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.
ROCKPORT HIGH SCHOOL APARTMENTS
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.

DATE OF APPLICATION__________________________________________________________

PROPERTY NAME______________________________________________________________

Return Completed Application To: Rockport High School Apartments
4 Broadway
Rockport, MA 01966
Phone: (978) 546-7482
Fax: (978) 546-7190

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 Rental Office.

Applicant:_______________________________________________________ Home Tel: __________________________

Present Address: ________________________________________________________________

____________________________________________________________________________

Present Landlord Name: __________________________________________________________

____________________________________________________________________________

Phone: __________________________

SIZE OF APARTMENT NEEDED:

1 BR

UNIT TYPE REQUESTED:

Handicap Unit [] Yes [] No

FOR OFFICE USE OF ONLY:

Low Handicap Low
Very Low Handicap Very Low
Moderate Handicap Moderate

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.)

<table>
<thead>
<tr>
<th>FULL NAME OF EACH PERSON IN HOUSEHOLD</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>FULL TIME STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Head of Household</td>
<td></td>
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<td>Yes or No</td>
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</table>

2) ____________________________________________

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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Type of Income</th>
<th>Gross Earnings (Before Taxes)</th>
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</table>

(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.)

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>TYPE OF ASSET</th>
<th>VALUE OF ASSET</th>
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</table>

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:

________________________________________________________________________

________________________________________________________________________

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.: ____________________ (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 status? * [ ] 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 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 DCJS. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJS. 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