

This is only the first half of a VERY LONG application for Algonquin Heights!

- 1. Step One: Print this half FIRST, and then click the link below:**

https://www.infoweb.org/Applications/904_Application_Pt2.pdf

- 2. Step Two: Print the second half using the blue link above, and put it AFTER this first half. Staple or paper clip the entire application.**

- 3. Step Three: Remove this first page before you mail the application.**

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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 ☐ GENDER
Male, Female, etc.
- ☐ 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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter Explain: |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ 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 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 _____

DEAR APPLICANT:

ENCLOSED IS THE APPLICATION AND INFORMATION SHEETS.

1. Please complete both sides of the following forms as well as the application that follows – 1 per each adult over the age of 18.
2. Collect **ALL** of the required documents listed below.
3. Reminder: **ALL** individuals age 18 and over **MUST** complete their own application
4. Send back ALL completed forms to the address above or drop them off at the management office, 1 Algonquin Terrace, Plymouth.

THE APPLICATION IS COMPLETE WHEN IT INCLUDES ALL OF THE FOLLOWING:

- ☐ **Birth Certificates** for each family member listed on the application
- ☐ **Social Security Cards** for each member on the application
- ☐ **Photo ID** (preferably a driver's license) for each family member 18-years of age or older
- ☐ **Copy of any Court Ordered Child Support Documentation**
- ☐ **Declaration for Non-citizens, green card** (if applicable)
- ☐ **Income Verification:**
 - Most Recent W-2 and Income Tax return
 - Your last eight (8) paystubs
 - If you are receiving unemployment, documentation of benefits
 - If applicable, documentation indicating assistance from: self-employment, welfare assistance, social security, workman's compensation, disability compensation or severance pay
 - Child Support payment history
- ☐ **Asset Verification:**
 - Most recent bank statements, including checking, savings, 401k etc.
 - Pension account documentation
 - Certificates of Deposit

INCOMPLETE information may suspend your placement on the waiting list until all required information is received.

Any applicant, upon request, has the right to receive a tenant selection plan, the plan summary, and a property description insert.

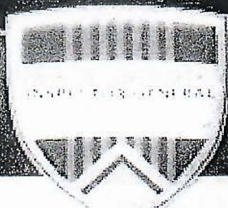
If you have any questions regarding the application package, please contact our office and we will be glad to assist you.

Sincerely,
Algonquin Heights Management

Adult – 19-

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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.) James H. Jillett, Property Manager, 1 Algonquin Terrace, Plymouth, Ma. 02360 (508) 746-4133.



Fraud Bulletin

U.S. Department of Housing and Urban Development
Office of Inspector General

APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

DO YOU REALIZE...?

- If you commit fraud to obtain assisted housing from HUD, you could be:
- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

DO YOU KNOW THAT...

- You are committing fraud if you sign a form knowing that you provided false or misleading information.
- The information you provide on housing assistance application and recertification forms will be verified.
- The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies.
- Certifying false information is fraud



So Be Careful!

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest.

You must include:

- All sources of income and changes in income (raise or bonus) you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.



Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay especially if you pay in cash.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.

REPORTING FRAUD

*Serious allegations of fraud should be reported to your local
HUD Office of Inspector General or to the HUD OIG Hotline at:*

<http://www.hudoig.gov/report-fraud>

Do you have a Social Security Number (SSN)?



If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



**The SSNs of all members of my household have been provided.
What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



**I have not provided SSNs for all of my household members to the
property owner/manager. What do I do?**

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



**U.S. Department of Housing and Urban Development
Office of Housing**

OWNER'S NOTICE NO.1
FOR AN APPLICANT FAMILY

Section 214 of the Housing and Community Development Act of ISEC, as amended prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. **Section 8 Housing Assistance Payments program**
- c. Section 235 of the National Housing Act
- d. Section 125 of National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs. Therefore you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Exhibit 3-5) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below in person

Algonquin Heights Associates
1 Algonquin Terrace
Plymouth, MA 02360
(508) 746-4133

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats please feel free to contact the above agency.

Algonquin Heights does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability, marital status, veteran status or membership in the armed forces. Algonquin Heights Associates does not discriminate on the basis of handicapped 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 DFR Part 8 dated June 2, 1988.) James H. Jillett, Property Manager, 1 Algonquin Terrace, Plymouth, Mass. 02360 (508) 746-4133

Family Summary Sheet

ATTACHMENT 5

[illegible]

****Relationship options include:**

Head, Spouse, CoHead, Dependent (under 18), Other (individuals over 18), Live-in Aide, Foster Child, Adopted Child

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Exhibit 3-5: 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, **Permanent Resident Card**
- (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 an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (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) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

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: _____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 12/31/2007)**Algonquin Heights 071044**

Name of Property

Project No.

1 Algonquin Terrace

Address of Property

Urban Management, Inc.

Name of Owner/Managing Agent

Section 8

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*	Select All that Apply
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.

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM
(Page 1 of 2)**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING
PURPOSES

Algonquin Heights Associates is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Algonquin Heights Associates to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Algonquin Heights Associates with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Algonquin Heights Associates may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Algonquin Heights Associates must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

ALGONQUIN HEIGHTS ASSOCIATES

1 ALGONQUIN TERRACE, PLYMOUTH, MASS. 02360 TTY 508-830-0135 FAX 508-830-0475 PH(508) 746-4133

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM
(Page 2 of 2)****SUBJECT INFORMATION:**

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip*****PLEASE DO NOT FILL OUT BELOW THIS LINE*****

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

CREDIT AND CRIMINAL RELEASE FORM

I understand that my signature below allows Algonquin Heights Associates to acquire my credit report. I acknowledge that this record(s) may be obtained from a National Credit agency for the purposes of determining eligibility for admission. I also understand that a multi state sex offender search will be conducted simultaneously with my credit report.

Applicant's Signature

Social Security Number

Date

I acknowledge that Algonquin Heights Associates may obtain my criminal record. It is understood that my signature below is acknowledgment that this record(s) may be obtained from the Criminal History Systems Board for the purposes of determining eligibility for admission.

Applicant's Signature

Social Security Number

Date

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CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires Algonquin Heights Associates to obtain drug and criminal background and sex offender registration information concerning all adult household members applying for assisted housing. Household members age 18 or older, must each answer and sign a separate questionnaire.

The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Algonquin Heights Associates will deny an applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity (*the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute, or use the drug*) within the past five years? ☐ yes ☐ no
2. Do you currently use illegal drugs or abuse alcohol? ☐ yes ☐ no
3. Have you ever been subject to a registration requirement under a state sex offender registration program? ☐ yes ☐ no
4. Have you been convicted of a drug-related crime within the past five years? ☐ yes ☐ no
5. Have you completed a supervised drug or alcohol rehabilitation program? ☐ yes ☐ no
6. Have you been convicted of a felony within the past five years? ☐ yes ☐ no
7. Have you been convicted of a crime involving fraud or dishonesty within the past five years? ☐ yes ☐ no
8. Have you been convicted of a crime involving violence within the past five years? ☐ yes ☐ no
9. Are you currently charged with any criminal activities? ☐ yes ☐ no
10. Please list all states in which you have lived or have held a license to drive (include drivers license #s)
City _____ State _____ County _____ License # _____ Year(s) _____
City _____ State _____ County _____ License # _____ Year(s) _____
City _____ State _____ County _____ License # _____ Year(s) _____
11. Have you ever used or been known by any other name? ☐ yes ☐ no
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency.

I certify that my answers to the above questions are complete and accurate to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease.

I authorize Algonquin Heights Associates to verify the above information, and I consent to the release of information necessary to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and sex offender registration information to Algonquin Heights Associates, to a public housing authority, or to an agency contracted by Algonquin Heights Associates for the purpose of conducting a background check.

APPLICANT'S SIGNATURE: _____ DATE _____
APPLICANT'S NAME (please print) _____

Crimsexoffenderinfo

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LANDLORD REFERENCE FORM

RE: _____

Dear Landlord:

The above-named person has applied for an apartment at Algonquin Heights of Plymouth. Your name has been given as present/previous landlord/or reference purposes.

It would be greatly appreciated if you would complete the information requested below and return it to our office as soon as possible in the self-addressed stamped envelope enclosed herein. All information provided will be held in strict confidence.

_____/_____/_____
Signature for release of information requested below Date

Please enter the Landlord information:

Owner/Manager Name _____

Owner/Manager Address _____

Please enter your address at the time the above named person was your Landlord:

Apt/Complex Name _____

Address _____ City _____ State _____ Zip _____

The below section to be filled out by the Landlord

1. What relationship are you to the above-named person who is applying? _____
2. Is this a federally subsidized unit? _____
 - a. Type of subsidy: _____
 - b. Was this individual listed on the lease? _____
3. Do you own this property? _____
3. Length of residency was from: ____/____/____ to: ____/____/____
4. Monthly rent \$: _____ 4. Was security deposit refunded? _____
5. Did tenant pay the rent on schedule and consistently? _____
6. Did other lease violations occur? _____ If so, what were they? _____
7. How often did each of the other lease violations occur? _____
8. Was the unit *maintained* in decent safe and sanitary conditions? _____
9. Was the unit *vacated* in decent safe and sanitary conditions? _____
10. Was the tenant ever cited for disturbing behavior? _____ How often? _____
11. Did the tenant violate house rules?
 - a. What rules were violated? _____
 - b. How often did the violations occur? _____
12. Was the tenant evicted? _____
13. Additional comments: _____

Landlord Signature _____ Title _____ Date ____/____/____

Sincerely,
Algonquin Heights Associates Management

Home/applicationrevision2004

Algonquin Heights does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability, marital status, veteran status or membership in the armed forces. Algonquin Heights Associates does not discriminate on the basis of handicapped 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.) James H. Jillett, Property Manager, 1 Algonquin Terrace, Plymouth, MA. 02360 (508) 746-4133.

VERIFICATION OF RESIDENCY

APPLICANT _____

Dear _____

Home owner or Head-of-household

The above-named person has applied for an apartment at Algonquin Heights of Plymouth. Your name has been given as Head-of-Household for reference purposes.

It would be greatly appreciated if you would complete the information requested below and return it to our office as soon as possible in the self-addressed stamped envelope enclosed herein. All information provided will be held in strict confidence.

Signature for release of information requested below_____
Date

Head-of-Household Name _____

Street _____ City _____ State _____ Zip _____

Phone # _____

Applicant please do not fill in the bottom portion of this form!

1. What is your relationship to the above-named person who is applying? _____
2. When did the above applicant live with you ____|____|____ to: ____|____|____
3. Do you own this property? _____
4. Do you rent this property? _____. If yes, was the above applicant a lease signer? ____
5. The applicant was responsible for a monthly rent payment of \$ _____
6. Did tenant pay the rent on schedule and consistently? _____
7. Housekeeping habits: ____Excellent ____Satisfactory ____Poor
8. Was the unit *vacated* in decent safe and sanitary conditions? _____
9. Additional comments: _____

Date ____|____|____**Home owner or Head-of-Household Signature**

Algonquin Heights Associates Management

Verification of residency/home/proforma/forms/

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