

# WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

## Instructions for: ROCKPORT HIGH SCHOOL APARTMENTS

*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:  
**Rockport High School Apartments, Management Office, 4  
Broadway, 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 of 30 days, will be removed from the waiting list.

Applicants will be notified of their status with 10 calendar days of receipt of completed application.



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.

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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

**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 \_\_\_\_)

**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 _____ (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 #** \_\_\_\_\_

**INCOME FROM ASSETS: (continued)**

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Member # \_\_\_\_\_

**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) for less than fair market value? 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:

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

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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:

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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:

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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

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications 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 applicant 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

In accordance with Federal law and the U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).



# ROCKPORT HIGH SCHOOL APARTMENTS

4 Broadway  
Rockport, MA 01966  
(978) 546-7482

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I, the above-named individual, have authorized Rockport High School Apartments 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: Rockport High School Apartments 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 Rockport High School Apartments 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

# 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



**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