

2022 application

APPLICATION FEE: \$21.95

This is for a credit/background check. It is our policy to procure a credit/background check for all applicants. Included is a full disclosure of this policy.

Date and time this application was paid for: _____

Date and time this application was returned: _____

PLEASE BE SURE YOUR APPLICATION IS COMPLETE AND ACCURATE
YOU SHOULD HAVE THE FOLLOWING ITEMS FOR ALL HOUSEHOLD MEMBERS:

- Birth Certificate(s)
- Driver's License(s) or Government issued Photo ID(s) for all applicants over age 18
- Social Security Card(s)
- Proof of All Income(s)
 - Example: four or more paystubs, social security income letters or verification reports, child support or alimony verification, government assistance including any 'exempt' income ('food stamps' or WIC, etc.)
 - Two or more months of bank account statements
 - Statements for retirement accounts (if applicable)
 - Statements for Stocks, Bonds, Annuities or Property (if applicable)
- Bank Account Verification – Provided in office (if applicable)
- Proof of Assets- including any disposed of within the last two years (if applicable)
- Signed General Release/Credit Check Form (return a signed copy for each applicant over age 18)

****Application Policy:** It is our policy to give priority to those applicants who turn in completed applications. Within 14 days of receipt of application you will be mailed a letter from our offices of placement on the list (for completed applications) or a letter stating what information is needed (for incomplete applications). You will have 14 Days from the date of that letter to turn in any missing information. If that information is not received by our office within 14 days, your application will be removed from our files. No applicant – complete or incomplete- who voluntarily removes themselves from the waiting list, may return in the same spot. A new application must be submitted in any removal case.**



2022 application
APPLICATION FOR OCCUPANCY

| For Office Use Only: | |
|----------------------|--|
| Date Received | |
| Time | |
| Completed on | |
| Accessible | |
| # of Bedrooms | |
| Income Limit | |

NAME: _____ DAYTIME PHONE: _____

CURRENT ADDRESS: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ MONTHLY RENT: _____

DO YOU PAY UTILITIES? Yes / No (circle one)

IF YES, PLEASE LIST: _____

ARE YOU IN NEED OF A HANDICAP ACCESSIBLE UNIT? Yes / No (circle one)

IF YES, PLEASE ATTACH PROOF.

HAVE YOU BEEN ARRESTED OR CHARGED WITH FELONY DRUG RELATED CRIMES?

Yes / No (circle one)

IF YES, PLEASE EXPLAIN:

REFERENCE INFORMATION

Please include current and previous landlords and two non-related references (i.e. co-worker, friend, employer)

| CONTACT | ADDRESS | PHONE | RELATIONSHIP |
|---------|---------|-------|--|
| | | | Current / Previous landlord (circle one) |
| | | | Previous Landlord |
| | | | |
| | | | |



2022 application

ALL HOUSEHOLD MEMBERS

Please list the applicant who will be listed as Head of Household first

| NAME FIRST, MI, LAST | SOCIAL SECURITY NUMBER | DATE OF BIRTH | FULL TIME STUDENT?* | SEX (CIRCLE) |
|-------------------------|---------------------------|------------------|------------------------|-----------------|
| | | | [] Y [] N | M / F |
| | | | [] Y [] N | M / F |
| | | | [] Y [] N | M / F |
| | | | [] Y [] N | M / F |

ARE YOU EXPECTING ANY CHANGES TO YOUR HOUSEHOLD? [] Y [] N
 IF YES, PLEASE EXPLAIN:

*Full time students include grades K-12 and anyone currently enrolled or planning to be enrolled in school (college, etc.) for at least 5 months in the coming calendar year.

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 laws prohibiting discrimination against tenant applications 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Number of Household Members that are:

| | | |
|------------------------|-------|--------|
| | Male | Female |
| Ethnicity | | |
| Hispanic or Latino | _____ | _____ |
| Not Hispanic or Latino | _____ | _____ |

Number of Household Members that are:

| | | |
|--------------------------------|-------|-------|
| Race | | |
| American Indian/Alaskan Native | _____ | _____ |
| Asian | _____ | _____ |
| Black or African American | _____ | _____ |
| Native Hawaiian | _____ | _____ |
| or Other Pacific Islander | | |
| White | _____ | _____ |

I/We do not wish to furnish this information _____

In accordance with federal law and U. S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

"This institution is an equal opportunity provider, employer, and lender. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov"



2022 application

SOURCES OF INCOME

Please attach copies of supporting documents verifying all income (EX. pay stubs, W-2 OR ANNUAL TAX FILING, Schedule C if self-employed, award or benefit letter for TADC/AFDC, SSI, SSDI, CHILD SUPPORT, ALIMONY, etc.)
****DO NOT LEAVE ANY QUESTIONS UNANSWERED**

| | HEAD OF HOUSEHOLD | | | CO HEAD/ OTHER MEMBER | | |
|--|---|--------|------------|---|--------|------------|
| | CHECK ONE | AMOUNT | HOW OFTEN? | CHECK ONE | AMOUNT | HOW OFTEN? |
| WAGES/SALARY FROM A JOB | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMISSIONS/TIPS OR BONUSES | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DO YOU RECEIVE A SHIFT DIFFERENTIAL? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DO YOU HAVE A 2 ND JOB? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| TADC/AFDC, ETC. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| SSI/SSDI | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| CHILD SUPPORT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| SPOUSAL SUPPORT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| UNEMPLOYMENT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| RETIREMENT OR PENSION | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| OTHER: | | | | | | |
| ARE ANY CHANGES TO YOUR INCOME EXPECTED IN THE NEXT 12 MONTHS? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, EXPLAIN: | | | | | | |

| HOUSEHOLD MEMBER | SOURCE OF INCOME | ADDRESS & PHONE NUMBER OF SOURCE |
|------------------|------------------|----------------------------------|
| | | |
| | | |
| | | |
| | | |

PLEASE LIST CONTACT INFORMATION FOR ALL INCOME SOURCES



2022 application

ASSETS

Please list any and all assets for all household members, including minors, and attach statements for each asset.

| | FINANCIAL INSTITUTION / ACCOUNT NUMBER | BALANCE/ APPROX.CASH VALUE | HOUSEHOLD MEMBER |
|--------------------|--|----------------------------|------------------|
| BANK ACCOUNT #1 | | \$ | |
| BANK ACCOUNT #2 | | \$ | |
| BANK ACCOUNT #3 | | \$ | |
| PENSION/RETIREMENT | | \$ | |
| STOCKS, BONDS, ETC | | \$ | |
| REAL ESTATE EQUITY | | \$ | |
| OTHER: | | \$ | |
| OTHER: | | \$ | |

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:

EXPENSES

Please attach proof of all expenses. Childcare verification forms are available upon request.

| EXPENSE TYPE | HOUSEHOLD MEMBER | AMOUNT | HOW OFTEN PAID |
|--|------------------|--------|----------------|
| CHILD CARE | | | |
| ATTENDANT CARE/AUXILLARY EXPENSE | | | |
| MEDICAL EXPENSES (Elderly/Handicap Only) | | | |

I/We certify that the housing I/We will occupy is/will be my/our Primary residence.
 I/We further certify that I/We will not maintain a separate subsidized rental unit.

I/We certify that the information in this application is true to the best of my/our knowledge. I/We understand that any false statements or information are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. This would also lead to cancellation of this application or termination of tenancy after occupancy.

I/We authorize North Adams Apartments Limited Partnership to verify all information provided in this application in order to determine my/our eligibility for housing.

I/We also authorize North Adams Apartments Limited Partnership to request a credit profile report.

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.

 Tenant Signature

 Date

 Co-Tenant Signature

 Date



"This institution is an equal opportunity provider, employer, and lender. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov"



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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION/CREDIT CHECK DISCLOSURE

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: ____-____-____

I, the above named individual, have authorized North Adams Apartments LP to verify with following sources, the accuracy of the information which I have provided to them within this (circle one) APPLICATION / RECERTIFICATION. Additionally I give consent and authorize the Landlord and the Landlord's representation to request a general background and credit check through E-Renters USA Ltd. This information includes, but is not limited to, Verification of Social Security Number, OFAC/Patriot Act Search, Evictions and Suits, Liens and Judgements, Bankruptcies, Criminal Records and Sex Offender Registration. As is required by the FCRA – Public Law 91-508 §606, North Adams Apartments will provide me with a complete and accurate disclosure of the nature and the scope of the investigation requested if a written request of disclosure is received no later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is later.

- Employers
- Public Benefits (DET; DTA; Social Security; VA Benefits)
- Other Federal, State or Municipal Pensions
- Interest on accounts; Dividends on investments; account balances
- Medical payments; Medical insurance payments
- Income from trust funds
- Credit Report; Criminal Record Check
- Lottery proceeds
- Child support payments; Alimony
- Income from Annuities; Private pensions; IRA's or 401k plans
- Workman's Comp or health/accident payments in lieu of earnings
- Regular allowance, gifts, and/or monetary contributions to household
- Student status; Scholarship information from schools
- Prior standing in Federal or State housing programs
- Current and preview landlord references

I authorize you to release the information requested on the attached form to North Adams Apartments LP subject to the conditions that it be kept confidential. Please supply information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.
Thank you for your assistance and cooperation in this matter.

Signature

Date Signed

THIS AUTHORIZATION IS VALID FOR A PERIOD OF YEAR FROM THE DATE SIGNED

