



Number of Bedrooms: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## WORTHINGTON COMMONS

109 Federal Street  
Springfield, MA 01105  
Tel. (413) 732-4784 Fax (413) 732-5986

### RENTAL APPLICATION

#### Welcome to WORTHINGTON COMMONS!

In order to accept your application it must be filled out completely. If there is something that does not apply to your household, please mark N/A (not applicable).

Attached to this Rental Application are the following forms which must be completed and returned with the application:

- Form HUD 9887 & 9887A (Applicant's Consent to the Release of Information –Applicants 18yrs or older)
- Form HUD 92006 (Supplement to Application for Federally Assisted Housing)
- Form HUD 20761-H (Race and Ethnic Data Reporting Form)
- Please include a copy of your Mobile Section 8 Voucher (if applicable)

Any members of the household, 18 years of age or older, including Live-in Aide(s), must fill out a separate rental application.

**If / when an application reaches the top of the waiting list, management will contact the applicant(s) to schedule an appointment to review for eligibility.**

The following information will then be required:

- Picture ID for all adult members of the household 18 years or older
- Social Security Cards OR Acceptable DHS/INS Documents for all household members (Applicants 62+ years old as of 1/31/10 are exempt from disclosing Social Security Number)
- Birth Certificates for all household members

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!

Worthington Commons

First Resource Management Company 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. Last 4 of S.S. #





**GENERAL INFORMATION**

**PLEASE COMPLETE FOR THOSE WHO WILL OCCUPY THE APARTMENT** (*applicant, co-applicant, children, other*)

#	Relationship	Last Name	First Name	Date of Birth (mm/dd/yyyy)	Last 4 of SSN	Student Status
1	Self (HOH)					Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
2						Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
3						Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
4						Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
5						Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
6						Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO

**PRESENT ADDRESS:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**HEAD OF HOUSEHOLD E-MAIL ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**LANDLORD NAME** (*if applicable*) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Do you:**  Rent or  Own (*check one*) **Number of Bedrooms in current unit:** \_\_\_\_\_

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 3 YEARS**

**FRMC accepts 1 – 3 years of rental history. Less than 1 year rental history will require 3 Professional Letters of Reference.**

**PREVIOUS ADDRESS** **City** **State** **Zip**

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

**PREVIOUS ADDRESS** **City** **State** **Zip**

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

**PREVIOUS ADDRESS** **City** **State** **Zip**

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

**INCOME INFORMATION**

**ARE YOU CURRENTLY EMPLOYED?**  NO  YES

*If Yes*, Employed by: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \_\_\_\_\_ Other (Commission/Bonus) \_\_\_\_\_

**DO YOU HAVE MORE THAN ONE (1) EMPLOYER?**  NO  YES

*If Yes*, Employed by: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer 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 of Income** \$ \_\_\_\_\_ **Amount Received** \_\_\_\_\_ **Frequency** (Weekly, Monthly, Yearly)

\_\_\_\_\_  
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\_\_\_\_\_  
**Type of Income** \$ \_\_\_\_\_ **Amount Received** \_\_\_\_\_ **Frequency** (Weekly, Monthly, Yearly)



**ASSET INFORMATION**

		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	\$ _____
<b>Bank Name</b>	<i>Last 4 of Acct Number</i>				Balance
<hr/>					
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	\$ _____
<b>Bank Name</b>	<i>Last 4 of Acct Number</i>				Balance
<hr/>					
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	\$ _____
<b>Bank Name</b>	<i>Last 4 of Acct Number</i>				Balance
<hr/>					
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	\$ _____
<b>Bank Name</b>	<i>Last 4 of Acct Number</i>				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 <input type="checkbox"/> YES <input type="checkbox"/> NO	Child Care Expenses <input type="checkbox"/> YES <input type="checkbox"/> NO
Elderly Expenses <input type="checkbox"/> YES <input type="checkbox"/> NO	Handicap Expenses <input type="checkbox"/> YES <input type="checkbox"/> NO

If you have checked "YES" to 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?  NO  YES  
*If yes*, please explain: \_\_\_\_\_
2. Does your present apartment contain health code violations?  NO  YES  
*If yes*, please describe: \_\_\_\_\_
3. Is your present apartment too small for your family?  NO  YES
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability?  NO  YES  
*If yes*, 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?  NO  YES  
*If yes*, 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:* \_\_\_\_\_
- Yes  No Do you have full custody of your child(ren)? If no, explanation of custody arrangements;  
\_\_\_\_\_
- Yes  No Do you have a Section 8 Voucher?
- Yes  No Have you or a family member ever been evicted?  
*(Note: An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record).*
- Yes  No Have you ever been convicted of a felony?  
Explanation: \_\_\_\_\_
- Yes  No 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).*  
\_\_\_\_\_
- Yes  No Have you or any member of your household lived in any other state other than Massachusetts?  
*If yes, list the names of the states:* \_\_\_\_\_
- Yes  No 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) 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) 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 Dependent on another's tax return?

### HOW DID YOU HEAR ABOUT THIS HOUSING DEVELOPMENT?

- Newspaper  Internet  Website  Advertisement  Resident Referral  Housing Authority
- Other: \_\_\_\_\_

STATEMENT OF INCOME AND ASSETS

DO YOU RECEIVE OR EXPECT TO RECEIVE INCOME FROM: (CHECK EITHER YES OR NO TO EACH QUESTION)

INCOME SOURCE

- Income source questions: Employment, Social Security, SSI, Pension, Veterans Benefits or Disability, Unemployment, Workman's Comp., AFDC/TANF Comp./Public Assistance, Alimony, Child Support, Military Pay, Net Income from Business, Contributions from Friends or Relatives, etc.

ASSET TYPE

- Asset type questions: Checking Accounts, Savings Accounts, Certificate of Deposit, Stocks or Bonds, IRA's or Other Retirement Funds, Mutual Funds, Trust Accounts, Life Insurance, Personal Property Held as Investment, Real Estate, etc.

Real Estate Property: Do you own any property? 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/dispensed of any property in the last 2 years? If yes, Type of property, Market Value when sold/dispensed, Amount sold/dispensed 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)? Do you have any other assets not listed above (excluding personal property)?



## 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 Management Company does not discriminate on the basis of any protected status, including disability, in the admission of or access to its programs and activities. First Resource Management Company provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Reasonable Accommodations may include changes to the building, grounds or an individual unit and changes to policies and procedures.

Please check here if you **WOULD LIKE** to make a request for a Reasonable Accommodation.     Please check here if **NO** Reasonable Accommodation is needed.

If **Yes**, type of accommodation you are requesting \_\_\_\_\_

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.

*NOTE: Applicant request for a Reasonable Accommodation will not have any impact in the access or admission to the application for housing, its programs or activities. First Resource Management Company 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 to its programs or employment, or its programs, activities, functions or services.*

**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.

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