WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

Instructions for: HARBORLIGHT HOUSE

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 House, Director’s Office, One Monument Square, 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.
HARBORLIGHT HOUSE
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, 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 Partner 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 HARBORLIGHT HOUSE

Return Completed Application To: Harborlight House, Director’s Office
One Monument Square
Beverly, MA 01915
Phone: (978) 927-2121; Fax: (978) 232-1245

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: ----------------------------------

Present Landlord Name: ----------------------------------

Phone: ______________________

SIZE OF APARTMENT NEEDED: UNIT TYPE REQUESTED: Handicap Unit

[] Yes   [] No

FOR OFFICE USE OF ONLY:

Low
Handicap Low
Very Low
Handicap Very Low

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</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) __________________________ Yes or No

Do you expect any additions to the household within the next 12 months: __________________________
If yes, please explain giving name and relationship: __________________________

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:

2nd 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 arrested or 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. 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>Source of Income</th>
<th>Name and Address of Income Source</th>
<th>Gross Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any changes expected in income within the next 12 months?: __________________________
If yes, please list household member and explain: ____________________________________________

---

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: _________

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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 $ __________

Do you pay childcare expenses that allow you to work or attend school? Yes [ ] No [ ]
Do you pay expenses for care of an individual with disabilities that allow you to work? Yes [ ] No [ ]
PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

Harborlight House offers a variety of non-medical supportive services including meals served in the community dining room, housekeeping, laundry, medication assistance, personal care, etc.)? Do you expect to utilize some or all of these services if accepted for residency?

☐ Yes
☐ No

2. Are you enrolled in one of the following (check those that apply):
   ☐ PACE (Program of All-inclusive Care for the Elderly)
   ☐ SCO (Senior Care Options)
   ☐ MassHealth funded Enhanced Services (i.e. Community Choices Program, Enhanced Community Options Program, etc.)
   ☐ Other Service or Care Program

In Case of Emergency, whom should we contact?

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, Harborlight House 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 Harborlight House 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: Harborlight House 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 Harborlight House 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
Harborlight Community Partners is registered under the provisions of M.G.L. c.5, §272 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.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**SUBJECT INFORMATION:** (An asterisk denotes (*) a required field)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

MAIDEN NAME (or other name[s] by which you have been known):

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>PLACE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

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
**HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

**Property Name:**

**Certification Type:**
- [ ] Move Initial Certification
- [ ] Re-certification
- [ ] Other:

**Unit:**

**Housing Program:**
- [ ] Low Income Housing Tax Credit
- [ ] HOME
- [ ] Other:

---

### I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME</th>
<th>RELATIONSHIP</th>
<th>DOB</th>
<th>SSN</th>
<th>FT STUDENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HEAD</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
</tbody>
</table>

Are any HH changes expected in next 12 months? [ ] YES [ ] NO

If YES explain:

Are any student changes expected in next 12 months? [ ] YES [ ] NO

If YES explain:

---

### II. STUDENT STATUS

Is every member of the household a FT student as defined above?
- If NO continue to Section III
- If YES please complete the following questions:

- Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)? [ ] YES [ ] NO
- Was a student previously a foster child? [ ] YES [ ] NO
- Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? [ ] YES [ ] NO
- Is a student married and eligible to file a joint tax return? [ ] YES [ ] NO
- Is a student a single parent who is not claimed as a dependent by another individual? [ ] YES [ ] NO
- Are the minors in the household claimed as a dependent by a parent? [ ] YES [ ] NO

---

**INCOME INSTRUCTIONS:**

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

Spectrum Enterprises 2013
### III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.*

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Head of Household</th>
<th>Co Head and/or Other Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One</td>
<td>Amount</td>
<td>Frequency</td>
</tr>
<tr>
<td>1. Salary or pay from job</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>2. Overtime or shift pay</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>3. Bonus/commission/etc.</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>4. Do you have a 2nd job?</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>5. Seasonal/sporadic work</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>6. Tips</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>7. Cash pay</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>8. Self employment income</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>9. Periodic gift income</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>10. Non cash contributions</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>11. Formal child support</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>12. Is child support awarded but not paid?</td>
<td>[ ] YES [ ] NO</td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>13. Informal child support</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>14. Formal spousal support</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>15. Is spousal support awarded but not paid?</td>
<td>[ ] YES [ ] NO</td>
<td>[ ] YES [ ] NO</td>
</tr>
<tr>
<td>16. Informal spousal support</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>17. Social Security</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>18. SSI</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>19. TANF, AFDC, etc.</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>20. Unemployment benefits</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>21. Worker's compensation</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>22. Severance pay</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>23. Pension income</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>24. Retirement acct payments</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>25. Investment acct payments</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>26. Annuity acct payments</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>27. Trust acct payments</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>28. Disability/death benefits</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>29. Real estate rent income</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>30. Student financial aid</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>31. Military pay</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>32. Veterans/VA income</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>33. Other income:</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>34. Other income:</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>35. Are any income changes expected in the next 12 months?</td>
<td>[ ] YES [ ] NO</td>
<td>[ ] YES [ ] NO</td>
</tr>
</tbody>
</table>

For each source of income checked YES above, please complete the following:

<table>
<thead>
<tr>
<th>Income #</th>
<th>HH Member</th>
<th>Name of Source</th>
<th>Address/Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each source of income checked YES above, please complete the following:

For each source of income checked YES above, please complete the following:

<table>
<thead>
<tr>
<th>Income #</th>
<th>HH Member</th>
<th>Name of Source</th>
<th>Address/Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spectrum Enterprises 2013
2
IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Head of Household Check</th>
<th>Apprx Cash Value</th>
<th>Co Head and/or Other Member Check</th>
<th>Apprx Cash Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checking account</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>2. 2nd checking account</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>3. Savings account</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>4. 2nd savings account</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>5. Debit/direct deposit card</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>6. 2nd debit card</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>7. Cash on hand</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>8. Certificate of Deposits</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>9. Other bank account</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>10. Mutual Fund</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>11. Stocks</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>12. Portfolio/brokerage</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>13. IRA/401K/etc.</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>14. 2nd IRA/401K/etc.</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>15. Treasury bills/bonds</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>16. Company retirement acct</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>17. Annuity</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>18. Pension</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>19. Revocable trust</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>20. Life insurance (not term)</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>21. Real estate equity</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>22. Other asset</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
<tr>
<td>23. Other asset</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
<td>[ ] YES [ ] NO</td>
<td>$</td>
</tr>
</tbody>
</table>

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

<table>
<thead>
<tr>
<th>Asset #</th>
<th>HH Member</th>
<th>Name of Source</th>
<th>Address/Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature __________________________ Printed Name __________________________

Co Head and/or Other Member Signature __________________________ Printed Name __________________________

Management Signature __________________________ Date __________________________

Spectrum Enterprises 2013
3
AUTHORIZATION TO RELEASE INFORMATION

TO

HARBORLIGHT HOUSE

I, __________________________ have applied to Harborlight House, an Assisted Living facility, for residency. Please release any requested medical, health or financial information concerning me, my income, projected income, and/or assets to Harborlight House as quickly as possible.

Thank you for your assistance.

__________________________________________________________________________
Resident or Legal Representative Signature

Resident Social Security Number: ____________

Date: ________________
UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets are less than $5,000.00
Complete only one form per household; include assets of children

Applicant/Tenant: __________________________________________ Unit #: __________

Complete 1 or 2:
1. [ ] I/we do not have any assets at this time (skip to #5)
2. [ ] I/we do have assets as follows:

   Cash on hand: $________
   Balance on prepaid debit card: $________
   Interest/Dividend Income: _________
   Avg 6 mo checking acct balance: $________
   Interest/Dividend Income: _________
   Current savings acct balance: $________
   Interest/Dividend Income: _________
   401k/IRA/CD/Money Market: $________
   Interest/Dividend Income: _________
   Stocks/Bonds/Retirement: $________
   Interest/Dividend Income: _________
   Life Insurance (except Term): $________
   Interest/Dividend Income: _________
   Safe Deposit Box: $________
   Interest/Dividend Income: _________
   Equity in Real Estate: $________
   Rental Income: _________
   Lump Sum Amounts received: $________
   i.e. lottery/inheritance/insurance/lawsuit
   Other: $________
   Interest/Dividend Income: _________
   Other: $________
   Interest/Dividend Income: _________
   Other: $________
   Interest/Dividend Income: _________

   • For all assets list the cash value which is the market value minus the cost of converting the asset to cash
     such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
   • List only amounts accessible to the household members. For instance, do not list pension or retirement
     account balances that cannot be accessed without terminating employment
   • Do not list necessary personal property such as clothing, furniture, televisions, etc.
   • Include any personal property held as an investment such as artwork, antique cars, coin collections, gems,
     etc.

3. The net household assets above are less than $5,000.00 [ ] YES [ ] NO
4. Total annual income from all assets is: ____________________________
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for
   less than fair market value: [ ] YES [ ] NO
   If YES list asset disposed: __________
   Date of disposal: __________
   Fair market value: __________
   Amount received: __________

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of
my knowledge. The undersigned further understand that providing false representation herein constitutes an act of
fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

________________________________________________________________________ Date

(Signature of Tenant) __________________________________________________________________________

________________________________________________________________________ Date

(Signature of Tenant) __________________________________________________________________________

________________________________________________________________________ Date

(Signature of Tenant) __________________________________________________________________________

________________________________________________________________________ Date

(Signature of Tenant) __________________________________________________________________________

________________________________________________________________________ Date

Spectrum Enterprises 2013
Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.

1. Name of Applicant: ____________________________________________________________

Mailing Address: ___________________________________________ Apt No: __________

City / Town: ___________________________________________ State: ______ Zip: __________

Cell Phone: ________________________ Home Phone: ________________________

Email: ____________________________

2. Members of household to live in unit, including Head of Household:

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Racial Designation*</th>
<th>Ethnic Designation**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify):

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

Do you understand spoken or written English? ☐ Yes ☐ No

Primary Spoken Language: _________________________________________________________

Primary Written Language: ________________________________________________________
4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.

   **NOTE:** MRVP’s definition of homeless is NOT the same as those used by homeless shelters or Section 8. Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

   "Homeless" is defined by state regulations as an applicant who is (you must be able to check ALL boxes):
   - [ ] Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;
   - [ ] Who has not caused or substantially contributed to the situation;
   - [ ] Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and
   - [ ] Who is displaced or about to be displaced from his/her primary residence.

   If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness **MUST** be due to one of the categories below to qualify for Homeless Priority.

   - [ ] Displaced by No-fault of Applicant (i.e. No-fault eviction)
   - [ ] Displaced by Severe Medical Emergency
   - [ ] Displaced by Domestic Violence
   - [ ] Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
   - [ ] Displaced by Public Action (i.e. Urban renewal, eminent domain)
   - [ ] Displaced by Public Action (i.e. Condemnation of home)

   If you are applying for a Homeless Preference, you **MUST ATTACH VERIFICATION** of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.

   Please answer the following and **provide appropriate verification**:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, please attach verification of your child’s enrollment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Do you have any special needs due to a disability or need a reasonable accommodation?**  [ ] Yes  [ ] No

   Please Specify:

   ________________________________________________________________

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

   | Name: __________________________________________ | Relationship: ________________________ |
   | Address: __________________________ __________________________ | Apt No: ____________________________ |
   | City / Town: __________________________ State: ______ Zip: __________ |
   | Cell Phone: __________________________ | Home Phone: __________________________ |

   Email: ________________________________________________________
8. **Income Before Deductions:** Estimate the Gross Income anticipated for **ALL** household members from **ALL** sources for the next 12 months. Specify all sources.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Name of Employer or Source of Income</th>
<th>Gross Income for Next 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary &amp; Wages, including Overtime &amp; Tips</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Salary &amp; Wages, including Overtime &amp; Tips</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Net Income from Business or Profession</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Unemployment or Disability Compensation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TAFDC or Public Assistance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Regular Child Support &amp; Alimony Payments</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits &amp; SSI, including SSP</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>VA Disability Income</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Pensions, Annuities, Dividends, and Interest</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Income:</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Total Gross Income:** $

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type</th>
<th>Asset Value or Current Balance</th>
<th>Name of Financial Institution</th>
<th>Account No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you own any real estate? □ Yes □ No
If yes, please provide the address:

Have you sold, transferred or given away any real property or assets in the last three (3) years? □ Yes □ No
If yes, provide date of sale / transfer:

Amount of the sale / transfer: $  Value of the sale / transfer: $

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

<table>
<thead>
<tr>
<th>Un-reimbursed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expenses:</td>
<td>$</td>
</tr>
<tr>
<td>Alimony or Child Support Payments:</td>
<td>$</td>
</tr>
<tr>
<td>Health Insurance:</td>
<td>$</td>
</tr>
<tr>
<td>Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member)</td>
<td>$</td>
</tr>
<tr>
<td>Child Care:</td>
<td>$</td>
</tr>
</tbody>
</table>
11. Have you, or any member of your household, ever received housing assistance from this or any other housing agency?  □ Yes  □ No
   If yes, Name of Head of Household at that time: ______________________________
   Name of Housing Agency: ______________________________
   Date Moved Out: ______________________________
   Reason Moved Out: ______________________________
   Where you terminated for cause?  □ Yes  □ No  Do you owe any money, back rent, □ Yes  □ No
   or damages to the housing agency?
   If Yes to either above, please explain: _______________________________________

12. Rental History
   Do you owe any previous property owner money for damages or unpaid rent?  □ Yes  □ No
   Have you ever been evicted from a rental unit for cause?  □ Yes  □ No
   If Yes to either, please explain: _______________________________________

13. Criminal Record
   Have you or any member of your household ever been convicted of a drug or violent crime?  □ Yes  □ No
   Do you or any member of your household have any criminal matters pending?  □ Yes  □ No
   Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts?  □ Yes  □ No
   If Yes to ANY, please explain: _______________________________________

APPLICANT’S CERTIFICATION:
I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant’s Signature: ______________________________  Date: ________________
Reviewer’s Signature: ______________________________  Date: ________________
Authorization for the Release of Information

Signing this form gives the AA and/or DHCD permission to share your personal information. Your personal information will only be disclosed in accordance with this form and as required or allowed by law. Please read it carefully before signing it.

I understand that the personal information I provide through this release will be securely maintained in accordance with applicable law.

I authorize the AA and/or DHCD:
- to contact individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to determine my household’s eligibility and to obtain and share information (by any means, including oral, written, electronic, facsimile or telephonic) regarding myself and my household members related to my MRVP Voucher, application, and supporting documents; and
- to verify the information regarding myself and my household members, including through wage matching, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI) requests.

I authorize any and all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information regarding me and my household members to the AA and/or DHCD.

Shared and verified information may include, but is not limited to:
- biographic information (e.g. name, date of birth, social security number);
- demographic information (e.g., race, ethnicity, language); and
- information related to my application for, eligibility for, or participation in MRVP (such as income, employment, criminal history, assets, or any other information related to my housing subsidy).

In accordance with all applicable state laws including M.G.L. c. 62E, the AA and DHCD participate in the Massachusetts Wage Reporting System (“wage match”). The income reported by adult MRVP Applicants and Participants (18 years of age or older) shall be matched with wages reported by employers to the DOR. The AA and DHCD are asking all adult MRVP Participants to provide and verify their social security numbers for this purpose. I understand that failure to provide and verify social security numbers may result in my termination from the MRVP.

I agree to cooperate in requests to provide information to the AA and/or DHCD, and understand that my failure to do so may result in my termination, suspension, and/or repayment of assistance.
I will be notified in writing of actions taken against me because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

If I receive MRVP assistance and I am later determined to be ineligible for it, I may be fully liable for the value of the assistance received.

I understand that this release is effective for 15 months from the date of signature. I have read and understand this form. A photocopy or digital copy of this release is as valid as the original.

________________________________________
Head of Household Printed Name

________________________________________
Head of Household Signature

________________________________________
Date

________________________________________
Other Adult Household Member

________________________________________
Other Adult Household Member Signature

________________________________________
Date

________________________________________
Other Adult Household Member

________________________________________
Other Adult Household Member Signature

________________________________________
Date

________________________________________
Other Adult Household Member

________________________________________
Other Adult Household Member Signature

________________________________________
Date
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: 

Address: 

Date of Birth: 

Social Security #: 

I, the above-named individual, hereby authorize Community Teamwork, Inc. ("CTI") to verify, from the following sources, the accuracy of the information I have provided to CTI:

- Employers and income from self-employed business or profession
- Public benefits (including but not limited to DTA, EOLWD, SSI, SSA, VA, DOR)
- Other federal or state pensions, or income from annuities, private pensions, IRAs, or 401(k) plans
- Statements of accounts from financial institutions including but not limited to banks, credit unions, investment companies, etc., for information on assets and dividends, etc.
- Lottery proceeds
- Child support payments/alimony
- Workers' compensation or other health/accident payment in lieu of earnings
- Regular allowances or gifts/monetary contributions to the household
- Student status/scholarship information from schools
- Utility companies for information about service addresses and payment history
- Credit reporting companies for information about my housing history, payment history, and assets
- Current and prior landlords for information about my housing history
- Registry of Motor Vehicles for information on addresses and registered vehicles

I authorize you to release this information to CTI, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached form to CTI within five days of receipt of this request.

I understand that a photocopy of this authorization is valid as the original.

Thank you for your cooperation and assistance in this matter.

Printed name ____________________________ Signature ____________________________ Date ___________

THIS AUTHORIZATION IS VALID FOR A PERIOD OF TWO YEARS FROM THE DATE SIGNED.
Community Teamwork Inc. is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an 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 Community Teamwork Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Community Teamwork Inc. with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_________________________________________  __________________________________________
Signature of CORI Subject                        Date
SUBJECT INFORMATION
Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: ___________________________ Middle Initial: ________________

* Last Name: ___________________________ Suffix (Jr., Sr., etc.): ________________

Former Last Name 1: ___________________________

Former Last Name 2: ___________________________

Former Last Name 3: ___________________________

Former Last Name 4: ___________________________

* Date of Birth (MM/DD/YYYY): ___________________________ Place of Birth: ___________________________

* Last SIX digits of Social Security Number: ____________-__-__________  □ No Social Security Number

Sex: ___________________________ Height: _____ ft. _____ in. Eye Color: ___________________________ Race: ___________________________

Driver’s License or ID Number: ___________________________ State of Issue: ___________________________

Father’s Full Name: ___________________________

Mother’s Full Name: ___________________________

Current Address

* Street Address: ___________________________

Apt. # or Suite: ____________  *City: ___________________________  *State: ____________  *Zip: ____________

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Verified by:

__________________________________________
Print Name of Verifying Employee

__________________________________________  Date
Signature of Verifying Employee
Building Communities, Changing Lives

155 Merrimack Street, Lowell, MA 01852 (978) 459-0551 FAX (978) 453-9150

MRVP APPLICANT, PARTICIPANT, TRANSFEREE
CERTIFICATION RELATIVE TO
DRUG AND/OR VIOLENT CRIMINAL OR SEX OFFENDER ACTIVITY

I, ____________________________, hereby acknowledge that neither I nor any member of my household (18 years and older), presently or in the past twenty-four months, have engaged in any felonious drug-related or other criminal activity, including criminal activity that requires sex offender registration. I/we authorize Community Teamwork ("CTI") to obtain information from law enforcement agencies (e.g. local police departments, Criminal History Systems Board) and sex offender registry boards.

I further acknowledge that if CTI determines that I have not been truthful with respect to the above, or if provided with information verifying felonies, drug-related and or violent criminal activity, or sex offender status, I may be denied eligibility, the opportunity to transfer, or terminated from the Massachusetts Rental Voucher Program.

Signed under the pains and penalties of perjury,

MRVP applicant, transferee, participant

SS# ____________________________ Date ____________

Spouse/family member over 18 years old

SS# ____________________________ Date ____________

Family member over 18 years old

SS# ____________________________ Date ____________

Family member over 18 years old

SS# ____________________________ Date ____________
Dear State-Aided Rental Assistance Applicant/Participant Head of Household or Household Member:

Under state law, each head of household and adult household member (age 18 and over) residing in a unit aided by a state rental assistance program or applying for rental assistance is required to participate in the Massachusetts Wage Reporting System (WageMatch). The purpose is to verify the income of households. This will be done by matching the income and assets reported by each head of household and adult household member (age 18 and older) with wages reported by employers to the Massachusetts Department of Revenue.

Therefore, we are requiring you at this time to provide your social security number (SSN). Although you may have signed a release previously, we are asking you to sign the release again to allow for the most current information to be provided. This will update any release already on file so that all current members of the household eighteen years of age and older may be included. New residents and anyone who failed to comply during previous wage reporting matches are asked to submit an original release to this agency. The SSNs and the names of the head of household and all adult members of the household will be forwarded by this agency to the state agency, the Department of Housing and Community Development (DHCD), which administers your rental assistance program. DHCD will forward this information to the Department of Revenue. The Department of Revenue will provide DHCD with information from its records as to your reported wages and the reported wages of other members of your household, and DHCD will inform this agency of this information.

If there is a “mismatch” between the information provided to us by the household and the information provided by the Department of Revenue, we will contact the head of household. We will meet and work with the head of household whose information is in question to try to resolve the “mismatch”. However, if the “mismatch” cannot be resolved, and we determine that the household has incorrectly underreported wages, we may take one of more of the following actions: adjust the household’s current tenant share; seek repayment of voucher payments incorrectly made by the household; and/or terminate the household’s tenancy. If we take any of these actions, the head of household has the right to dispute our decision through this agency’s grievance procedures and in court.

Any “mismatch” which cannot be resolved could result in referral to DHCD. Information concerning you and your household may also be referred to the District Attorney, Attorney General, or other appropriate law enforcement officials, which may result in further investigation, action, and/or criminal prosecution.

Before you sign this form, it is important that you know the following additional information:

1. In accordance with state law (chapter 43 of the Acts of 1997, section 174; 760 CMR 6.05(3)), it is mandatory that each head of household and adult household member (age 18 and over)
disclose to us his or her social security number. If a head of household or any adult (age 18 or over) household member has a social security number, and fails to provide this agency with that social security number, that is grounds for termination of the household’s voucher or denial of eligibility for the state rental assistance.

2. We will use and hold your social security number and the information obtained from the Department of Revenue and DHCD in our records only for the purposes described above unless we get your consent to use it for any additional purposes.

3. We will keep the wage reporting information confidential. Only employees of this agency and the other agencies or entities described above may see this wage reporting information or keep it in their records for the purposes described above. These other agencies or offices will also keep the information confidential. If we receive a legal order to release the information anyone else, we will notify you.

4. If you ask, you or your authorized representative has a right to inspect and copy information collected about you.

5. If you ask, we will answer your questions about how we keep and use this information.

6. You may object to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of information we hold about you. If you object, we will investigate your objection and will either correct a problem or make your objection part of the file. If you are dissatisfied, we will further inform you of any additional opportunity for appeal.

Sincerely,

Intake Department
Community Teamwork, Inc.
Income Match Authorization (WageMatch)

All adult members of the household must sign this form

Please return this form no later than ______________________. If there are more than four adults in your household, please continue on the back of this form.

I have read the attached letter and authorize the use of my Social Security Number for the purpose described.

Head of Household

Social Security Number: ____________________________________________

Name (Please Print): ____________________________________________

Signature: ______________________________________________________

Other Adult (aged 18 and over) Household Members

1. Social Security Number: ________________________________________

Name (Please Print): ____________________________________________

Signature: ______________________________________________________

2. Social Security Number: ________________________________________

Name (Please Print): ____________________________________________

Signature: ______________________________________________________

3. Social Security Number: ________________________________________

Name (Please Print): ____________________________________________

Signature: ______________________________________________________

4. Social Security Number: ________________________________________

Name (Please Print): ____________________________________________

Signature: ______________________________________________________
No Asset Verification

Assets include cash on hand and held in safety deposit box, savings and/or checking accounts, trust funds, equity in real estate other capital investments, coin collections, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA Accounts, Winnings, insurance settlements, etc. Assets do not include necessary personal property such as furniture, automobiles and clothing.

I, __________________________ hereby certify that I have no assets, including bank accounts.

Applicant or Participant Name

__________________________________________    __________________________
Signature                                      Date
Asset Disposition Verification

I, ___________________________ hereby certify that during the past 24 months I ___ have ___ have not disposed of one or more assets for less fair market value.

________________________________________  _____________
Signature  Date

Asset disposition information

If in the last 24 months, Applicant/participant disposed of an asset valued in excess of $1,000 for less than fair market value (i.e. transferred house to a child for $1.00 attach evidence of fair market value at date of transfer (tax bill, appraisal, etc.) And proof of amount received by Applicant/participant (i.e. cancel check, deed, etc.)

Date Assets was Disposed of: __________________________

Description of assets: _________________________________________

Value of Assets at time of disposal: ___________________________

Amount received for Assets: _________________________________

Excess value Not received: _________________________________