

WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

Instructions for: HARBORLIGHT HOUSE

Enclosed please find the Housing Application you requested. Please note the following:



A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

One CORI Request Form must be completed by each household member 18 years or older. (Please copy the form as needed.)



Applications must be completed in full. Incomplete applications will be returned to the applicant.



If you should move or change your phone number, notification of such change must be in writing and mailed to:

**Harborlight House, Director's Office, One Monument Square,
Beverly, MA 01915**

Notification must include the following:

- A - Applicant(s) Name(s) and Social Security Number
- B - Apartment Complex(s) of Application
- C - Approximate Month/Year the Original Application was Submitted
- D - Old Address and Phone Number
- E - New Address and Phone Number

We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.

Applicants will be notified of their status once they are close to the top of the list.

HARBORLIGHT HOUSE

PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS, INCLUDING LANGUAGE ASSISTANCE.

La gerencia de la organización proveerá asistencia en repasar este documento si es necesario. Personas con discapacidades pueden preguntar por esta aplicación en letra mas grande o en otro formato, incluyendo asistencia de lenguaje.

Harborlight Community Partners provides meaningful access to its programs and activities by persons with Limited English Proficiency (LEP). In accordance with federal guidelines, HCP will make reasonable efforts to provide or arrange free language assistance for its LEP clients.

Harborlight Community Partner provee acceso a sus programas y actividades a gente con Ingles Limitado. En acuerdo con leyes federales, HCP ara un esfuerzo a proveer asistencia lingüística a sus clientes con Ingles Limitado.

DATE OF APPLICATION _____

PROPERTY NAME HARBORLIGHT HOUSE

Return Completed Application To: Harborlight House, Director's Office
One Monument Square
Beverly, MA 01915
Phone: (978) 927-2121; Fax: (978) 232-1245

APPLICATION FOR ADMISSION

Note: **Please fill in all sections completely.** Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Management Office.

Applicant: _____ Home Tel: _____

Present Address: _____

Present Landlord Name: _____

Phone: _____

SIZE OF APARTMENT NEEDED:

Studio

UNIT TYPE REQUESTED:

Handicap Unit Yes No

FOR OFFICE USE OF ONLY:
_____ Low _____ Handicap Low
_____ Very Low _____ Handicap Very Low
Original Application Received Date: _____ Time: _____ Signature: _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Present Housing Cost Per Month \$ _____ Including Utilities? Yes No

Do you own any pets? _____

How long have you lived at present address? _____ Years

What are the reasons for moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF. (Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1)	Head of Household				Yes or No

2) _____ Yes or No

Do you expect any additions to the household within the next 12 months: _____

If yes, please explain giving name and relationship: _____

HOUSING REFERENCES – Please list two (2) previous landlords and their addresses. Please include both long term and temporary residences.

1st Previous Address: Lived here from _____ to _____ Reason for leaving: _____

Name and Address of Previous Landlord: _____

2nd Previous Address: Lived here from _____ to _____ Reason for leaving: _____

Name and Address of Previous Landlord: _____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been arrested or convicted of any crime? If so, please give details:

Do you or any member of your household use illegal drugs or abuse alcohol? _____

If yes, please explain: _____

Are you or any member of your household listed on any state sex offender registration program: _____

If yes, please explain: _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

weekly bi-weekly monthly hourly (# of hours per week ____ # weeks per year ____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

weekly bi-weekly monthly hourly (# of hours per week ____ # weeks per year ____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

weekly bi-weekly monthly hourly (# of hours per week ____ # weeks per year ____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as **Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants.**

Household Member	Source of Income	Name and Address of Income Source	Gross Monthly Amount

Are there any changes expected in income within the next 12 months?: _____
 If yes, please list household member and explain: _____

INCOME FROM ASSETS:

Assets include **Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds and Savings Bond.**

Member # _____

Name of Financial Institution: _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution: _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution: _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution: _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution: _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Household Member	Asset Type/Account #	Name and Address of Asset	Market Value

In the past two years, have you sold or given away any assets (house, business property, personal property, investments, cash) which were worth more than \$1,000.00? If so, please describe:

ADJUSTMENTS FOR INCOME:

Some applicants may qualify for a medical adjustment or other income adjustment. Do you qualify for any of the following:

Are you disabled or over the age of 62 years? Yes [] No []
If yes, do you have medical expenses that are not covered by insurance? Yes [] No []
If yes, what is the anticipated annual out-of-pocket medical expenses \$ _____

Do you pay childcare expenses that allow you to work or attend school? Yes [] No []

Do you pay expenses for care of an individual with disabilities that allow you to work? Yes [] No []

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

Harborlight House offers a variety of non-medical supportive services including meals served in the community dining room, housekeeping, laundry, medication assistance, personal care, etc.)? Do you expect to utilize some or all of these services if accepted for residency?

Yes

No

2. Are you enrolled in one of the following (check those that apply):

PACE (Program of All-inclusive Care for the Elderly)

SCO (Senior Care Options)

MassHealth funded Enhanced Services (i.e. Community Choices Program, Enhanced Community Options Program, etc.)

Other Service or Care Program

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. I/We certify that I/We understand that false statements of information are punishable under applicable State or Federal Law. I/We hereby certify that I/We have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/We understand that this is a rental application only and in no way ensures occupancy. I/We certify that the information contained herein is true and correct. I/We understand that the information I/we have provided will be verified through sources I have listed, as well as through a consumer credit report, landlord references and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/we will occupy this apartment as my/our primary residence and will not and do not maintain a separate subsidized rental unit in a different location.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

In accordance with federal law and the U.S. Department of Housing and Urban Development policy, Harborlight House is prohibited from discrimination on the basis of race, color, sex, sexual orientation, religion, age, handicap, disability, national origin, ancestry, familial status, marital status, gender identity and expression, genetic information, public and/or rental assistance or military or veteran status in the access or admission to its programs or employment or in its programs, activities, functions or services. To file a discrimination complaint, please write Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh St. SW, Washington, DC 20410-2000 or Massachusetts Commission Against Discrimination, One Ashburton Place, Room 601, Boston, MA 02108; Phone: 617-994-6000; TTY: 617-994-6196.

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal government, acting through the Rural Housing Service that the Federal law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Gender: Male: _____ Female: _____

Ethnicity: Hispanic or Latino: _____ Not Hispanic or Latino: _____

Race(s) (mark one or more):

- American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White



Harborlight House
One Monument Square
Beverly, MA 01915
(978) 927-2121

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized Harborlight House to verify the accuracy of the information which I have provided to them, from the following sources (*specify*);

- Child Care Expenses
- Courts
- Family Composition
- Law Enforcement Agency
- Credit Bureau
- Employment
- Self Employment
- Unemployment Compensation
- Pensions
- Annuities
- Social Security
- Supplemental Security Income
- State Welfare Agencies
- State Employment Security Agency
- Workman's Compensation
- Health & Accident Insurance
- School & College Tuition Fees
- Veteran's Benefits
- Federal, State, or Local Benefits
- Banks, Credit Unions
- IRA's, CDs, 401k, 403b
- Interest, Dividends
- Financial Institutions, Brokerages
- Mutual Funds
- Alimony, Child Support
- Other Income - Regular Gifts or Allowances from Another Person
- Commissions, Tips, Bonus
- Landlords, Rental History
- Identity & Marital Status
- Handicapped Assistance Expenses
- Medical Insurance Premiums
- Un-reimbursed Medical Expenses

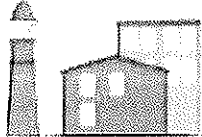
I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Harborlight House subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Harborlight House within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under the pains and penalties of perjury.

Head of Household	Date	Other Adult Member	Date
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Harborlight Community Partners
 Providing Housing & Community Support

CRIMINAL OFFENDER RECORD INFORMATION

CORI

Harborlight Community Partners is registered under the provisions of M.G.L. c.8, §172 to receive CORI for the purposes 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 submit a CORI check for my information to the DCJIS. This authorization is valid for one year from date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

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

 Applicant Signature

 Date

SUBJECT INFORMATION: (An asterisk denotes (*) a required field)

* 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: _____ * SOCIAL SECURITY NUMBER: _____

SEX: _____ HEIGHT: _____ ft. _____ in. EYE COLOR: _____ RACE: _____

MOTHER'S FULL MAIDEN NAME: _____

FATHER'S FULL NAME: _____

CURRENT AND FORMER ADDRESSES: _____

DRIVERS LICENSE OR STATE ID: _____ STATE OF ISSUE: _____

THE INFORMATION ABOVE WAS VERIFIED USING THE FOLLOWING GOVERNMENT ISSUED IDENTIFICATION: _____

VERIFIED BY: _____

NAME OF VERIFYING EMPLOYEE (PRINT NAME)

 SIGNATURE OF VERIFYING EMPLOYEE

MA RENTAL VOUCHER PROGRAM APPLICATION FORM
(TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD)

Name: _____

Address: _____

Phone: (____) _____ - _____

Email: _____

Emergency Contact In case of an emergency for you or a household member, whom should we contact?

Name _____	Relationship _____
Address _____	City _____ State _____ Zip Code _____
Home Phone _____	Other Phone _____

1. FAMILY COMPOSITION:

NAME (LAST/FIRST)	DATE OF BIRTH (MONTH/DAY/YEAR)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX (M/F)	ETHNICITY (H/NH) <small>(PLEASE CIRCLE THE APPROPRIATE CATEGORY FROM BELOW)</small>	RACE (1/2/3/4)	SOCIAL SECURITY
	/ /	HEAD	M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -
	/ /		M F	H NH	1 2 3 4	- -

- *SEX CATEGORIES: M = MALE F = FEMALE
- *ETHNICITY CATEGORIES: H=HISPANIC OR NH= NOT HISPANIC.
- *RACE CATEGORIES: 1=WHITE 2=BLACK 3=AMERICAN INDIAN 4=ASIAN/PACIFIC ISLANDED

Are you expecting a change in your household composition? Yes No

If yes, explain: _____

2. ASSETS OF ALL HOUSEHOLD MEMBERS:

LIST ALL ASSETS OWNED, CONTROLLED, OR DISPOSED OF WITHIN PAST 2 YEARS:(CHECKING OR SAVINGS ACCOUNTS, IRA'S, STOCKS, BONDS, REAL ESTATE, TRUST FUNDS, OTHER FORMS OF CAPITAL INVESTMENT, AND ANY BUSINESS, ETC.)

ACCOUNT NUMBER	DESCRIPTION	VALUE
		\$
		\$
		\$
		\$

Have you sold or transferred any property in the last two years? (circle one) Yes No

3. INCOME OF ALL HOUSEHOLD MEMBERS

In the following table list all money that each household member expects to earn or receive in the next twelve months. You must include all types of earned or unearned income before deductions, including SSI or SSDI for children under the age of 18. Tell us whether you receive this amount weekly, every two weeks, or once a month. For example: \$547/wk., or \$1,094/two wks., or \$2,188/ month.

	Household member earning or receiving income	Household member earning or receiving income	Household member earning or receiving income
	(name)	(name)	(name)
Wages, salaries, tips including overtime	\$ /	\$ /	\$ /
TAEDC	\$ /	\$ /	\$ /
Child support payments	\$ /	\$ /	\$ /
Unemployment, or other disability compensation	\$ /	\$ /	\$ /
Interest, dividends	\$ /	\$ /	\$ /
Insurance policies	\$ /	\$ /	\$ /
Retirement funds; pensions	\$ /	\$ /	\$ /
Public assistance	\$ /	\$ /	\$ /
Alimony	\$ /	\$ /	\$ /
Social Security, SSI	\$ /	\$ /	\$ /
SSP (State Supplemental Payment)	\$ /	\$ /	\$ /
Other	\$ /	\$ /	\$ /
Total Gross Income			

4. EXPENSES

1. Do you pay for childcare (for children under 13) which enables you or another family member to go to work or go to school? (circle one) **Yes** **No**

If Yes, what is the amount you expect to spend on this childcare in the next 12 months? \$ _____

2. Do you have any medical expenses that are not covered by insurance? Do you pay for a care attendant or any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? **Yes** **No**

If yes, what is the amount you expect to spend on these items in the next 12 months? \$ _____

3. Do you pay for Health Insurance? **Yes** **No**

If yes, what is the amount you expect to spend on health insurance in the next 12 months? \$ _____

4. Do you pay child support? **Yes** **No**

If yes, what is the amount you expect to pay for child support in the next 12 months? \$ _____

5. PREVIOUS HOUSING ASSISTANCE

Have you or any member of your household ever received housing assistance from this or any other housing agency? YES NO If yes, please complete the following:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Authority or Agency which provided the subsidy: _____

Date moved out: _____ Reason moved out: _____

Did person leave as a tenant in good standing? YES NO

If no, please explain. _____

6. CERTIFICATION RELATIVE TO DRUG AND/OR VIOLENT CRIMINAL ACTIVITY

1. Have you and/or any member of your household ever been convicted of or evicted due to manufacturing, selling, using, distributing, or possessing a controlled substance? YES NO

If yes, when did this occur? _____

If yes, have you and/or any member of your household received treatment? YES NO

(If household member was an addict, treatment has been received, and the household member does not currently use or possess drugs, you may not be denied MRVP Assistance).

2. Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape, robbery, burglary, arson, kidnapping, carrying a dangerous weapon. YES NO

Answering "yes" to one of the above questions does not mean you will automatically be denied MRVP assistance. Each case will be reviewed to determine if there are mitigating circumstances.

I understand that supplying a false response is grounds for denial or termination of Section 8 assistance.

I certify that the information I have given in this application is true, complete, and correct. I understand that the Housing Agency to which I am applying may verify this information by obtaining information from law enforcement agencies such as local police departments, or the Criminal History Systems Board (CORI).

Signed under the pains and penalties of perjury,

SIGNATURE: X _____ DATE: ____/____/____

7. TO BE SIGNED BY ALL APPLICANTS

I understand that this application is not an offer of housing. Before CTI can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform CTI **in writing** of any changes of information given in this application, including change of address, income, or household composition. I understand that if I do not respond to CTI requests for information or updates my name will be removed from the waiting list. I authorize CTI to make inquiries to verify the information I have provided in this application.

I understand that any false statement or misrepresentation may result in the withdrawal of my application and in the termination of my program participation once I begin to receive rental assistance. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

SIGNATURE: X _____ DATE: ____ / ____ / ____

Reviewer Signature: _____ **Date:** ____ / ____ / ____



Building Communities, Changing Lives

155 Merrimack Street, Lowell, MA 01852 (978) 459-0551 FAX (978) 453-9150

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Address: _____ Date of Birth: _____
_____ Social Security #: _____

I, the above-named individual, hereby authorize Community Teamwork, Inc. ("CTI") to verify, from the following sources, the accuracy of the information I have provided to CTI:

- Employers and income from self-employed business or profession
- Public benefits (including but not limited to DTA, EOLWD, SSI, SSA, VA, DOR)
- Other federal or state pensions, or income from annuities, private pensions, IRAs, or 401(k) plans
- Statements of accounts from financial institutions including but not limited to banks, credit unions, investment companies, etc., for information on assets and dividends, etc.
- Lottery proceeds
- Child support payments/alimony
- Workers' compensation or other health/accident payment in lieu of earnings
- Regular allowances or gifts/monetary contributions to the household
- Student status/scholarship information from schools
- Utility companies for information about service addresses and payment history
- Credit reporting companies for information about my housing history, payment history, and assets
- Current and prior landlords for information about my housing history
- Registry of Motor Vehicles for information on addresses and registered vehicles

I authorize you to release this information to CTI, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached form to CTI within five days of receipt of this request.

I understand that a photocopy of this authorization is valid as the original.

Thank you for your cooperation and assistance in this matter.

Printed name

Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE SIGNED.





Building Communities, Changing Lives

155 Merrimack Street, Lowell, MA 01852 (978) 459-0551 FAX (978) 453-9150

**HOUSING CHOICE VOUCHER PROGRAM
APPLICANT, PARTICIPANT, TRANSFEREE CERTIFICATION
RELATIVE TO DRUG AND/OR VIOLENT CRIMINAL OR SEX OFFENDER ACTIVITY**

I, _____, hereby acknowledge that neither I nor any member of my household (18 years and older), presently or in the past twenty-four months, have engaged in any felonious drug-related or other criminal activity, including criminal activity that requires sex offender registration. I/we authorize Community Teamwork ("CTI") to obtain information from law enforcement agencies (e.g. local police departments, Criminal History Systems Board) and sex offender registry boards.

I further acknowledge that if CTI determines that I have not been truthful with respect to the above, or if provided with information verifying felonies, drug-related and or violent criminal activity, or sex offender status, I may be denied eligibility, the opportunity to transfer, or terminated from the Housing Choice Voucher Program.

Signed under the pains and penalties of perjury,

_____	_____	_____
HCVP applicant, transferee, participant	SS#	Date
_____	_____	_____
Spouse/family member over 18 years old	SS#	Date
_____	_____	_____
Family member over 18 years old	SS#	Date
_____	_____	_____
Family member over 18 years old	SS#	Date



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

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

_____ 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 _____ 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

_____ the _____ may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that _____ 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

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*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

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

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____

Unit: _____

Certification Type:

Move Initial Certification

Re-certification

Other: _____

Housing Program:

Low Income Housing Tax Credit

HOME

Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN	FT STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO
5.				[] YES [] NO
6.				[] YES [] NO
7.				[] YES [] NO
8.				[] YES [] NO

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

If YES explain: _____

Are any student changes expected in next 12 months? [] YES [] NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	[] YES [] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES [] NO
Was a student previously a foster child?	[] YES [] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
Is a student married and eligible to file a joint tax return?	[] YES [] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

III. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.

All adults must sign the form.

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	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

35. Are any income changes expected in the next 12 months? YES NO If YES please describe:

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

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

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 nd debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? YES NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

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 application/lease.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date