

WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

Instructions for: BOSTON STREET CROSSING

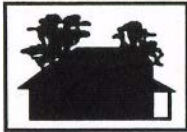
LOTTERY APPLICATION DEADLINE: November 20, 2017

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

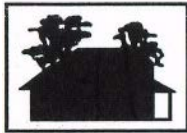


A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

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:

**Boston Street Crossing, C/O Harborlight Community Partners PO
Box 507 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.

BOSTON STREET CROSSING 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 Partners 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 **BOSTON STREET CROSSING**

Return Completed Application To: **Boston Street Crossing
P. O. Box 507
Beverly, MA 01915
Phone: (978) 922-1305; Fax: (978) 922-2874**

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
_____ Very Low

_____ Handicap 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? _____

Are you homeless? . (People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.) () Yes () No.

If yes where are you currently sleeping?

If yes please provide some form of documentation. This can include a letter from a shelter, case worker, police department or other public official or service agency.

Are you a current resident of the local preference area (Beverly, Salem or Peabody? () Yes () No

Are you a current employee of a business located in the local preference area of Beverly, Salem or Peabody? () Yes () No

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

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 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.

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 ____)

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 note that these units are for single person households.

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 \$ _____

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, Boston Street Crossing 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



Boston Street Crossing
P.O. Box 507
Beverly, MA 01915
(978) 922-1305

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized Boston Street Crossing 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: Boston Street Crossing 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 Boston Street Crossing 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



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