Applicants must be 18 years of age and/or have the legal capacity to sign the lease. ***Massachusetts Rental Application***

This application is to be completed fully with every question answered. Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 Low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the address and telephone number listed below.

Newcastle-Saranac Apartments
599 Columbus Avenue
Boston, MA 02118
Phone 617-307-5951
(617) 425-1943 Fax
TTY Relay: 711

EQUAL HOUSING OPPORTUNITY

FOR OFFICE USE ONLY:
Received date and time stamp here:

Total household income: $_____

(Please print clearly)

Applicant's Full Name:_____ Date of Application:_____

This rental application is for: Newcastle-Saranac Apartments Desired Move-In Date: _____

Bedroom size requested, please check: 0BR ☐ 1BR ☐ 2BR ☐ 3BR ☐

Note: Please answer all sections completely. Failure to do so will result in your application being returned to you as incomplete causing further delays in processing.

HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/year)	SOCIAL SECURITY NUMBER	STUDENT (Y/N) FULL (FT) or PART-TIME (PT)
	HEAD			

*****Do you expect any changes to your household in the next 12 months? Yes ☐ No ☐***

If yes, please explain: _____

Provide all addresses where you have lived for the past five (5) years. Please print clearly.

CURRENT ADDRESS:

Address:_____ City:_____ State:____ Zip: _____

Telephone:_____ Lived There From:_____ to:_____ Monthly Rent: $_____

E-mail address: _____

Reason for Moving:_____ Landlord Name:_____

Landlord Address:_____ City:_____ State:____ Zip:_____

Landlord Telephone/Cell: _____ Comments:_____

PREVIOUS ADDRESS #1

Address:_____ City:_____ State:_____ Zip:_____

Telephone:_____Lived There From:_____ to:_____ Monthly Rent: $_____

Reason for Moving:_____ Landlord Name:_____

Landlord Address:_____City:_____ State: ___Zip:_____

Landlord Telephone/Cell: _____ Comments:_____

PREVIOUS ADDRESS #2

Address:_____ City:_____ State:_____ Zip:_____

Telephone:_____Lived There From:_____ to:_____ Monthly Payment: $_____

Reason for Moving:_____ Landlord Name:_____

Landlord Address:_____City:_____ State:_____Zip:_____

Landlord Telephone/Cell: _____ Comments:_____

Please list <u>all</u> states and territories of the U.S. <u>applicant(s)</u> has/have lived in:

_____

<u>DISABILITY STATUS</u>:

1. Would you or anyone in your household benefit from the features of an accessible unit? Yes ☐ No ☐
2. Would you like to be placed on a waiting list for an accessible unit? Yes ☐ No ☐
3. Are you seeking admission based on a disability? Yes ☐ No ☐
4. Do you require any modifications to the unit? Yes ☐ No ☐
   If so, please list the specific modifications needed:

   _____

   _____

<u>RACE & ETHNICITY</u>:

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐
Native Hawaiian /Other Pacific Islander ☐ Other (please specify) _____

<u>STUDENT STATUS</u>:

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?
Yes ☐ No ☐

If yes, please explain: _____

GENERAL INFORMATION:

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐

   If yes, please explain:_____
   _____

4. Have you or any member of your household been convicted for the sale or manufacture of an illegal or controlled substance? Yes ☐ No ☐

   If yes, please explain:_____
   _____

5. Are you or any member of your household required to register as a lifetime sex offender in any state or territory of the U.S.? Yes ☐ No ☐

6. Are you currently living in federal or state subsidized housing? Yes ☐ No ☐

7. Were you 62 years of age or older and receiving HUD rental assistance at another location on or before January 31, 2010? Yes ☐ No ☐ N/A ☐
   If yes, please provide Street Address, Apt #, City, ST, Zip Code _____

8. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐

9. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

   If yes, please provide household member's name and U.S. military branch:_____

10. Do you have any pets (excluding service animals)? Yes ☐ No ☐

    If yes, describe: _____

11. How did you hear about our apartment community?_____

12. Briefly explain your reasons for applying to our apartment community: _____
    _____

13. Will you take an apartment when one becomes available? Yes ☐ No ☐

EMERGENCY CONTACT - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you during the processing of your application:

Contact #1

Name:_____ Relationship:_____ Phone:_____

Address:_____ City:_____ State: __ Zip:_____

Email: _____

Contact #2

Name:_____ Relationship:_____ Phone:_____

Address:_____ City:_____ State: __ Zip:_____

Email: _____

INCOME

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations (if applicable) require that each applicant disclose all sources of income and assets including those of minors. Applicants for housing at this property must complete this disclosure of income and assets by providing the requested information and certifying to its accuracy. **Please provide the mailing address and phone number for each of these sources in the area provided.** ***Note: If an income source is received from a foreign country, you must disclose this as well.***

INCOME SOURCES	CIRCLE YES or NO FOR EACH SOURCE		HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT	ADDRESS & PHONE # TO SEND VERIFICATION FORM
Employment income including wages, tips, bonuses and commissions	**YES**	**NO**		$	
Self-employment or business income	**YES**	**NO**		$	
Social Security Retirement Benefits	**YES**	**NO**		$	
Supplemental Security Income (SSI including SSP) or SSDI	**YES**	**NO**		$	
Periodic payments from Short or Long-Term Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Account	**YES**	**NO**		$	
Public Assistance (TANF, EAEDC, General Assistance)	**YES**	**NO**		$	
Real estate rental income	**YES**	**NO**		$	
Child support or unearned income from a family member under 18 years of age	**YES**	**NO**		$	
Alimony	**YES**	**NO**		$	
Veterans' benefits	**YES**	**NO**		$	
Unemployment compensation	**YES**	**NO**		$	
Interest or dividend income earned from assets.	**YES**	**NO**		$	
Recurring gifts or family contributions (monetary or not)	**YES**	**NO**		$	
Financial Aid (grants & scholarships) in excess of tuition.	**YES**	**NO**		$	
Other (Please explain)	**YES**	**NO**		$	

Do you anticipate any changes in your household income during the next 12 months? Yes ☐ No ☐

Explanation:_____

CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payer.

1. Do you or any household member have a court order to receive child support payments? Yes ☐ No ☐
2. **If yes**, are you **currently** receiving any child support payments? Yes ☐ No ☐
3. **If yes,** are your child support payments court ordered? Yes ☐ No ☐
4. **If child support is not being received, are you taking legal action to remedy?** Yes ☐ No ☐

Explanation:_____

_____

ASSETS: **You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts.** If you need additional space, please request an additional form.

Type of Assets	CIRCLE YES or NO FOR EACH ASSET		Balance or Cash Value	Account #	Financial Institution Name
Checking Account	**Yes**	**No**	$		
Checking Account	**Yes**	**No**	$		
Savings Account	**Yes**	**No**	$		
Savings Account	**Yes**	**No**	$		
Cash on Hand	**Yes**	**No**	$		
Trust (Revocable or Non-revocable)	**Yes**	**No**	$		
Certificate of Deposit (CD)	**Yes**	**No**	$		
Life Insurance (Whole or Universal)	**Yes**	**No**	$		
Credit Union Account	**Yes**	**No**	$		
IRA or 401k Account	**Yes**	**No**	$		
Pension/Retirement	**Yes**	**No**	$		
Stocks or Mutual Funds	**Yes**	**No**	$		
Investment Bonds	**Yes**	**No**	$		
Money market account	**Yes**	**No**	$		
Money in a safety deposit box	**Yes**	**No**	$		
U.S. Savings Bonds	**Yes**	**No**	$		
Personal property held as an investment such as antique cars, coins, etc.	**Yes**	**No**	$		
Assets held in foreign countries	**Yes**	**No**	$		
Other-EBT debit card for direct deposit of benefits such as SS or DTA.	**Yes**	**No**	$		

Jointly held assets: Are any of the above assets owned jointly by any household members? Yes ☐ No ☐
If yes, please explain: _____

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1? Yes ☐ No ☐
If yes, please explain: _____

REAL ESTATE (including real estate in a foreign country):
Do you own any property? Yes ☐ No ☐
If yes, type of property:_____ Location:_____
Market Value: $_____

Do you receive any rental income from your property? Yes: ☐ No: ☐

If yes, type of property:_____ Location_____

Amount received per month: $_____

Assets disposed of for less than fair market value within past two years:
Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes ☐ No ☐
If yes, did you dispose of any assets for less than fair market value? Yes ☐ No ☐

Please list assets disposed of within past two years:

TYPE OF ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED
	$	$	
	$	$	

NOTE:
In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. **All applicants, age 18 or older must sign and date this application.**

Print Name: _____ **Signature:**_____ **Date:**_____

Print Name: _____ **Signature:**_____ **Date:**_____

Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name:_____ Phone:_____

Address:_____ City: _____ State: _____Zip: _____

Social Security #_____ Date of Birth *(mm/dd/year)*:_____

Driver's License or Photo ID #_____ State Issued:_____

Signature:_____ Date:_____

Co-Applicant Information:

Name:_____ Phone:_____

Address:_____ City: _____ State: _____ Zip: _____

Social Security #_____ Date of Birth *(mm/dd/year)*:_____

Driver's License or Photo ID #_____ State Issued:_____

Signature:_____ Date:_____

Please use a separate page for additional household members who are age 18 and older.

Attachments: Reasonable Accommodation Policy