**PLEASE PRINT**

FIRST RESOURCE
COMPANIES

**Number of Bedrooms:** _____
**Date:** _____
**Time:** _____

# Concord Heights & Outing Park Apartments

37 Saratoga Street
Springfield, MA 01105

Tel. (413) 746-5893 Fax (413) 746-1050

## RENTAL APPLICATION

**Welcome to Concord Heights & Outing Park Apartments!**

**In order to accept your application it must be filled out completely and be accompanied by:**

1. **Picture identifications for all members of your household 18 years and older.**
2. **Social Security cards OR Acceptable DHS/INS Documents indicating a Social Security number has been assigned for all members of your household 6 years and older.**
3. **Birth certificates for all members of your Household OR Acceptable DHS/INS Documents indicating eligible immigration status.**
4. **A copy of your mobile section 8 voucher (if applicable).**
5. **All members of the household 18 years or older must fill out a separate application.**

**Please note, the information provided on this application is only your current status and does not guarantee that your application will be approved and will be subject to further screening once an apartment becomes available.**

**Thank You!**
**Concord Heights & Outing Park Apartments**

The agent will provide help in reviewing this document. If necessary, persons in need of language assistance and/or a person with disabilities may ask for this application in large print type, or other alternate formats.

**Note:** Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

## HEAD OF HOUSEHOLD

| Last | First | M.I. | D.O.B. | S.S. # |
|---|---|---|---|---|

FIRST RESOURCE
COMPANIES

## GENERAL INFORMATION

Please complete for those who will occupy the apartment (Applicant, co-applicant, children, other)

F/T Student (circle)

1._____ Head of Household or Applicant _____ Yes or No
Last First M.I. D.O.B. (Circle) S.S. #

2._____ Yes or No
Last First M.I. D.O.B. Relationship S.S. #

3._____ Yes or No
Last First M.I. D.O.B. Relationship S.S. #

4._____ Yes or No
Last First M.I. D.O.B. Relationship S.S. #

5._____ Yes or No
Last First M.I. D.O.B. Relationship S.S. #

**Present Address**_____
Street City State Zip Code From: To:

Daytime Phone _____ Evening Phone _____

Landlord (if Rents)_____
Name Address Phone

Number of Bedrooms 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: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

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

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No 2 _____

In Case of Emergency Notify (Name): _____ Relationship: _____

Address _____ Phone : _____

## PREVIOUS RESIDENCY INFORMATION FOR THE LAST 5 YEARS

_____

Previous Address – Street address, City, State & Zip

_____

Landlord Name  Landlord Address – Street address, City, State & Zip  Landlord Phone  From:  To:

_____

Previous Address – Street address, City, State & Zip

_____

Landlord Name  Landlord Address – Street address, City, State & Zip  Landlord Phone  From:  To:

_____

Previous Address – Street address, City, State & Zip

_____

Landlord Name  Landlord Address – Street address, City, State & Zip  Landlord Phone  From:  To:

_____

Previous Address – Street address, City, State & Zip

_____

Landlord Name  Landlord Address – Street address, City, State & Zip  Landlord Phone  From:  To:

## INCOME INFORMATION

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Commission/Bonus) _____

Do you have more than one (1) employer? ☐ Yes ☐ No

If yes, currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Commission/Bonus) _____

**Other sources of Income (i.e. Social Security, SSI, Retirement Fund, veterans benefits or disability, workman's compensation, pension, alimony/child support, AFDC/TANF compensation, military pay, unemployment, investments, income from business, contributions from friends or relatives, etc)**

Type _____ Amount _____ Frequency _____ (Weekly, monthly, yearly)

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Type _____ Amount _____ Frequency _____ (Weekly, monthly, yearly)

## ASSET INFORMATION

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

☐ Checking ☐ Savings ☐ CD

Bank Name Account Number Balance

**INVESTMENT, REAL ESTATE, TRUSTS, LIFE INSURANCE, MUTUAL FUNDS, STOCKS/BOND, AND ANY OTHER INCOME:**

| Owner's Name | Description/Acct#/Policy # | Value/Shares | Annual Income/ Interest/Dividends |
|---|---|---|---|
| _____ | _____ | _____ | $ _____ |
| _____ | _____ | _____ | $ _____ |

## EXPENSES

Do you pay any of the following expenses without full reimbursement from an insurance company or government agency?

Medical Expenses_____ Child Care Expenses _____

Elderly Expenses _____ Handicap Expenses _____

If you have checked any of the above, you must provide current receipts at the time your application is fully processed in order to be eligible for any income allowances/deductions.

## PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS

**Please respond to these questions if you wish to be considered for priorities or special deductions/ considerations:**

1. Have you been displaced from your home?
   Yes ____ No ____ If so, please explain._____
2. Does your present apartment contain health code violations? Yes ____ No ____
   If so, please describe: _____
3. Is your present apartment too small for your family? Yes_____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes_____ No _____ .
   If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details._____

## Supplemental Applicant Questionnaire

Answer either Yes or No to each of the following questions:

**YES** **NO**

_____ _____ Do you expect any additions to the household in the next twelve months?
If yes, please list name and relationship
Explanation: _____

_____ _____ Do you have full custody of your child(ren)?
If no, explanation of custody arrangements:_____

_____ _____ Do you have a Section 8 Voucher?

_____ _____ Have you or a family member ever been evicted?

_____ _____ Have you ever been convicted of a felony?
Explanation: _____

_____ _____ Are you or any member of your household required to register as a Sex Offender under Massachusetts or any other state Law?
If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

_____

_____ _____ Have you or any member of your household lived in any other state other than Massachusetts?
If yes, list the names of the states: _____

_____

_____ _____ 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?

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

| ***If yes, answer the following questions:*** | **YES** | **NO** |
|---|---|---|
| Are any of the full-time student(s) marred and filing a joint tax return? | _____ | _____ |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | _____ | _____ |
| Are any full time student(s) TANF or title IV Recipient? | _____ | _____ |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? | _____ | _____ |

## STATEMENT OF INCOME AND ASSETS

Do you receive or expect to receive income from: (Check either YES or NO to each question)

| YES | NO | INCOME SOURCE |
|---|---|---|
| _____ | _____ | Employment |
| _____ | _____ | Social Security |
| _____ | _____ | SSI |
| _____ | _____ | Pension |
| _____ | _____ | Veterans Benefits or Disability |
| _____ | _____ | Unemployment |
| _____ | _____ | Workman's Comp. |
| _____ | _____ | AFDC/TANF Comp./Public Assistance |
| _____ | _____ | Do you receive Alimony |
| _____ | _____ | Are you entitled to receive Alimony |
| _____ | _____ | Do you receive Child Support |
| _____ | _____ | Are you entitled to receive Child Support |
| _____ | _____ | Military Pay |
| _____ | _____ | Net Income from Business |
| _____ | _____ | Contributions from Friends or Relatives |
| _____ | _____ | Are there other wage earners residing in the household |
| _____ | _____ | Any income from sources not mentioned above? |

| YES | NO | ASSET TYPE |
|---|---|---|
| _____ | _____ | Checking Accounts |
| _____ | _____ | Savings Accounts |
| _____ | _____ | Certificate of Deposit |
| _____ | _____ | Stocks or Bonds |
| _____ | _____ | IRA's or Other Retirement Funds |
| _____ | _____ | Mutual Funds |
| _____ | _____ | Trust Accounts |
| _____ | _____ | Life Insurance (whole or universal) |
| _____ | _____ | Personal Property Held as Investment |
| _____ | _____ | Real Estate |
| _____ | _____ | *For Sale |
| _____ | _____ | *Rented |
| _____ | _____ | Other Current Assets |
| _____ | _____ | Any other assets that you owned in the previous 2 years |
| _____ | _____ | Any income from Assets? |

**Real Estate Property:** Do you own any property? ☐ Yes ☐ No

If yes, Type of property _____ Location of Property_____

Appraised Market Value $ _____ Mortgage or outstanding loans balance due $ _____

Amount of annual insurance premium _____ Amount of most recent tax bill $_____

Have you sold/disposed of any property in the last 2 years? ☐Yes ☐No

If yes, Type of property _____Market Value when sold/disposed $_____

Amount sold/disposed for $ _____ Date of transaction _____

**Other Assets:** Have you disposed of any other assets in the last 2 years:

(Example: given away money to relative, set up irrevocable Trust Accounts)? ☐Yes ☐ No

Do you have any other assets not listed above (excluding personal property)? ☐Yes ☐ No

## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

First Resource Companies does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished. Note: HUD Race and Ethnicity Data Form(s) must be attached for subsidized sites.

**ETHNIC CATEGORIES**

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

**RACE CATEGORIES**

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ I do not wish to furnish this information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and / or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

**RIGHT TO REASONABLE ACCOMMODATION**

First Resource Companies will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds or an individual unit and changes to policies, practices, and procedures.

_____ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form and will process such a request in accordance with Management's Reasonable Accommodation Policies and Procedures.

## SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I authorize my consent to have management verify the necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Program requirements. Upon request, you also have the right to receive a Tenant Selection Plan Summary and a Property Description Insert.

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

I understand that as a part of the application process, First Resource Management Companies will check many sources of information, which include Retail Credit Reports, Sex Offender Registry, Rental History, Arrest, Eviction, Student Status and Naturalization Records. Signing below gives us permission for this. I understand that to obtain or attempt to obtain Housing Assistance by committing fraud is a criminal offense under Federal and State Laws.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquires may be made to verify the statements herein**. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested. I/We understand that false statements or information are punishable under applicable State or Federal Law. I/We hereby certify that we have received a notice from Management Agent describing the right to reasonable accommodations for persons with disabilities.

We request the following information to accept your application:

1. **Picture ID for all adult members of the household 18 years or older.**
2. **Social Security Cards OR Acceptable DHS/INS Documents for all household members.**
3. **Birth Certificates for all members of the household.**
4. **A copy of your mobile section 8 voucher (if applicable).**
5. **All members of the household 18 years or older must fill out a separate application.**

I understand that the information provided on this application is only my current status and does not guarantee that my application will be approved and will be subject to further screening once an apartment becomes available.

Signed under the pains and penalties of perjury.

_____ _____

Applicant Signature Date Management Signature Date

**INCOMPLETE APPLCATIONS WILL BE REJECTED.**

**The information on this application is up to date or any changes have been made as of:**

_____

Applicant Signature Date



EQUAL HOUSING OPPORTUNITY