#### HERRING BROOK HILL APARTMENTS HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Applicant Name:		Co-Applicant Name:				
Street:	City/Town:		StateZip Code			
Cell Phone: Home phone:_		one:	Ema	il:		
Non-English-speaking a				no		
Total # of people who wi		apartment				
HOUSEHOLD MEMBER N	IAME RELA	TIONSHIP	DOB	SSN	FT STU	DENT?
1.		HEAD				] NO
2.					<u> </u>	] NO
3.						] NO
4.						INO
5.						-
6.						] NO
7.						] NO
8.						] NO
0,					[]YES [	] NO
Are any HH changes expected if YES explain:			OLD INCOME		'ES []NO	
Use an extra copi	ies as needed if r	nore than 2 add	ult members (a	nyone 18 or old	ler) are included	d in the
			sehold.			
Type of Income	Check One	ead of Househo			ad and/or Other	
Salary or pay from job	[]YES []N		rrequency	Check On		Frequency
2. Overtime or shift pay	[]YES []N			[]YES []		
3. Bonus/commission/etc.		10 \$			NO \$	
4. Do you have a 2 <sup>nd</sup> job?	[]YES []N	10 \$		[]YES []I		
5. Seasonal/sporadic work		10 \$		[]YES []I	VO \$	
6. Tips		10 \$		[]YES []I		
Cash pay     Self employment income		10 \$		[]YES []I		
Sell employment income     Periodic gift income	[]YES []N				VO \$	
10. Non cash contributions	[]YES []N			[]YES []I		
	Itling []	, υ ψ		[]YES []I	VO \$	

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		· ·				
11. Formal child support	[]YES []NO	\$		[]YES []NO	\$	
12. Is child support awarded bu		[]YES	[ ] NO	[]YES []NO	\$	
13. Informal child support	[]YES []NO	\$		[]YES []NO	\$	
<ul><li>14. Formal spousal support</li><li>15. Is spousal support awarded</li></ul>	[]YES []NO	\$		[]YES []NO	\$	
16. Informal spousal support		[]YES	[ ] NO	[]YES []NO	\$	
	[]YES []NO	\$		[]YES []NO	\$	
17. Social Security 18. SSI	[]YES []NO	\$		[]YES []NO	\$	
19. TANF, AFDC, etc.	[]YES []NO	\$		[]YES []NO	\$	
20. Unemployment benefits	[]YES []NO	\$		[]YES []NO	\$	
21. Worker's compensation	[]YES []NO	\$		[]YES []NO	\$	
	[]YES []NO	\$		[]YES []NO	\$	
22. Severance pay 23. Pension income	[]YES []NO	\$		[]YES []NO	\$	
L	[]YES []NO	\$		[]YES []NO	\$	
24. Retirement acct payments	[]YES []NO	\$		[]YES []NO	\$	
25. Investment acct payments 26. Annuity acct payments	[]YES []NO	\$		[]YES []NO	\$	
	[]YES []NO	\$		[]YES []NO	\$	
27. Trust acct payments	[]YES []NO	\$		[]YES []NO	\$	
28. Disability/death benefits	[]YES []NO	\$		[]YES []NO	\$	
29. Real estate rent income	[]YES []NO	\$		[]YES []NO	\$	
30. Student financial aid	[]YES []NO	\$		[]YES []NO	\$	
31. Military pay 32. Veterans/VA income	[]YES []NO	\$		[]YES []NO	\$	
	[]YES []NO	\$		[]YES []NO	\$	
33. Other income: 34. Other income:	[]YES []NO	\$		[]YES []NO	\$	
	[]YES []NO	\$		[]YES []NO	\$	
35. Are any income changes expected in the next 12		2 months?	[]YES []N	O If YES please de	escribe:	
For each source of income about	also d V/EQ at a set					
For each source of income checked YES above, please complete the Income # HH Member Name of Source						
Income # HH Member	Name of Sou	rce		Address/Phone	/Email	
				······································		
1		l				

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this lease from the rent protection program in place at the community.

## IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash Do not list assets that are not accessible to the family

	Head	of Household	O- U		
Type of Asset	Head of Household Check One Apprx Cash Value		Co Head and/or Other Member Check One Apprx Cash Value		
Checking account	[]YES[]NO	\$		Apprx Cash Value	
2. 2 <sup>nd</sup> checking account	[]YES[]NO	\$	[]YES[]NO	\$	
3. Savings account	[]YES[]NO	\$	[]YES[]NO	\$	
4. 2 <sup>nd</sup> savings account	[]YES[]NO	\$	[]YES[]NO	\$	
5. Debit /direct deposit card	[]YES[]NO	\$	[]YES[]NO	\$	
6. 2 <sup>nd</sup> debit card	[]YES[]NO	\$	[]YES[]NO	\$	
7. Cash on hand	[]YES[]NO	\$	[]YES[]NO	\$	
8. Certificate of Deposit	[]YES[]NO	\$	[]YES[]NO	\$	
9. Other bank account	[]YES[]NO	\$	[]YES[]NO	\$	
10. Mutual Fund	[]YES[]NO	\$	[]YES[]NO	\$	
11. Stocks	[]YES[]NO	\$	[]YES[]NO	\$	
12. Portfolio/brokerage	[]YES[]NO	\$	[]YES[]NO	\$	
13. IRA/401K/etc.	[]YES[]NO	\$	[]YES[]NO	\$	
14. 2 <sup>nd</sup> IRA/401K/etc.	[]YES[]NO	\$	[]YES[]NO	\$	
15. Treasury bills/bonds	[]YES[]NO	\$	[]YES[]NO	\$	
16. Company retirement acct	[]YES[]NO	\$	[]YES[]NO	\$	
17. Annuity	[]YES[]NO	\$	[]YES[]NO	\$	
18. Pension	[]YES[]NO	\$	[]YES[]NO	\$	
19. Revocable trust	[]YES[]NO	Ψ   \$	[]YES[]NO	\$	
20. Life insurance (not term)	[]YES[]NO	φ   <b>\$</b>	[]YES[]NO	\$	
21. Real estate equity	[]YES[]NO	\$	[]YES[]NO	\$	
22. Other asset	[]YES[]NO	\$	[]YES[]NO	\$	
23. Other asset	[]YES[]NO	\$	[]YES[]NO	\$	
24. Has anyone received any lu	mn sum amounte ir	the part 2 years (i.e. let	[]YES[]NO	\$	
25. Has anyone disposed of any	Assets for less tha	n fair market value in the	ery/gambling/innerita		
If yes, please list details suc	th as the type of ass	set: the disposal data: the	past2 years?	[]YES[]NO	
, , , , , , , , , , , , , , , , , , ,	in as the type of ass	et, the disposal date; the	rair market value, ar	nd the amount received:	
For each asset checked YES at	ove, please comple	ete the following:			
Asset # HH Member	Name of Sou	rce	Address/Phone	/Email	
			, iddi coon, none,	Lillali	
		L			

## 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 accu knowledge. I understand that providing false representation herein c ncomplete information may result in the termination of a lease agreen	onstitutes an act of fraud. False, mis	
(Signature of Tenant)	Date	
Signature of Co-Tenant)	Date	
Signature of Co-Tenant)	Date	

Date

(Signature of Manager)

# **Landlord and Rental History**

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

Applicant Name:			
Current Address: _			
-			
Rent	or Own		
Landlord Name:			FV-610
Landlord Phone Nu	ımber:	***	
Landlord's Address			
		_Monthly Rent Amount:	
Were utilities inclu	ded? YES	NO	
Previous Address:		W. W. C.	
-			
Rent or	Own		
Landlord Name: _	74-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Landlord Phone Nu	mber:		
Landlord's Address	•		
Start Date:	End Date:	_Monthly Rent Amount:	5
Were utilities include	ded? YES	NO	
	·	provide 3 personal character ore, and must not be related t	references. Character references to you.
Name:		Phone Numb	er:
How do you know th	is reference?		
Name:		Phone Num	ber:
How do you know thi	is reference?		
Name:		Phone Num	ber:
How do you know thi	is reference?		

# **AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant:	TO A PROPERTY AND THE REAL PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND TH	Unit #		
Property Name:				
Address:				
program eligibility of all me Brook Hill Apartments. To information requested. This eligibility status and income	embers of families partic comply with this require information will be held for this family. A signe d form and return it to the	ents, State regulations require we verify the cipating in the rental program in place at Herring ement, your cooperation is needed in supplying the d in strict confidence for use in determining and authorization for your release appears below. The address below at your earliest convenience.		
Authorize	d Signature	Title		
Print	Name	Date		
I hereby authorize you to fu		plicant/Tenant mation.		
Sign	ature	Date		

Verification form is attached.



# DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application to rent a dwelling with <u>C.A.N. Property Management</u>, 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: <a href="https://www.SaferPlacesInc.com">www.SaferPlacesInc.com</a>.

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:	