

Housing Corporation of Arlington
252 Massachusetts Ave
Arlington, MA 02474
Ph: 781-777-2345 Fax: 781-777-2348 Relay 711

1(A)

The information requested in this form is required by the gov't. agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete **all** sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ Evening Phone: _____

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 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: Studio One BR Two BR Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. ***This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).***

1. Do you need a fully accessible unit for someone with a mobility impairment? Yes No
Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? Yes No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

Yes No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? Yes No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

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

1.	Name	Relationship to Head of Household	Birth Date	Age (optional)	Social Security#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		HOH				Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student
5.						Full-time / Part-time / Not Student
6.						Full-time / Part-time / Not Student
7.						Full-time / Part-time / Not Student
8.						Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain:

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP (State Supplement Program) Payments F9a&b	\$
4.	Pension F13 List source:	\$
5.	Veteran's Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation F11	\$
8.	Title IV/TANF/TAFDC/Public Assistance F9	\$
9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source:	

***Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc): Only counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.**

Household Member Name	Source of Income	Monthly Amount	
12.	Employment Income F5	\$	
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
13.	Employment Income F5	\$	
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
14.	Employment Income F5	\$	
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
15.	Alimony F15, F16		
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list amount you receive.	\$	
16.	Child Support F15, F16		
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list the amount you are <i>entitled</i> to receive.	\$	
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive.	\$	
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. TOTAL GROSS ANNUAL INCOME (All Monthly Amounts Listed Above x 12)		\$	
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on Last Tax Year)		\$	
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide prior year's taxes with W-2(s), 1099(s) etc. for all members 18 and older with application.			

D. ASSETS

If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.

Household Member Name: _____

1. Checking Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
5. Cash on Hand F30				Amount \$
6. Trust Account F22		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds F19		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
10. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
12. Stocks F19	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
13. Bonds F19	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
14. Annuities, 401(k), IRA, Keogh F21	Name:			Value \$
	Source:			
15. Investment Property F23	Name:			Appraised Value \$
	Source:			
16. Real Estate Property: <i>Does any household member own any property?</i> F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:		b. Type of property:		
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$

Application

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17. Has any household member sold/disposed of any property in the last 2 years? F17		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:	
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Date of transaction			

18. Has any household member disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F2		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Describe Asset:	
c. Date of disposition:			
d. Amount disposed		\$	
e. Does any member have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:	Household Member Name:	Type of Asset:	

E. ADDITIONAL INFORMATION		
1. How were you referred to this property?		
Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Failure to respond to the questions below may jeopardize approval of your application.		
3.a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.b. Are you or, any household member (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 4(a or b), specify whether (a) and/or (b) along with applicable member name(s) and describe. Attach additional page(s) if necessary:		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member (including any live-in aide) has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7 a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Has any landlord ever had to take legal action against you, or another household member (including any live-in aide) listed in Section B above, for any other material non-compliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please describe:

8. Have you ever filed for bankruptcy?

Yes

No

If yes, describe:

9. Will you take an apartment when one is available?

Yes

No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

3. In case of emergency notify:

Address:

Relationship:

Phone #:

4. In case of emergency notify:

Address:

Relationship:

Phone #:

Application

G. 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 accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

Attachments: Application Cover Letter, as applicable, based on program,(s) at property
Application Attachments, as applicable, based on program(s) at property

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants

Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent

Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)

Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

Attachment F: NC1 Owner’s Notice of Restriction on Assistance to Non-Citizens



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn’t English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties’ compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties’ compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

