

**HERRING BROOK HILL APARTMENTS
HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

Applicant Name: _____ **Co-Applicant Name:** _____

Street: _____ **City/Town:** _____ **State** _____ **Zip Code** _____

Cell Phone: _____ **Home phone:** _____ **Email:** _____

Non-English-speaking applicant (optional) _____ **yes** _____ **no**

Language Preference (optional) _____

Total # of people who will occupy this apartment (including yourself) _____

I. HOUSEHOLD COMPOSITION					
HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN	FT STUDENT?	
1.	HEAD			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are any HH changes expected in next 12 months? YES NO

If YES explain: _____

III. HOUSEHOLD INCOME

Use an extra copies as needed if more than 2 adult members (anyone 18 or older) are included in the household.

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

Certifications (To be signed by every household member age 18 and older)

- I/We certify that all information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We understand that incomplete submissions or unresolved discrepancies may lead to cancelation of this application or termination of tenancy after occupancy.
- I/We do not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be my/our permanent residence.
- I/We understand that upon occupancy of an affordable rental unit, the management company and Metro West CD must approve ANY changes to the identity and/or number of people living in the unit.
- I/We understand the annual recertification forms must be completed, and relevant documents submitted to Management by deadlines provided, as a condition of lease renewal. Incomplete recertification materials or unresolved discrepancies may result in lease termination.
- I/We understand that eligibility for housing will be based upon applicable income limits and by management criteria.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date

Self-Affidavit of All Household Members to Reside in Apartment

I hereby certify, under penalty of perjury, that the following people reside in my apartment as of the effective date of this self-affidavit. I understand it is a violation of my lease agreement to increase household size, other than for birth or adoption, without the prior written consent of management.

Household Member's Name	Social Security #	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I certify the information provided above is accurate and complete to the best of my knowledge. I understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or may be punishable by law.

(Signature of Tenant) _____
Date

(Signature of Co-Tenant) _____
Date

(Signature of Co-Tenant) _____
Date

(Signature of Manager) _____
Date

Landlord and Rental History

Please Note: 5 Years of Rental History is *Required*

Applicant Name: _____

Current Address: _____

Rent _____ or Own _____

Landlord Name: _____

Landlord Phone Number: _____

Landlord's Address: _____

Start Date: _____ End Date: _____ Monthly Rent Amount: \$ _____

Were utilities included? YES NO

Previous Address: _____

Rent _____ or Own _____

Landlord Name: _____

Landlord Phone Number: _____

Landlord's Address: _____

Start Date: _____ End Date: _____ Monthly Rent Amount: \$ _____

Were utilities included? YES NO

Character Reference: If own; please provide 3 personal character references. Character references must have known you for 1 year or more, and must not be related to you.

Name: _____ Phone Number: _____

How do you know this reference? _____

Name: _____ Phone Number: _____

How do you know this reference? _____

Name: _____ Phone Number: _____

How do you know this reference? _____

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: _____

Address: _____

As managing agents for Herring Brook Hill Apartments, State regulations require we verify the program eligibility of all members of families participating in the rental program in place at Herring Brook Hill Apartments. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature

Title

Print Name

Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

Signature

Date

Verification form is attached.



**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application to rent a dwelling with C.A.N. Property Management, I understand consumer reports will be requested about me. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current/previous employers, reasons for termination of tenancy, former landlords, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding past tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by C.A.N. Property Management (Company). I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Safer Places, Inc. ("Agency"), 25 Wareham Street; Suite 2-26; Middleboro, MA 02346; telephone number 877-962-0600, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.SaferPlacesInc.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Printed Name: _____

Signature: _____ Date: _____