EQUAL HOUSING CPPORTUNITY

19

Property Management APPLICATION

Please Print Clearly



413-233-1705

| This is an application for an apartment at: OLYMPIA OAKS 85 Olympia Drive Amherst, MA 01002 | DATE: |
|---|--|
| Please complete this application and return to: | Property Management Department HAP, INC. Att:OFFICE BUTTERNUT FARM 12 Longmeadow Drive Amherst, MA 01002 |
| An applicant may be interviewed only after the recei | ipt of this tenant application. L INFORMATION |
| | LINFORMATION |
| Applicant Name(s): | management and the second seco |
| Address: Street Apt.# | City State ZIP |
| Best Phone #: | - " |
| No. of BR's in current unit: | Do you □ RENT or □ OWN (check one) |
| Amount of current monthly rental or mortgage payr | ment: _\$ |
| If owned, do you receive monthly rental income fro | om property? Yes No (check one) |
| Check utilities paid by you: ☐ Heat ☐ Elect | tricity Gas Other (specify) |
| Approximate monthly cost of utilities paid by you | (excluding phone and cable TV): \$ |
| Bedroom size requested: □Efficiency □ One BR | . □ Two BR Three Bedroom□ Handicap BR |

| | a currently work within the Tof Amherst? Yes | Town of Amherst No | or have you | received an of | fer of empl | oyment w | ithin the |
|-----------|--|--|----------------|-----------------|---------------------------------------|----------|---------------|
| ном | DID YOU HEAR ABOUT | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | B. HOUSEHOL | D COMPO | SITION | | | |
| | Name | Relationshi p to head | Birth Date | Age (optiona l) | SS# | # | Studen Y/N |
| Head | | | | | | | |
| Co-T | | | | | | | |
| 3 | | | | | | | |
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| 5 | | | | | | ··· | |
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| 8 | ¥ | | | | | | |
| | | | | | | | |
| TT 41- | 1 | . 1 1 1 4.* | * /1 7 | 1 | | | |
| | ere been any changes in hou explain: | isenola compositi | on in the last | t twelve mont | hs? 🛚 Y | es 🗆 1 | 40 |
| Do you | anticipate any changes in ho | ousehold composi | tion in the no | ext twelve mo | nths? \(\subseteq \text{Y} | es 🗆 N | |
| If yes, e | xplain: | | | | | **** | |
| | | C. IN | COME | · | 1711 | | |
| List AL | L sources of income as rear | ested below. If a | section does | sn't annly cro | iss out or wi | rite NA | |
| | usehold Member Name | quested below. If a section doesn't apply, cross out or write NA. Source of Income Gross Mon Amoun | | | | | |
| | | Social Security | 7 | | | \$ | |
| | | Social Security | | | | \$ | |
| | | | | | \$ | | |

| Social Security | \$ |
|--|----|
| | |
| SSI Benefits | \$ |
| | |
| Pension (list source) | \$ |
| Pension (list source) | \$ |
| Pension (list source) | \$ |
| | |
| Veteran's Benefits (list claim #) | \$ |
| Veteran's Benefits (list claim #) | \$ |
| | \$ |
| Unemployment Compensation | \$ |
| Unemployment Compensation | \$ |
| | |
| Title IV/TANF | \$ |
| Title IV/TANF | \$ |
| Contributions to the Household (monetary or not) | \$ |
| | |
| Full-Time Student Income (18 & Over Only) | \$ |
| Full-Time Student Income (18 & Over Only) | \$ |
| | |
| Interest Income (source) | \$ |
| Interest Income (source) | \$ |
| Interest Income (source) | \$ |
| Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

1

| Household Member Name | Source of Income | Monthly Amount |
|-----------------------|--------------------|-------------------|
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone# | |

| | How long employed: | Position Held: | | |
|---|--|------------------|-------------|---|
| | Employment amount: | | \$ | |
| | | | | |
| · | Employer: | | | |
| Employment Address: | Telephone# | **** | | |
| | How long employed: | Position Held: | | |
| | Employment amount: | | \$ | |
| | Employer: | | | <u>-</u> |
| Employment Address: | Telephone# | | | u·n |
| | How long employed: | Position Held: | | |
| | Alimony | | | |
| | Are you <i>legally entitled</i> to receive | alimony? | ☐ Yes | □ No |
| | If yes, list the amount you are entited | tled to receive. | \$ | |
| | Do you receive alimony? | | ☐ Yes | □ No |
| | If yes list amount you receive. | | \$ | |
| | | | | |
| | Child Support | | | |
| | Are you legally entitled to receive | | ☐ Yes | □ No |
| | If yes list the amount you are entitle | ed to receive. | \$ | |
| | Do you receive child support? | | ☐ Yes | ☐ No |
| | If yes, list the amount you receive. | | \$ | |
| | Other Income | | \$ | *************************************** |
| | Other Income | | \$ | |
| | Other Income | | \$ | |
| TOTAL GROSS ANNUAL INCOME (Based | on the monthly amounts listed above | x 12) | . | |
| TOTAL GROSS ANNUAL INCOME FROM | | | \$ | |
| | | <u>.</u> | \$ | |
| Do you anticipate any changes in this income i | n the next 12 months? | | ☐ Yes | □ No |
| Is any member of the household legally entitle | d to receive income assistance? | | ☐ Yes | □ No |
| Is any member of the household likely to receifrom someone who is not a member of the hou If yes to any of the above, explain: | ve income or assistance <i>(monetary or</i> sehold as listed on Page 2)? | r not) | ☐ Yes | □ No |
| 2,000 any or one above, exprain. | | | | |

|--|

| D. ASSETS | | | | | | | |
|---|-------------|-----------------|---------------|-------------------|---|-----------------------|----------|
| If your assets are too numerous to list here, please request an additional form. | | | | | | | |
| If a section doesn't apply, cross out or write NA. Checking Account# Bank Name: Balance \$ | | | | | e \$ | | |
| Name of person on | | 1 too alla | | - carre 1 4000004 | | 2 314110 | |
| F | | Location & Add | lress: | | | <u> </u> | |
| | | | | | | | |
| Name of person on | the account | Account# | | Bank name: | | Balanc | e \$ |
| | | Location & Add | iress: | , ,,,,,, | | | |
| Name of person on | the account | Account# | | Bank Name: | | Balanc | e \$ |
| | | Location & Add | Iress: | <u> </u> | | l | |
| | | | | | | 1 | |
| Savings Acc | | Account# | | Bank Name: | | Balanc | e \$ |
| Name of person on | the account | Location & Add | rece: | | | | ~ |
| | : | Docation & Add | ness. | | | | |
| Name of person on | the account | Account# | | Bank name: | J., 144, 447 | Balanc | ce \$ |
| | | T ' 0 4 1 | 1 | | | | |
| Location & Address: | | | | | | | |
| T | | | ** | nt. | | D-1 | ¢ |
| Trust Account | ; | # | | Bank | | Balan | |
| | | # | · | Bank | | Balan | |
| Certificates of | Deposit | # # | | Bank Bank | 11-11-11-11-11-11-11-11-11-11-11-11-11- | Balance \$ Balance \$ | |
| | | | | | | | |
| | | # | | Bank | | Balance \$ | |
| # | | | Bank | | Balance \$ | | |
| Savings Bonds | | # Maturity Date | | | Value | | |
| | | # Maturity Date | | Value \$ | | | |
| Life Insurance Policy # | | | | | Value \$ | | |
| Life Insurance | Policy | # | | | | Cash | Value \$ |
| | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| Mutual Funds | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| | | | | | | | |

| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
|---|--------------------------------------|--|----------------------------------|---------------|
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares | Interest or Dividend \$ | Value \$ |
| Donas | Name: | #Shares | Interest or Dividend \$ | Value \$ |
| - | | | Interest or Dividend \$ | Value \$ |
| | | | | |
| T. 177 | | | | |
| Real Estate 1 | | own any property? | | ☐ Yes ☐ No |
| If yes, Type | | | | |
| Location of | | | | |
| Appraised M | Iarket Value | | | \$ |
| Mortgage or | outstanding loans b | alance due | | \$ |
| Amount of a | innual insurance pre | mium | | \$ |
| Amount of n | most recent tax bill | | | \$ |
| Investment F | Property | | | |
| <i>If yes</i> , Addre | ess: | | Va | lue: \$ |
| ~ | | | Rental Inco | ome: \$ |
| | | | | |
| Does any me VOT a memi | ember of the household | old have an asset(s) owned as listed on Page 2? | l jointly with a person who is | ☐ Yes ☐ No |
| If yes, descri | | as listed off Lage 21 | | Yes No |
| | ~ | | | |
| Oo they have | access to the asset(| s)? | | |
| | | | | ☐ Yes ☐ No |
| lave you sol | ld/disposed of any pr | operty in the last 2 years? | | ☐ Yes ☐ No |
| f yes, Type o | | | | 4 |
| Market value | when sold/disposed | [| | \$ |
| Amount sold | /disposed for | | | \$ |
| Date of transa | action: | | | |
| | | | | **** |
| | posed of any other a rust Accounts)? | ssets in the last 2 years (E | xample: Given away money to rela | tives, set up |
| | | | | ☐ Yes ☐ No |
| | be the asset: | | | |
| | | | | |
| <i>f yes</i> , describ Pate of dispo | | | | |
| | | | | \$ |

| If yes, please list: | |
|--|---------------------|
| | |
| E. ADDITIONAL | LINFORMATION |
| Have you or any member of your family ever been convic | eted of a felony? |
| If yes, describe: | |
| Have you or any member of your family ever been evicted | i from any housing? |
| If yes, describe: | |
| TT | ☐ Yes ☐ No |
| Have you ever filed for bankruptcy? If yes, describe: | |
| | ☐ Yes ☐ No |
| Will you take an apartment when one is available? Briefly describe your reasons for applying: | |
| | |
| | |
| | |
| | |
| | |
| F. REFERENCE | INFORMATION |
| Name: | |
| Address: | |
| Current Landlord Home Phone: | Bus. Phone: |
| How Long? | |
| Name: | |
| Address: | |
| Prior Landlord Home Phone: | Bus. Phone: |
| How Long? | |
| Credit Reference #1: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #2: | |

| Address: | | |
|--|--|--|
| Account #: | | Phone #: |
| Credit Reference #3: | | |
| Address: | | |
| Account #: | | Phone #: |
| Personal Reference #1: | : | |
| Address: | | |
| Relationship: | | Phone #: |
| Personal Reference #2: | : | |
| Address: | | |
| Relationship: | | Phone #: |
| Personal Reference #3: | | |
| Address: | | |
| Relationship: | | Phone #: |
| | | |
| In case of emergency n | otify: | |
| Address: | | |
| Relationship: | | Phone #: |
| application is prohibiting disorigin, religion required to fur The following which its prog Hispanic or La Native Hawaii American Indi | requested in order to ass scrimination against tenant, sex, familial status, againsh this information, but information is requested rams are utilized by minutino Yes No No an or Pacific Islander | anal origin, and sex designation solicited on the sure the Federal Government that Federal Laws ant applicants on the basis of race, color, national ge and handicap are complied with. You are not get are encouraged to do so. If the federal Government that Federal Laws and applicants on the basis of race, color, national get and handicap are complied with. You are not get are encouraged to do so. If the federal Government that Federal Laws and applicants of race, color, national get and handicap are complied with. You are not get are encouraged to do so. If the federal Government that Federal Laws and applicants of race, color, national get and handicap are complied with. You are not get are encouraged to do so. If the federal Laws and specific for the federal Laws and specific for race, color, national get and handicap are complied with. You are not get are encouraged to do so. If the federal Covernment that Federal Laws and specific for race, color, national get and handicap are complied with. You are not get are encouraged to do so. If the federal Covernment that Federal Laws and specific for race, color, national get |
| Male | Female | Primary Language |
| | | —— Page 8 ——————————————————————————————————— |

| Do you request any modifications | free) unit? | | |
|---|---|--|------------------------|
| | | | |
| Do you have sensory impairments | that require special features in an a | partment? | |
| Are you currently using an illegal of | controlled substance? | | |
| Do you have a previous conviction Have you ever been convicted of il | of same? | | |
| | | of a controlled | |
| substance? | | | |
| Do any household members smoke | | | |
| G. VEHICL | E INFORMATION (if applicable) | | |
| List any cars, trucks, or other vehicles owned. Management will be necessary for more than o | | cle. Arrangement | s with |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Do you own any pets? | | Yes | No |
| | | | |
| If yes, describe: | | | • |
| Para Radian | | | |
| We hereby certify that I/We Do/Will not main rither certify that this will be my/our permane posit for this apartment prior to occupancy. I based on applicable income limits and by ma formation in this application is true to the best attements or information are punishable by law rmination of tenancy after occupancy. All ap- edit checks, landlord, banks and personal refer | extrification Intain a separate rental unit in anoth the residence. I/We understand I/We I/We understand that my/our eligibe an agement's selection criteria. I/We tof my/our knowledge and I/We use and will lead to cancellation of the plicants must sign application. By | Te must pay a secoility for housing We certify that all anderstand that faction or the is application or the must be as the second of the second and the second secon | eurity will alse |
| CEF We hereby certify that I/We Do/Will not main of ther certify that this will be my/our permane posit for this apartment prior to occupancy. I based on applicable income limits and by material by the second of the best tements or information are punishable by lay mination of tenancy after occupancy. All ap | extrification Intain a separate rental unit in anoth the residence. I/We understand I/We I/We understand that my/our eligibe an agement's selection criteria. I/We tof my/our knowledge and I/We use and will lead to cancellation of the plicants must sign application. By | Te must pay a secoility for housing We certify that all anderstand that faction or the is application or the must be as the second of the second and the second secon | eurity will alse |
| Ve hereby certify that I/We Do/Will not main ther certify that this will be my/our permane posit for this apartment prior to occupancy. I based on applicable income limits and by ma formation in this application is true to the best tements or information are punishable by law mination of tenancy after occupancy. All ap | extrification Intain a separate rental unit in anoth the residence. I/We understand I/We I/We understand that my/our eligibe an agement's selection criteria. I/We tof my/our knowledge and I/We use and will lead to cancellation of the plicants must sign application. By | Te must pay a secoility for housing We certify that all anderstand that faction or the is application or the must be as the second of the second and the second secon | eurity will alse |

----- Page 9 -



Affordable Living in Amherst

Located at 85 Olympia Drive in Amherst, MA, just off East Pleasant Street, Olympia Oaks is a newly constructed affordable rental apartment development. The 42 unit Olympia Oaks development has a mix of one-bedroom, two-bedroom and three-bedroom apartments, in townhouses and triplexes around a pedestrian common green and playground. Olympia Oaks abuts Town conservation woodlands and nature trails. Units are available for households under 60% of Area Median Income (approx. \$49,140 for a four-person household), with tenant rents under \$878 for a one-bedroom, \$1,048 for a two-bedroom and \$1,205 for a three-bedroom apartment.

Contact HAPHousing at (413) 233-1705, leaseup@haphousing.org or visit www.HAPHousing.org

AMENITIES

- Heat, hot water included in rent
- On-site parking
- Laundry facilities on site
- Community building with community room
- 3 fully handicapped-accessible apartments with accessible kitchens & bathrooms for wheelchair bound persons
- 3 apartments equipped for the hearing impaired
- All apartments non-smoking
- Near Wildwood Elementary School and downtown Amherst shopping
- Nearby PVTA bus stops

Initial occupancy will be determined by a lottery from qualified applications. Lottery date to be announced by HAPHousing.











Property Management APPLICATION

Please Print Clearly



413-233-1705

| TDD 413-233-1699 | email: LeaseUp@haphousing.org |
|---|--|
| This is an application for an apartment at: Parsons Village 71 Parsons Street Easthampton MA, 01027 Hampshire County | DATE: |
| Applications may be hand delivered, mailed, emailed to <u>LeaseUp@haphousing.org</u> or faxed to 413.731.8723 | Mail completed applications to: HAPHousing Property Management Department 322 Main Street, Springfield, MA 01105 |
| An applicant may be interviewed only after the recei | pt of this completed rental application. L INFORMATION |
| | |
| Applicant Name(s): | |
| Address: | |
| Street Apt.# | City State ZIP |
| Best Phone: | email: |
| No. of BR's in current unit: | Do you □ RENT or □ OWN (check one) |
| Amount of current monthly rental or mortgage pays | ment: \$ |
| If owned, do you receive monthly rental income from | om property? Yes No (check one) |
| Check utilities paid by you: ☐ Heat ☐ Elect | ricity Gas Other (specify) |
| Approximate monthly cost of utilities paid by you | (excluding phone and cable TV):\$ |
| Bedroom size requested: □Efficiency □ One BR | □ Two BR Three Bedroom □ Handicap BR |
| Do you receive mobile Section 8 or other mobile re | ntal assistance payments? |
| Do you currently work within the City of Easthamp the City of Easthampton? ☐ Yes ☐ No | oton or have you received an offer of employment within |
| Do you currently have a child attending public scho | ool in Easthampton? Yes No |

– Page 1 –

| HOW DID Y | OU HEAR ABOUT US? | | |
|-----------|-------------------|--|--|
| | | | |

| | B. HOUSEHOLD COMPOSITION | | | | | | |
|------|--------------------------|----------------------|---------------|-------------------|---|----------------|--|
| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N | |
| Head | | | | | *************************************** | | |
| Co-T | | | | | | | |
| 3 | - | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | 4 | | | | |
| 8 | | | | | | | |

| Have there been any changes in household composition in the last twelve months? | ☐ Yes | □ No | |
|---|---------|------|--|
| If yes, explain: | | | |
| Do you anticipate any changes in household composition in the next twelve months? | ¹ ☐ Yes | □ No | |
| If yes, explain: | | | |

C. INCOME List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. Gross Monthly Source of Income Household Member Name Amount \$ Social Security \$ Social Security \$ Social Security \$ Social Security SSI Benefits \$ SSI Benefits \$ SSI Benefits \$ SSI Benefits \$ Pension (list source) Pension (list source) \$ Pension (list source)

| | Veteran's Benefits (list claim #) | \$ |
|---|--|----|
| | Veteran's Benefits (list claim #) | \$ |
| | | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| · | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

| Household Member Name | Source of Income | Monthly Amount | |
|-----------------------|-------------------------------------|-------------------|------------|
| | Employment amount: | | \$ |
| | Employer: | | , |
| Employment Address: | Telephone# | | |
| | How long employed: | Position Held: | |
| | Employment amount: | | \$ |
| | Employer: | | |
| Employment Address: | Telephone# | | |
| | How long employed: | Position Held: | |
| | Employment amount: | | \$ |
| | Employment amount: | | Ψ |
| | Employer: | | |
| Employment Address: | Telephone# | | |
| | How long employed: | Position Held: | |
| | | 1 | |
| | Alimony | | |
| | Are you legally entitled to receive | | ☐ Yes ☐ No |
| | If yes, list the amount you are ent | itled to receive. | \$ |

| , | | | | | |
|--|------------------------|--|---|--|---------------------------------------|
| | | Do you receive alimony? | | ☐ Yes | □ No |
| | | If yes list amount you receive. | | \$ | |
| | | | | | |
| | | | | | |
| | | Child Support | | | |
| | | Are you <i>legally entitled</i> to receive child s | amport? | □ Yes | □ No |
| | | If yes list the amount you are <i>entitled</i> to a | | \$ | <u> </u> |
| | | Do you receive child support? | | ☐ Yes | ΠNo |
| | | If yes, list the amount you receive. | | \$ | <u> </u> |
| | | | | | |
| | | Other Income | | \$ | |
| | | Other Income Other Income | | \$ | |
| | | Other Income | | 1 2 | ·- |
| TOTAL GROSS ANNU | JAL INCOME (Base | d on the monthly amounts listed above x 12) | | \$ | |
| TOTAL GROSS ANNU | JAL INCOME FROM | M PREVIOUS YEAR | | | |
| - Control of the cont | | | | \$ | |
| Do you anticipate any c | hanges in this income | e in the next 12 months? | | ☐ Yes | □ No |
| Is any member of the ho | ousehold legally entit | led to receive income assistance? | | ☐ Yes | □ No |
| | rasonora rogarij omir | ion to receive income assistance. | ·········· | ☐ Yes | |
| | | eive income or assistance (monetary or not) | | LJ 168 | L 140 |
| | | ousehold as listed on Page 2)? | | | Port-ramenum |
| If yes to any of the abo | ve, explain: | THE COUNTY OF TH | *************************************** | | |
| T- 41 | | | | | |
| Is the income received? | | | | ☐ Yes | ☐ No |
| | | | | | |
| | | D A COMPTO | | J-11W. | |
| If vo | nur assets are too nun | D. ASSETS nerous to list here, please request an addition | al form | | |
| 11.) (| If a section | doesn't apply, cross out or write NA. | ar torm, | | |
| Checking Accounts | Account# | Bank Name: | Balance | e \$ | |
| Name of person on the account | | | | | |
| | Location & Address: | | | | · |
| | | | | | |
| Name of person on the account | Account# | Bank name: | Balance | e \$ | |
| · | | | | | |
| | Location & Address: | | | | |
| | | | | | |
| Name of person on the account | Account# | Bank Name: | Balance | e \$ | |
| | | | | | |
| | Location & Address: | | | | |
| | | | | | |
| Savings Accounts | Account# | Bank Name: | Balance | e \$ | <u></u> |
| Name of person on the account | · ! | | | - • | |
| | Location & Address: | | | | · · · · · · · · · · · · · · · · · · · |
| ļ | | | | | |
| Name of person on the account | Account# | : Donk normal | D1 | - ¢ | |
| trans or beignit on the accontit | ACCOUNT# | Bank name: | Balance | е ֆ | |
| | Location & Address: | | | | |
| | | | | | |

| Trust Account | t | # | | Bank | | Balan | ce\$ |
|-----------------------------------|--|--|--|-------------|-------------------------|------------|-------------|
| | ······································ | # | | Bank | | Balan | ce\$ |
| Certificates of | Denosit | # | | Bank | | Balan | |
| Certificates of Deposit # | | | Bank | | Balan | ce\$ | |
| Credit Union # | | # | ······································ | Bank | | Balance \$ | |
| # | | # | | Bank | | Balan | ce \$ |
| Savings Bonds # | | # | | Maturity Da | ate | Value | \$ |
| # | | | Maturity Da | ate | Value | \$ | |
| Life Insurance | e Policy | # | | | | Cash | Value \$ |
| Life Insurance | Policy | # | | | | Cash | Value \$ |
| | 3.7 | ······································ | | | x , , D' 11 1m | | XII O |
| Mutual Funds | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| Widthai Filligs | | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ |
| Stocks | Name: | | #Shares: | | Dividend Paid \$ | | Value \$ |
| | Name: | | #Shares: | | Dividend Paid \$ | | Value \$ |
| 75 | Name: | | #Shares | | Interest or Dividend \$ | | Value \$ |
| Bonds | Name: | | #Shares | | Interest or Dividend \$ | _ | Value \$ |
| | | | , | | Interest or Dividend \$ | | Value \$ |
| | | | <u> </u> | | | | <u> </u> |
| | L | | | | | | |
| Real Estate Pro | perty: | Do you own ai | ny property? |) | | | ☐ Yes ☐ No |
| If yes, Type of | property | | | | | | |
| Location of pro | perty | | | | | | |
| Appraised Mar | ket Value | | | | | | \$ |
| Mortgage or ou | ıtstanding | loans balance | due | | | | \$ |
| Amount of ann | ual insura | nce premium | | | | | \$ |
| Amount of mo | st recent ta | ax bill | | | | | \$ |
| Investment Pro | perty | | | | | | |
| If yes, Address | : | | | | 7 | Value: | \$ |
| | | | | | Rental Ir | | |
| | | | | | | | |
| | | | | | ly with a person who is | | |
| NOT a member | | usehold as list | ed on Page 2 | 2? | | | ☐ Yes ☐ No |
| If yes, describe | ·: | | | | | | |
| Do they have a | noona to the | -a acast(a\0 | | | | | |
| Do they have a | ccess to tr | ie assei(s)? | | | | | ☐ Yes ☐ No |
| Have you sold! | diamond | of any muon out | , in the least C |) *rooma? | | | ☐ Yes ☐ No |
| Have you sold/ If yes, Type of | | n any property | m the last 2 | 2 years! | | ,, | □ 169 □ IAA |
| Market value v | | disposed | | | | | \$ |
| Amount sold/d | | | | | | | \$ |
| | | | | | | ļ | |
| Date of transac | tion: | | | | | | |

| Have you disposed of any oth Irrevocable Trust Accounts)? | | 2 years (I | Example: Give | en away money to relat | tives, set up | |
|--|----------------------|------------|----------------|------------------------|---------------|---|
| Trust Accounts): | | | | | ☐ Yes | □ No |
| If yes, describe the asset: | | | | | | |
| Date of disposition: | | | | | | |
| Amount disposed | | | | | \$ | |
| Do you have any other assets | not listed above (ex | xcluding p | ersonal prope | rty)? | ☐ Yes | □ No |
| If yes, please list: | | ········· | | | | |
| | E. ADDI | ΓΙΟΝΑΙ | . INFORMA | ATION | | |
| Have you or any member of y If yes, describe: | your family ever be | en convict | ed of a felony | ? | ☐ Yes | □ No |
| Have you or any member of | our family ever be | en evicted | from any hou | ising? | ☐ Yes | □ No |
| If yes, describe: | | | | | | |
| Have you ever filed for bankı | ruptcy? | | | | ☐ Yes | □ No |
| If yes, describe: | | | | | | |
| Will you take an apartment w Briefly describe your reason. | | e? | | | ☐ Yes | □ No |
| | F. REFE | RENCE | INFORMA | TION | | |
| | Name: | | | | | |
| | Address: | | | | | |
| Current Landlord | Home Phone: | | | Bus. Phone: | | |
| | How Long? | | | | | |
| | Name: | | | | | |
| | Address: | | | | | |
| Prior Landlord | Home Phone: | | | Bus. Phone: | | *************************************** |
| | How Long? | | | | | |
| Credit Reference #1: | | | | | | *************************************** |
| Address: | | | | | | |
| Account #: | | | Phone #: | | | |

| Credit Reference #2: | |
|---|---------------------------|
| Address: | |
| Account #: | Phone #: |
| Credit Reference #3: | |
| Address: | |
| Account #: | Phone #: |
| Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |
| | |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |
| requested in order to assure the Federal Gove against tenant applicants on the basis of race age and handicap are complied with. You as encouraged to do so. | Black or African American |
| | |

| Do you request a handicap (barrier | · · · · · · · · · · · · · · · · · · · | | |
|--|---|---|--|
| Do you request any modifications of | | • | |
| Do you have sensory impairments t | nat require special features | in an apartment? | |
| Are you currently using an illegal c | ontrolled substance? | | |
| Do you have a previous conviction | of same? | | |
| Have you ever been convicted of ill | legal manufacturing or distr | ribution of a controlled | substance? |
| Please note, this is a smoke free pro | perty. | | |
| G. VEHICLI | E INFORMATION (if appli | cable) | |
| List any cars, trucks, or other vehicles owned. I Management will be necessary for more than or | | one vehicle. Arrangement | ts with |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Do you own any pets? | | Yes | No |
| If yes, describe: | | | |
| <u>CER'</u> | TIFICATION | | |
| We hereby certify that I/We Do/Will not main nat this will be my/our permanent residence. I/partment prior to occupancy. I/We understand acome limits and by management's selection or to the best of my/our knowledge and I/We under and will lead to cancellation of this application of ge of 18 must sign application. By signing you hecks. | We understand I/We must part that my/our eligibility for lateria. I/We certify that all restand that false statements for termination of tenancy at | pay a security deposit for the housing will be based on the information in this apport or information are punifier occupancy. All apports | or this n applicable blication is tru ishable by lav blicants over |
| SIGNATURE (S): | | | |
| (Signature of Tenant) | | Date | |
| | | | |
| (Signature of Co-Tenant) | | Date | |

REFERENCE CHECKLIST

| | • | |
|---|-----------------------|-------------|
| ADDRESS APPLYING FOR: | UNIT # | #BDS |
| CREDIT CHECK: Good Fair Poor Explain: | | |
| LANDLORD REFERENCE: | | |
| NAMEPHONE:PAX: | | |
| COMMENTS | | |
| PREVIOUS LANDLORD REFERENCE: | ***** | |
| NAMEPHONE: | | |
| COMMENTS | | |
| SOURCE OF INCOME | | : YES/NO |
| TAFDCSS#/\$SIUNEMPLOYMENT | EMPLOYED | |
| IF EMPLOYED/DATES: ATTENDANCE RELIABLE? DO YOU PROBLEMS? DO YOU | FORESEE ANY | |
| IF YES/EXPLAIN | | |
| (1) REFERENCES | | |
| PERSONAL REFERENCE: PHONE: | RELATIONSHIP?: | |
| DO YOU FEEL THIS PERSON IS RESPONSIBLE? HOW LONG HAVE YOU I | KNOWN THE APPLICANT?: | |
| COMMENTS: | | |
| | | |

| PERSONAL REFERENCE; | | PHONE: | RI | ELATIONSHIP?: | | |
|-----------------------------------|---------|-------------|------------------|--------------------------|--|--|
| O YOU FEEL THIS PERSON IS RESPONS | SIBLE? | HOW LON | G HAVE YOU KNOWN | THE APPLICANT?: | | |
| OMMENTS: | | | | | | |
| AMOUNT S | | | | | | |
| ERIFICATION FORMS: Income: | Assets: | Employment: | Bank: | Child Support: Notarized | | |
| | | | | | | |
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NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

HAP, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, HAP will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that HAP can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to HAP or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to HAP, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with HAP, that is your right.

You can get a Request for Reasonable Accommodation form at HAP's Property Management Office, 322 Main Street, Springfield, MA 01105 or by calling (413) 233-1705 or TTY# (413)233-1699. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.

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Property Management APPLICATION



Please Print Clearly

| EQUAL HOUSING 4 | 113-233-1705 | | • |
|---|---|--------------|-----------------|
| This is an application for an apartment at: | DATE: | | |
| STEVENS MEMORIAL SENIOR HOUSING Ludlow, MA | | | |
| Please complete this application and return to: | Attention Office: Property Management Department HAP, INC. 12 Longmeadow Drive Amherst, MA 01002 | | |
| An applicant may be interviewed only after the rece | eipt of this tenant | application. | |
| A. GENERA | AL INFORMATI | ON | |
| Applicant Name(s): | | | |
| Address: | | | |
| Street Apt.# | City | State | ZIP |
| Best Phone: | Eı | mail: | |
| No. of BR's in current unit: | Do you | RENT or | OWN (check one) |

Amount of current monthly rental or mortgage payment: \$ If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Electricity Heat Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): _\$

Bedroom size requested: Efficiency One BR Two BR Handicap BR Three BR

Do you have a Section 8 mobility voucher? Through which housing agency?

Please provide name, phone #, and extension of your subsidy specialist_____

HOW DID YOU HEAR ABOUT US?

| | | B. HOUSEHOL | D COMPOS | SITION | | |
|--------------|------|----------------------|---------------|-------------------|-----|----------------|
| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
| Head | | | | | | |
| Co-T | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| Have there been any changes in household composition in the last twelve months? | Yes | No |
|---|-----|----|
| If yes, explain: | | |
| Do you anticipate any changes in household composition in the next twelve months? | Yes | No |
| If yes, explain: | | |

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|-----------------------|-------------------------|
| | Social Security | \$ |
| | SSI Benefits | \$ |
| • | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |

| Pension (list source) | \$ |
|--|----|
| | |
| Veteran's Benefits (list claim #) | \$ |
| Veteran's Benefits (list claim #) | \$ |
| | \$ |
| Unemployment Compensation | \$ |
| Unemployment Compensation | \$ |
| Title IV/TANF | \$ |
| Title IV/TANF | \$ |
| Contributions to the Household (monetary or not) | \$ |
| Full-Time Student Income (18 & Over Only) | \$ |
| Full-Time Student Income (18 & Over Only) | \$ |
| Interest Income (source) | \$ |
| Interest Income (source) | \$ |
| Interest Income (source) | \$ |
| Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

| Household Member Name | Source of In | Monthly Amount | |
|-----------------------|--------------------|-------------------|------------|
| | Employment amount: | | \$ |
| | Employer: | | |
| Employment Address: | Telephone# | | |
| | How long employed: | Position Held | : |
| | Employment amount: | | \$ |
| | Employer: | | |
| Employment Address: | Telephone# | | , <u> </u> |
| | How long employed: | Position Held | : |
| | Employment amount: | | \$ |

| | E | mployer: | | | |
|-------------------------------|----------------------------|---|------------------|-------|----|
| Employment Address: | T | elephone# | | | |
| | H | How long employed: Position Held: | | | |
| | A | limony | | | |
| | | re you <i>legally entitled</i> to receive | alimony? | Yes | No |
| | | yes, list the amount you are enti | | \$ | |
| | | o you receive alimony? | | Yes | No |
| | — | Yes list amount you receive. | | \$ | |
| | | hild Support | | | |
| | A | re you legally entitled to receive | child support? | Yes | No |
| | | yes list the amount you are entire | | \$ | |
| | | o you receive child support? | | Yes | No |
| | | yes, list the amount you receive | • | \$ | |
| | | Other Income | | | |
| | | Other Income Other Income | | | |
| | | other Income | | \$ | |
| | | | | | |
| TOTAL GROSS ANNU | AL INCOME (Based on | the monthly amounts listed above | re x 12) | \$ | |
| TOTAL GROSS ANNU | AL INCOME FROM PE | REVIOUS YEAR | | \$ | |
| Do you anticipate any ch | nanges in this income in t | he next 12 months? | | Yes | No |
| Is any member of the ho | usehold legally entitled t | o receive income assistance? | | Yes | No |
| Is any member of the ho | usehold likely to receive | income or assistance (monetary nold as listed on Page 2)? | or not) | Yes | No |
| If yes to any of the abo | | iold as histor on rago 2): | | | |
| | | | | | |
| Is the income received? | | | | Yes | No |
| | | | | | |
| | | D. ASSETS | | | |
| If yo | our assets are too numero | us to list here, please request an a | additional form. | | |
| | | esn't apply, cross out or write NA | | ф. | |
| Checking Accounts | Account# | Bank Name: | Balan | ce \$ | |
| Name of person on the account | | | | | |
| | Location & Address: | | | 1 | |
| | | | D. 1 | 22 F | |
| Name of person on the account | Account# | Bank name: | Balan | се Ъ | |

| | | Location & Add | ress: | | | | | , |
|-------------------|----------------------|----------------|---------------------|-------------------------|-------------------------|---------------------|---------------------------------------|----|
| Name of person on | the account | Account# | | Bank Name: | | Balance \$ | | - |
| | | Location & Add | lress: | | | | | |
| Savings Acco | | Account# | Account# Bank Name: | | | Balanc | e \$ | |
| Name of person on | the account | Location & Add | lress: | | | | | |
| Name of person on | the account Account# | | Bank name: | | Balanc | e \$ | | |
| | 1 m | Location & Add | iress: | | | · , , , -=• | | |
| Trust Account | | # | | Bank | | Balan | ce\$ | |
| | | # | | Bank | | Balan | ce\$ | |
| Certificates of | Deposit | # | | Bank | | Balance \$ | | |
| · | | # | | Bank | | Balance \$ | | |
| Credit Union | | # | | Bank | | Balance \$ | | |
| | | # | | Bank | | Balance \$ Value \$ | | |
| Savings Bonds | 5 | # | | Maturity Date | | | · · · · · · · · · · · · · · · · · · · | |
| T 16. T | D-1: | # | | Maturity Date | | Value | Value \$ | |
| Life Insurance | | # | | | | | Value \$ | |
| Life instrance | Toncy | <i>π</i> | | | | 1 0404 | , man 4 | |
| į | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ | |
| Mutual Funds | Name: | | #Shares: | | Interest or Dividend \$ | Value \$ | | , |
| | Name: | | #Shares: | | Interest or Dividend \$ | | Value \$ | |
| Stocks | Name: | | #Shares: | | Dividend Paid \$ | | Value \$ | |
| | Name: | | #Shares: | Dividend Paid \$ | | Value \$ | | |
| Bonds | Name: | | #Shares | | Interest or Dividend \$ | | Value \$ | |
| Bonus | Name: | #Shares | | Interest or Dividend \$ | | | Value \$ | |
| | | | | | Interest or Dividend \$ | | Value \$ | |
| | | | | | | <u>.</u> | | |
| Real Estate Pro | perty: 1 | Do you own ai | ny property? |) | | | Yes | No |
| If yes, Type of | property | | | | | | · | |
| Location of pro | perty | | | | | | | |

| Appraised Market Value | \$ | |
|---|----------|-----|
| Mortgage or outstanding loans balance due | \$ | |
| amount of annual insurance premium \$ | | |
| Amount of most recent tax bill | \$ | |
| Investment Property | | |
| If yes, Address: | alue: \$ | |
| Rental Inco | ome: \$ | · |
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | Yes | No |
| If yes, describe: | | |
| Do they have access to the asset(s)? | Yes | No |
| | 17. | NT. |
| Have you sold/disposed of any property in the last 2 years? If yes, Type of property: | Yes | No |
| Market value when sold/disposed | \$ | |
| Amount sold/disposed for | \$ | |
| Date of transaction: | } | |
| Have you disposed of any other assets in the last 2 years (Example: Given away money to rel Irrevocable Trust Accounts)? | Yes | No |
| If yes, describe the asset: | | |
| Date of disposition: Amount disposed | \$ | |
| Amount disposed | | |
| Do you have any other assets not listed above (excluding personal property)? | Yes | No |
| If yes, please list: | | |
| E. ADDITIONAL INFORMATION | | |
| Have you or any member of your family ever been convicted of a felony? | Yes | No |
| If yes, describe: | | - |
| Have you or any member of your family ever been evicted from any housing? | Yes | No |
| If yes, describe: | | |
| II Clad for horder water 9 | Yes | No |
| Have you ever filed for bankruptcy? | | |

| If yes, describe: | | | | · · · · · · · · · · · · · · · · · · · | |
|-----------------------------|---|--------------|-------------|---------------------------------------|-------------|
| Will you take an apartment | Vill you take an apartment when one is available? | | | | |
| Briefly describe your reaso | | | | | |
| | F. REFEREN | NCE INFORMAT | ION | | 1 80 |
| | Name: | | | | |
| | Address: | | | | |
| Current Landlord | Home Phone: | | Bus. Phone: | | |
| | How Long? | | | | |
| | Name: | | | | |
| | Address: | | | | |
| Prior Landlord | Home Phone: | | Bus. Phone: | | |
| | How Long? | | | | |
| Credit Reference #1: | | | | | |
| Address: | | | | | |
| Account #: | *** | Phone #: | | | |
| Credit Reference #2: | | | | | |
| Address: | | | | | |
| Account #: | | Phone #: | | | |
| Credit Reference #3: | | | | | |
| Address: | | | | | |
| Account #: | | Phone #: | | | |
| Personal Reference #1: | | | | | |
| Address: | | TO 11 | | | ···· |
| Relationship: | | Phone #: | <u> </u> | | |
| Personal Reference #2: | | | | | |
| Address: Relationship: | | Phone #: | | | |

| Personal Reference #3: | | |
|---|---|--|
| Address: | | |
| Relationship: | | Phone #: |
| In case of emergency notify: | | |
| Address: | | · |
| Relationship: | | Phone #: |
| application is requested prohibiting discrimination, religion, sex, for required to furnish thing. The following information which its programs are Hispanic or Latino. | ed in order to assure thation against tenant against tenant against tenant agamilial status, age and a information, but are ation is requested for e utilized by minority Yes No actific Islander | rigin, and sex designation solicited on the he Federal Government that Federal Laws oplicants on the basis of race, color, national dhandicap are complied with. You are not encouraged to do so. statistical purposes to determine the degree to families and certain ethnic groups. Black or African American sian White Other |
| Male | Female | Primary Language |
| Do you request any m Do you have sensory i Are you currently usin Do you have a previou Have you ever been co | odifications of an apa impairments that requ ng an illegal controlle us conviction of same onvicted of illegal ma | artment?artment?artment?artment?and substance?anufacturing or distribution of a controlled |
| | | |
| | G. VEHICLE INFO | RMATION (if applicable) |
| List any cars, trucks, or other veh Management will be necessary for | | will be provided for one vehicle. Arrangements with |
| Type of Vehicle: | | License Plate #: |
| Year/Make: Color: | | |

| Type of Vehicle: | License Plate #: | License Plate #: | | | |
|--------------------------------------|--|------------------|----------|--|--|
| Year/Make: | Color: | | | | |
| Do you own any pets? | | Yes | No | | |
| If yes, describe: | | | | | |
| | <u>CERTIFICATION</u> | | | | |
| e hereby certify that I/We Do/Will n | ot maintain a separate rental unit in anothe | er location. I/W | e furthe | | |
| | | pay a security d | | | |

We hereby certify that I/We Do/Will not maintain a separate rental unit in another location. I/We further ertify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for his apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on pplicable income limits and by management's selection criteria. I/We certify that all information in this pplication is true to the best of my/our knowledge and I/We understand that false statements or nformation are punishable by law and will lead to cancellation of this application or termination of tenancy fter occupancy. All applicants must sign application. By signing you authorize credit checks, landlord, anks and personal reference checks.

| Signature of Tenant) | Date |
|-----------------------------------|------|
| | |
| The state of Co. The state of Co. | D |
| Signature of Co-Tenant) | Date |

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