rent is based on 30% of your adjusted income
- Annual recertifications are required

Please return the application to the following address:

**Mechanics Square Partnership**  
**c/o Airport Mini Storage**  
**600 Mt. Pleasant Street**  
**New Bedford, MA. 02745**

Thank you,

A handwritten signature in dark ink, appearing to read "Cynthia Macallister", with a stylized flourish at the end.

Cynthia Macallister

Mechanics Square Partnership Manager

# Rental Application

Property Name <u>Mechanics Square Partnership</u>	<b>FOR OFFICE USE ONLY</b>	Date Received _____
Contract Number <u>MA060005004</u>		Time Received _____
Property Address <u>39 North Sixth Street</u>		Received By _____
Property City, State Zip <u>New Bedford, MA 02740</u>		Apartment Size _____

How did you hear about our property? ☐ Referral by Tenant ☐ Referral by Friend ☐ Advertising ☐ Drive By  
☐ Website ☒ Other via <https://www.housingworks.net/search/housing>

**HOUSEHOLD SUMMARY INFORMATION** *Please print legibly.* List each household member who will be residing in the unit.  
**Please complete a separate Applicant Information Attachment for each household member, regardless of age.**

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household <small>Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide</small>	Sex <small>M, F, N/A (Not disclosed)</small>	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

**Social Security Number Exemption Codes:**

- 1 – Ineligible, non-citizen (not contending eligible immigration status)      2 – Under 6 years old and added to household within past 6 months  
 3 – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? ☐ Yes ☐ No

If Yes, list the names \_\_\_\_\_

Are any members of the household enrolled as a **student at an institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? ☐ Yes ☐ No

If Yes, list the names \_\_\_\_\_

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? ☐ Yes ☐ No

Do any applicant household members appear on any state sex offender's lifetime registry? ☐ Yes ☐ No

If Yes, list individual name(s) and state name(s): \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

☐ Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household ☐ Guardian ☐ Power of Attorney

\_\_\_\_\_  
Print Name

**FOR OFFICE USE ONLY**

In compliance with TSP, check only those applicable:

Criminal	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	<input type="checkbox"/> N/A
Rental History	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	
Credit Check	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable	
HUD-approved residency preference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If Yes, Identify \_\_\_\_\_

☐ **Application Accepted**

☐ **Application Rejected**

Date rejection letter sent \_\_\_\_\_

Total Estimated Annual Income \_\_\_\_\_

Income Limit ☐ Low ☐ Very Low ☐ Extremely Low

Notes \_\_\_\_\_

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## Rental Application – Applicant Information Attachment

Property Name Mechanics Square Partnership Contract Number MA060005004

Household Member Name \_\_\_\_\_

To Be Completed For Each Household Member, Regardless Of Age

**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

All information on this form MUST be completed only for the member listed above.

### MEMBER INFORMATION ☐ CHECK IF HEAD OF HOUSEHOLD

Is address different than Head of Household? ☐ Yes ☐ No

If Yes, please list address.

Current Full Address \_\_\_\_\_

Street

City/State/Zip

Mailing Full Address (if different) ☐ N/A \_\_\_\_\_

This member's current housing (*Check one*) ☐ Standard ☐ Substandard ☐ Homeless ☐ Fleeing/Attempting to flee violence ☐ Public Housing

Is this member displaced due to a Presidentially Declared Disaster? ☐ Yes ☐ No

Does this member need an accessible unit? ☐ Yes ☐ No Is this member a U.S. military veteran? ☐ Yes ☐ No

Cell Phone ☐ N/A ( ) \_\_\_\_\_ Home Phone ☐ N/A ( ) \_\_\_\_\_ Work Phone ☐ N/A ( ) \_\_\_\_\_

Do you wish to receive text messages about your application? ☐ Yes ☐ No Email ☐ N/A \_\_\_\_\_

**Demographic Information (for Head of Household only)** ☐ Choose not to disclose

**Ethnicity** ☐ Hispanic ☐ Non-Hispanic

**Race** ☐ White

☐ Black/African-American

☐ Asian

☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander

☐ Other

List all states the member has ever lived in \_\_\_\_\_

### ADULT STATUS

Is household member 18 years of age or older or an emancipated minor?

☐ Yes *If Yes, please complete the following sections.*

☐ No *If No, continue to the next page.*

### RENTAL HISTORY ☐ SAME AS HEAD OF HOUSEHOLD ☐ NO RENTAL HISTORY

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name \_\_\_\_\_

Current Apartment Landlord Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Length of residency as of application date # \_\_\_\_\_ Years # \_\_\_\_\_ Months

Do you live in a subsidized apartment building? ☐ Yes ☐ No If Yes, are you currently receiving housing assistance? ☐ Yes ☐ No

Do you live in a military housing? ☐ Yes ☐ No If Yes, does the military pay for all or some of your housing? ☐ All ☐ Some

☐ **NO PREVIOUS RENTAL HISTORY (IF BOX IS UNCHECKED, MUST COMPLETE THIS SECTION)**

Previous Apartment Complex Name / Landlord Name \_\_\_\_\_

Previous Apartment Landlord Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Length of residency as of application date # \_\_\_\_\_ Years # \_\_\_\_\_ Months

### BACKGROUND AND CRIMINAL HISTORY

A public records search may be conducted on each adult applicant/occupant.

Has this member been convicted of **any** felonies or misdemeanors?

☐ Yes ☐ No

Has this member been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?

☐ Yes ☐ No

Is this member currently engaged in illegal drug use?

☐ Yes ☐ No

### CREDIT HISTORY

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? ☐ Yes ☐ No If Yes, Court & Case # \_\_\_\_\_

Are you party to any lawsuits? ☐ Yes ☐ No If Yes, please describe \_\_\_\_\_

Are there any judgments against you? ☐ Yes ☐ No If Yes, please describe \_\_\_\_\_





## Rental Application – Applicant Information Attachment

Property Name Mechanics Square Partnership Contract Number MA060005004  
Household Member Name \_\_\_\_\_

To Be Completed For Each Household Member, Regardless Of Age  
**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

All information on this form MUST be completed only for the member listed above.

### INCOME SOURCE(S) FOR THIS MEMBER

**Employment Income** ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_  
Employer Address, including  
City, State, Zip \_\_\_\_\_  
Gross Annual Income Amount \$ \_\_\_\_\_ (Before taxes and withholdings)

**Additional Employment Income** ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_  
Employer Address, including  
City, State, Zip \_\_\_\_\_  
Gross Annual Income Amount \$ \_\_\_\_\_ (Before taxes and withholdings)

**Unemployment** ☐ Yes ☐ No Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly  
**Worker's Comp.** ☐ Yes ☐ No Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly  
**Long/Short Term Disability** ☐ Yes ☐ No Start Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

### Additional Estimated Annual Income

Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	Source of Rental Income _____
Dual Entitlement <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Self-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
If yes, SSA Benefit/Claim # _____	Periodic Payments from Retirement/Annuity Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI-Supplemental Security Income (Federal) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Pension <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI-State Portion <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Is anyone outside the household giving you money or paying your bills <b>on a regular basis</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
General Assistance (TANF) (Does not include food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Scholarships/Grants/Work Study <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Do you have a <b>court order</b> for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Do you have a <b>court order</b> for alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Do you <b>receive</b> child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Do you <b>receive</b> alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
If you aren't receiving court ordered support, have you taken action to collect? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Other Income? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	If Yes, identify source below: _____



## Rental Application – Applicant Information Attachment

Property Name Mechanics Square Partnership Contract Number MA060005004

Household Member Name \_\_\_\_\_

To Be Completed For Each Household Member, Regardless Of Age  
**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

All information on this form MUST be completed only for the member listed above.

### ASSETS FOR THIS MEMBER

Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount: _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Direct Express Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you own real estate (home, land, etc.)? ☐ Yes ☐ No If Yes, Identify \_\_\_\_\_

If Yes, but you are **not** receiving rental income, please explain. \_\_\_\_\_

Do you own a collection held as an investment? ☐ Yes ☐ No If Yes, Identify \_\_\_\_\_

Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.) ☐ Yes ☐ No If Yes, Identify \_\_\_\_\_

### EXPENSES FOR THIS MEMBER

#### Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled?

☐ No **If No, go to the next question** regarding childcare

☐ Yes **If Yes, check any out-of-pocket expenses this member pays which are not reimbursed.**

Monthly Medicare Premiums ☐ Yes ☐ No Installment payments on outstanding medical bills ☐ Yes ☐ No

Prescription Medicare Cost (Part D) ☐ Yes ☐ No Medical Insurance (other than Medicare) ☐ Yes ☐ No

Prescription Copay Costs ☐ Yes ☐ No Doctor/Dentist Visits ☐ Yes ☐ No

#### Childcare

Is this member a minor under the age of 13?

☐ No **If No, go to Page 4.**

☐ Yes **If Yes, answer the below questions.**

Are childcare expenses paid by a household member for the care of **this** child? ☐ Yes ☐ No

Does this childcare allow the adult family member(s) to ☐ Work ☐ Seek Employment or ☐ Further academic or vocational education

If yes, list adult family member(s): \_\_\_\_\_



## Rental Application – Applicant Information Attachment

Property Name Mechanics Square Partnership Contract Number MA060005004

Household Member Name \_\_\_\_\_

To Be Completed For Each Household Member, Regardless Of Age  
**DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE**

All information on this form MUST be completed only for the member listed above.

### CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

#### WARNING

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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

#### PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families' supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

As required by federal law, applicants must provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number **must** contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request will result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this application, I certify the information given in this application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant \_\_\_\_\_

☐ Check box if adult is signing for child  
(under 18 and not an emancipated minor)

Date \_\_\_\_\_

If you are 18 or older, is there another individual that can sign on your behalf? ☐ Yes ☐ No ☐ Guardian ☐ Power of Attorney

If Yes

Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☐ Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A

Management 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).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

#### 504 Coordinator Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ TTY Number \_\_\_\_\_

