# APPLICATION FOR HOUSING
## Low-Income Tax Credit Property

For Office Use Only:

Date/Time Received

EQUAL HOUSING OPPORTUNITY

PLEASE PRINT CLEARLY

| | |
|---|---|
| This is an application for housing at: | **Project:** Bristol Communities Revitalization, LP<br>Addresses: 465, 477 Third Street<br>122 128 John Street, 307, 316 Wade Street<br>480, 486, 490 Tecumseh Street<br>132, 138 Blackstone; 116, 120 Tecumseh, Fall River, MA<br>112-116 Pleasant, St 153-155 Blackmer St, 111 Acushnet Ave.<br>New Bedford, MA |

| | |
|---|---|
| Please complete this application and return to: | **Name:** Bristol Communities Revitalization, LP<br>**Address:** c/o The Mackin Group, Inc.<br>1340 Centre Street, Suite 103<br>Newton, MA 02459 |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip Street

Mobile Phone: _____ Email address: _____

New Move In ☐ or ☐ Recertification (check one)

**FOR NEW MOVE-INS ONLY:**

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: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (Specify)

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

Bedroom Size Requested:

| | |
|---|---|
| One (1) Bedroom | |
| Two (2) Bedroom | |
| Three (3) Bedroom | |
| Handicap Accessible | |

| | | |
|---|---|---|
| Do you have a Section 8 Voucher? | | ☐ YES ☐ NO |
| **If yes,** housing authority (For example, MBHP, BHA, etc.): | | |
| **Case worker's name:** | | |
| Case worker's Telephone # & email address: | | |

## B. HOUSEHOLD COMPOSITION

List all persons who will live in the apartment. List the head of the household first.

| | Name | Relationship to head | Birthdate | Age | Social Security # | Student? Y/N |
|---|---|---|---|---|---|---|
| 1 | | HEAD | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| Do you anticipate any additions to the household in the next twelve months? ☐ YES ☐ NO |
|---|
| **If yes, explain:** |
| |

| Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ YES ☐ NO |
|---|

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

| | | |
|---|---|---|
| Are any full-time student(s) married and filing a joint tax return? | ☐ YES | ☐ NO |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | ☐ YES | ☐ NO |
| Are any full-time student(s) a TANF or title IV recipient? | ☐ YES | ☐ NO |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? | ☐ YES | ☐ NO |

## C. INCOME

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

| Does anyone in your household receive Social Security Income | YES NO |
|---|---|
| ***If yes, please attach most recent Social Security statement*** | |

| Does anyone in your household receive SSI Benefits | YES NO |
|---|---|
| ***If yes, please attach most recent SSI statement*** | |

Do you receive any of the following?:

| | | |
|---|---|---|
| Pension (list source) | YES | NO |
| Veteran's Benefits (list claim #) | YES | NO |
| Unemployment Compensation | YES | NO |
| AFDC | YES | NO |
| Title IV/TANF | YES | NO |
| Full-Time Student Income | YES | NO |

**Are you currently employed?** YES NO

***If yes, please list employer(s) below:***

| Household Member Name | Source of Income | Monthly Amount |
|---|---|---|
| | Employer: | $ |
| | Position Held: | |
| | How long employed: | |
| | Address: | |
| | | |
| | Telephone: | |

| | | |
|---|---|---|
| | Employer: | $ |
| | Position Held: | |
| | How long employed: | |
| | Address: | |
| | | |
| | Telephone: | |

| | | |
|---|---|---|
| | **Alimony** | |
| | Are you *entitled* to receive alimony? | ☐ Yes ☐ No |
| | If yes, list the amount you are *entitled* to receive. | $ |
| | Do you receive alimony? | ☐ Yes ☐ No |
| | If yes, list the amount you receive. | $ |

| | | |
|---|---|---|
| | **Child Support** | |
| | Are you *entitled* to receive child support? | ☐ Yes ☐ No |
| | If yes, list the amount you are *entitled* to receive. | $ |
| | Do you receive child support? | ☐ Yes ☐ No |
| | If yes, list the amount you receive. | $ |

| | | |
|---|---|---|
| ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12) | | $ |
| TOTAL GROSS ANNUAL INCOME FROM LAST YEAR | | $ |
| Do you anticipate any changes in this income in the next 12 months? | ☐ Yes ☐ No | |

| **If yes, explain:** |
|---|
| |

**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 N/A.

| | | | |
|---|---|---|---|
| Checking Accounts | # | Bank | Balance $ |
| | # | Bank | Balance $ |

| | | | |
|---|---|---|---|
| Savings Account | # | Bank | Balance $ |
| | # | Bank | Balance $ |

| | | | |
|---|---|---|---|
| Credit Union | # | Bank | Balance $ |
| | # | Bank | Balance $ |

***Do you have any of the following?***

| | | |
|---|---|---|
| Savings Bonds | Y | N |
| Life Insurance Policy | Y | N |
| Mutual Funds | Y | N |
| Stocks | Y | N |
| Bonds | Y | N |
| Investment Property | Y | N |

| E. ADDITIONAL INFORMATION | |
|---|---|
| **Real Estate Property:** Do you own any property? | ☐ YES ☐ NO |

| | |
|---|---|
| Have you sold/disposed of any property in the last 2 years? | ☐ YES ☐ NO |
| Are you or any member of your family currently using an illegal substance? | ☐ YES ☐ NO |
| 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:** | |
| | |
| Have you ever filed for bankruptcy? | ☐ YES ☐ NO |
| **If yes, describe:** | |

| F. REFERENCE INFORMATION |
|---|
| Current Landlord |
| Name: |
| Address: |
| Home Phone: |
| Bus. Phone: |

| **In case of an emergency, please notify:** |
|---|
| Address: |
| Relationship: Telelphone # |

## CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

## SIGNATURES:

_____ _____

Signature of Applicant/Tenant Date

_____ _____

Signature of Co-Applicant/Co-Tenant Date

_____ _____

Signature of Co-Applicant/Co-Tenant Date

_____ _____

Signature of Co-Applicant/Co-Tenant Date

## AUTHORIZATION

**Release:** I/We hereby apply for the apartment listed above. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references to release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that a credit report (rental history, arrest and/or conviction records, and retail credit history) will be done for all adult applicants.

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/ employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Signatures:

_____ _____

Signature of Applicant/Tenant Date

_____ _____

Signature of Co-Applicant/Co-Tenant Date

## AUTHORIZATION

I/We do hereby authorize Bristol Communities Revitalization, LP, The Mackin Group, Inc. and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered /managed by The Mackin Group, Inc.

I/We further authorize to verify information listed on this application.

Signatures:

_____ _____

Signature of Applicant/Tenant Date

_____ _____

Signature of Co-Applicant/Co-Tenant Date

**FOR FmHA PROGRAM**
**APPLICANTS ONLY**

## FAMILY HOUSEHOLD COMPOSITION

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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. However, if you choose not to furnish it, the owner is required to note the race/origin and sex of individual applicants on the basis of visual observation or surname."

Race: _____ Ethnic Group: _____ Sex: _____