

VI. RENTAL APPLICATION

AFFORDABLE HOUSING APPLICATION
Application Deadline: _____

Applicant Legal Name _____ Phone Number _____ E-mail _____
Address _____ City _____ State/Zip _____

I learned of this lottery from (check all that applies):

Website: _____ Letter: _____
Advertisement: _____ Other: _____

This application is not complete if not filled out completely, signed and submitted with ONE COPY of the following documentation. Failure to provide a complete application package can delay the approval process and your ability to participate in the lottery.

REQUIRED INCOME VERIFICATION DOCUMENTS:

- _____ Last 3 year's Federal tax returns (NO STATE RETURNS), including 1099's, W-2's and schedules, for every person living in the household over the age of 18
- _____ 5 most current, consecutive pay stubs, for all salaried employed household members over 18. Six months of income for hourly and seasonal workers. For unemployment, disability or worker's compensation and/or severance pay, copies of checks or DOR verification stating benefits received.
- _____ Child support and alimony: legal court document indicating payment amount.
- _____ Self-employed: provide a detailed expense and income statement for the 5 months prior to the lottery, and 3 copies of business checking and savings accounts.
- _____ Recent statements received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, etc.
- _____ Asset statements showing current value including all bank accounts, investment accounts, retirement accounts, cash value of whole life policies, etc.
- _____ Interest, dividends and other income from real or personal property.
- _____ Unborn children may be counted as household members with proof of pregnancy.
- _____ School registration for any full-time student for any household member over 18.
- _____ If in the process of a divorce or separation, provide legal proof that the process has begun or been finalized.

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HOUSEHOLD INFORMATION: List all members of your household including yourself

List all members of your household including yourself. Number of Bedrooms Needed: One

Names of all Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)	Relation to Head	Age	Date of Birth	Minority Category * (Optional)
1				
2				

*Minority preference categories include only Native American or Alaskan Native, Black or African American, Asian, Native Hawaiian or Pacific Islander; or other (non-White); and the ethnic classification Hispanic or Latino. Requires a separate self-declaration document.

Do you have a Section 8 voucher? Yes No

INCOME: List all income of all members over the age of 18 listed on application to reside in the unit, such as wages, child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income; including rental income from property. Adults with no income are required to submit a notarized statement. If additional space is needed, please attach another sheet.

#	Source of Income	Address/Phone# of Source	Amount per Year
1			
2			
3			
TOTAL			

ASSETS: List all checking, savings accounts, CD's, stocks, bonds, retirement accounts, savings bonds and any other investments below. If additional space is needed, please attach another sheet. Household assets do not include necessary personal property.

#	Type of Asset	Bank/Credit Union Name	Account No	Value, Balance
1	Checking account			
2	Savings account			
3	Retirement account			

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4	Other: _____			
5	Other: _____			
6	Other: _____			
		TOTAL		

EMPLOYMENT STATUS

Applicant's Name: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

Co-Applicant's Name: _____

Occupation: _____

Present Employer: _____

Employer Address: _____

Name & Title of Supervisor: _____

Date of Hire: _____ Annual Gross Salary: _____

APPLICANT(S) CERTIFICATION

1. I/We certify that our household size is _____ persons, as documented herein.
2. I/We certify that our total household income equals \$_____, as documented herein.
3. I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that false or incomplete information may result in disqualification from further consideration.
4. I/We certify that no member of our family has a financial interest in the project.
5. I/we understand that being selected in the lottery does not guarantee that I/we will be able to lease a unit. I/we understand that all application data will be verified and additional financial information may be required, verified and reviewed prior to leasing a unit. I/We also understand that the project's owner will perform its own screening to determine eligibility.
6. I/We authorize _____, to verify all financial and household information and direct any employer, landlord or financial institution to release any information to _____ and the project owner to determine eligibility.
7. I/We understand that there may be differences between the market and affordable unit and accept those differences.
8. I/We understand that if my/our total income exceeds 140% of the maximum allowable income and at the time of annual eligibility determination, at the end of my current lease term I will no longer be eligible for the affordable rent.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units. I/We am/are qualified based on the program guidelines and agree to comply with applicable regulations.

Applicant Signature

Date

Co-Applicant Signature

Date

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT.

OVERLOOK CABOT LLC, BEVERLY, MA – MARKETING PLAN

As of the ____ day of _____, 2020, as authorized representatives of Overlook Cabot LLC and Harborlight Community Partners, lottery agent, respectively, each of us has reviewed this plan and agrees to implement this AFHMP, which shall be made effective as of the approval date. Further, by signing this form, Overlook Cabot, LLC agrees to review and update its AFHMP as necessary in order to comply with all applicable statutes, regulations, executive orders and other binding DHCD requirements pertaining to affirmative fair housing marketing and resident selection plans reasonably related to such statutes, regulations, executive orders, as same may be amended from time to time. We hereby certify that all the information stated herein, as well as any information provided herewith, is true and accurate.

Overlook Cabot LLC

By: _____

Hereunto duly authorized

Harborlight Community Partners, lottery agent

By: _____

Hereunto duly authorized

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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized Overlook Beverly 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: Overlook Cabot 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 Overlook Cabot 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

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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