

**VI. RENTAL APPLICATION**

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AFFORDABLE HOUSING APPLICATION

Application Deadline: March 2, 2021

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.

## 5 WEST DANE APARTMENTS LLC, BEVERLY, MA – MARKETING PLAN

**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			
<b>TOTAL</b>			

**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			

**5 WEST DANE APARTMENTS LLC, BEVERLY, MA - MARKETING PLAN**

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4	Other: _____			
5	Other: _____			
6	Other: _____			
		<b>TOTAL</b>		

**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.

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Applicant Signature

Date

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Co-Applicant Signature

Date

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT.

# 5 WEST DANE APARTMENTS LLC, BEVERLY, MA – MARKETING PLAN

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## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

\_\_\_\_\_

I, the above-named individual, have authorized 5 West Dane Apartments 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: 5 West Dane Apartments 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 5 West Dane Apartment 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.***

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Head of Household	Date	Other Adult Member	Date
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**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