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 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.
HARDY STREET LLC
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 HARDY STREET LLC

Return Completed Application To: Hardy Street LLC c/o Harborlight Community Partners
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: ____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Phone: ________________________________________________

SIZE OF APARTMENT NEEDED: Two Bedroom UNIT TYPE REQUESTED:

UNIT TYPE REQUESTED:

Handicap Unit [] Yes [] No

FOR OFFICE USE OF ONLY:

Low Handicap

Handicap Low

Very Low

Handicap Very Low
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></td>
<td></td>
<td>Yes or No</td>
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<td>2)</td>
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<td>Yes or No</td>
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<td>4)</td>
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<td>Yes or No</td>
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</table>

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: ______________________________________________________
2\textsuperscript{nd} 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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source of Income</th>
<th>Name and Address of Income Source</th>
<th>Gross Monthly Amount</th>
</tr>
</thead>
<tbody>
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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: ___________

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.)

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type/Account #</th>
<th>Name and Address of Asset</th>
<th>Market Value</th>
</tr>
</thead>
<tbody>
<tr>
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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) 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: __________________________________________________________________________

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, Hardy Street LLC 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
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _______________________________________________________

ADDRESS: ____________________________________________________

I, the above-named individual, have authorized Hardy Street LLC 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: Hardy Street LLC 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 Hardy Street LLC 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

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