



**WHITINSVILLE RETIREMENT
HOME
RENTAL APPLICATION**



Property/Address: 10 Chestnut St., Whitinsville, MA 01588 **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F) <i>optional</i>	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security # <i>optional</i>

Disclosure of social security numbers – All applicants must disclose and provide verification of the complete and accurate social security number assigned to them except those individuals who do not contend eligible immigration status or individuals who were age 62 or older as of 01/31/2010 and whose initial determination of eligibility had begun prior to 01/31/2010.

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Type: 1 BR 2 BR

Would you or anyone in your household benefit from a special needs unit?
 (Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____ Relationship (If any): _____

Housing References:
 List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: () _____			
2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: () _____			

Household Information (continued)

1. Do you expect the number of household members to change in the future? Yes No
 If YES, explain how many members will be added or reduced, and when that change will take place.

2. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
If YES, explain _____

3. Are any or ALL members of the household full-time students? Yes No

4. Are you or a member of your household a U.S. Veteran? Yes No

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

County: _____

Are any of the above convictions a felony? Yes No If YES, please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program in any state? Yes No If YES, please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? Yes No
If YES, where? _____ From _____ To _____

Were you evicted? _____ If YES, why? _____

Have you or any member of your household live outside of Massachusetts? Yes No

If YES, please list all other states of residence for each household member. _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No

If YES, explain _____

8. How did you hear about us? _____

Race: (Optional: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American, Indian/Alaskan Native
- Asian or Pacific Islander
- White(not of Hispanic origin)
- Black,(not of Hispanic origin)
- Hispanic

Note: Upon request to the Agent, you have the right to review the Tenant Selection Plan which describes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Income Information:

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> (or note if self-employed)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No
Household Member Source of Benefit Amount

9. Disability, death benefits or life insurance dividends? Yes No
Household Member Source of Benefit Amount

10. Regular gifts or payments from anyone outside of the household? Yes No
 (This includes anyone supplementing your income or paying any of your bills.)
Household Member Source of Benefit Amount

11. Educational grants, scholarships, or other student benefits? Yes No
Household Member Source of Benefit Amount

12. Regular payments from lottery winnings or inheritances? Yes No
Household Member Source of Benefit Amount

13. Regular payments from rental property or other types of real estate transactions? Yes No
Household Member Source of Benefit Amount

14. Any other income sources or types not listed above? Yes No
Household Member Source of Benefit Amount

15. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. CDs, money market accounts or treasury bills?	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
3. Stocks, bonds or securities?	<u>Household Member</u>	<u>Source (Broker's Name)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
4. Trust funds?	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
	Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<u>Household Member</u>	<u>Location of Account</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
6. Cash on hand?	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<u>Household Member</u>	<u>Life Insurance Company</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)</i>	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
9. Personal property as an investment? <i>(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____
10. Do you have a safe deposit box containing contents with a monetary value?	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
	_____	_____	_____
	_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
Explanation: _____		

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

Do you have any pets? Yes No

Type: _____ Weight: _____ Age: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under the U.S. Department of Housing and Urban Development (HUD) Section 8 Program. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Whitinsville Elderly Housing/Whitinsville Retirement Society the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members must sign below:

Signature	Date
Signature	Date

For Office Use Only

EL
VL
L

Application Date: _____ **Time:** _____ **am/pm** _____

Application Received By: _____