

WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

Instructions for: PIGEON COVE LEDGES

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:
**Pigeon Cove Ledges, Management Office, 13 Curtis Street,
Rockport, MA 01966**

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.

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 Yes or No
1)	Head of Household				Yes or No
2)					Yes or No

The information regarding race, national origin 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Total number of Expected Household Residents:

Gender: Male: _____ Female: _____

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

Race(s) (mark one or more):

- White Black or African American Asian American Indian, Alaskan Native
 Native Hawaiian or Other Pacific Islander

REFERENCES - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) **Previous** Address _____
_____ How Long: _____
Name of **Previous** Landlord _____ Telephone: _____
Address _____

2) **Previous** Address _____
_____ How Long: _____
Name of **Previous** Landlord _____ Telephone: _____
Address _____

3) **Previous** Address _____
_____ How Long: _____
Name of **Previous** Landlord _____ Telephone: _____
Address _____

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:

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 ____)

EMPLOYMENT INCOME (continued)

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	Type of Income	<u>Gross Earnings</u> (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week/month/year)

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	TYPE OF ASSET	VALUE OF ASSET
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone #: _____

Address:

Name: _____ Relationship: _____ Phone #: _____

Address:

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

1. Have you been displaced from your home? If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes No If so, please describe:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

APPLICANT DECLARATION SHEET

INSTRUCTIONS: Complete this form, including each member of the household.

HEAD OF HOUSEHOLD ONLY

Full Name: _____

Sex: _____

Date of Birth: _____

Social Security No.: _____

Alien Registration No.: _____

Admission No.: _____

if applicable, (11-digit # found on INS Form I-94
Departure Record)

Nationality: _____

(Enter the foreign nation or country to which you
owe allegiance. This is normally, but not always the
country of birth.)

Save Verification No.: _____

(to be entered by owner if and when received)

ENTIRE HOUSEHOLD

Are you or any member of your household:

- a) A citizen or national of the United States? Yes No
- b) A non-citizen with eligible immigration statue? * Yes No
- c) A non-citizen not claiming eligible immigration status? ** Yes No

* Please be advised that if you answered yes to item b), you will be required to send verification of your eligible immigration status for each member of your household.

** Please be advised that if you answered yes to item c), for any member of your household, you may not be eligible for residency in federally subsidized housing, or you may be eligible for prorated assistance only.

Signature of Head of Household

Date

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 permanent 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 Agriculture policy, Pigeon Cove Ledges is prohibited from discrimination on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability 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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue4, SW, Washington, DC 20250-9410 or call (202) 720-5964.



PIGEON COVE LEDGES
13 Curtis Street
Rockport, MA 01966
(978) 546-7410

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

- Child Care Expenses
- Criminal Activity (CORI)
- 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
- 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
- School & College Tuition Fees

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Pigeon Cove Ledges 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 Pigeon Cove Ledges 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



Harborlight Community Partners
Providing Homes & Community Support

CRIMINAL OFFENDER RECORD INFORMATION

CORI

Harborlight Community Partners is registered under the provisions of M.G.L. c.6, S172 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