First Resource Companies
Development | Management

Merrick Park Apartments

195 State St. *and* 19-25 Maple St.
Springfield, MA 01105

LOTTERY APPLICATION

Application Period:
August 18, 2026 thru September 8, 2026

Mailed applications must be Postmarked no later than Friday, September 8, 2026 and RETURNED TO:

WORTHINGTON COMMONS
Attention: Merrick Park Apartments Lottery
109 Federal Street,
Springfield, MA 01105
Tel: *(413) 732-4784* ***Fax:*** *(413) 732-5986*

NOTE: Supporting Documentation (Income, Assets, etc.) is NOT required to be submitted with the application.

MERRICK PARK APARTMENTS does not discriminate in the selection of applicants on the basis of race, color, national origin, religion, gender or gender identity, familial status, disability, ancestry, age, marital status, public assistance status, sexual orientation, veteran history/military status, genetic information, or other basis prohibited by law. Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. To request a reasonable accommodation, please call 413-732-4784.

EQUAL HOUSING OPPORTUNITY

First Resource Companies
Development | Management

For Office Use Only:
REGISTRATION NUMBER:

MERRICK PARK APARTMENTS - **LOTTERY APPLICATION**

195 State St., & 19-25 Maple St., Springfield, MA

Application Deadline: September 8, 2026

Name and address of Head of Household (HOH)

Last Name First Name Middle Initial

Mailing Address Apt # City State Zip

Telephone Number Email Address (*Head of Household*)

How may Bedrooms does the Household require? ☐ **Studio** ☐ **1BRM** ☐ **2BRM** ☐ **3 BRM**

Does anyone in Household required a wheelchair accessible unit? ☐ **YES** ☐ **NO**

List others who will live with you. Include unborn children and live-in aides

#	**Relationship**	**Last Name**	**First Name**	**Last 4 of Social Security Number**	**Birthdate** (mm/dd/yyy)	**Full-Time Student?**
1	Self (HOH)					☐ YES ☐ NO
2						☐ YES ☐ NO
3						☐ YES ☐ NO
4						☐ YES ☐ NO
5						☐ YES ☐ NO
6						☐ YES ☐ NO
7						☐ YES ☐ NO
8						☐ YES ☐ NO

Does the household have a Federal or State Housing Choice Voucher?

☐ No ☐ Yes if yes, Agency: _____

The Management Agent will not discriminate based on Voucher holder status. This question is asked for the sole purpose to (1) determine an applicant's household's ability to pay rent for a unit that does not have Project Based Subsidy; or (2) to advise applicant households who are applying for a unit with Project Based Subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

EQUAL HOUSING OPPORTUNITY

INCOME INFORMATION

Head of Household: Are you currently employed: ☐ Yes ☐ No

Current Employer: _____ Occupation: _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Commission/Bonus) _____

Do you have more than one employer?: ☐ Yes ☐ No

If yes, Name of Employer: _____ Occupation: _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Commission/Bonus) _____

Is any other family member (*18 Years of age or older*) **employed?** ☐ Yes ☐ No

Household Member Name	Employer Name	Amount	(Weekly, Monthly, Yearly)

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.)

Household Member Name	Income Type	$ Amount	(Weekly, Monthly, Yearly)
		$	
		$	
		$	

ASSET INFORMATION

Household Member Name	Bank Name	Last 4 #'s Acct. Number	Type of Acct (*Checking, Savings, CD, etc.)*	$ Balance

INVESTMENTS, REAL ESTATE, TRUSTS, LIFE INSURANCE, MUTUAL FUNDS, STOCKS/BONDS, OTHER INCOME:

Household Member Name	Type of Acct.	Acct # / Policy #	Value /Shares	$ Annual Income / Interest / Dividends

STATEMENT OF INCOME AND ASSETS

Do you receive or expect to receive income from*: (Check either Yes or No)*

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
☐	☐	Do you receive Child Support
☐	☐	Military Pay

YES	NO	ASSET TYPE
☐	☐	Checking Accounts
☐	☐	Savings Accounts
☐	☐	Certificate of Deposit
☐	☐	Stocks or Bonds
☐	☐	IRA's or other Retirement Funds
☐	☐	Mutual Fund
☐	☐	Trust Accounts
☐	☐	Life Insurance (Whole or Universal)
☐	☐	Personal Property held as Investment

EQUAL HOUSING OPPORTUNITY

SUPPLEMENTAL APPLICANT QUESTIONNAIRE

YES	NO	
☐	☐	Do you expect any additions to the household in the next twelve months? *If yes, please list name and relationship*: _____ _____
☐	☐	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
☐	☐	Have you ever been convicted of a felony? *If yes, 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 state(s):* _____

APPLICANT CERTIFICATION

I hereby certify under the pain and penalty of perjury that:

- All information in this application is true to the best of my knowledge and I understand that false statements or information will lead to rejection of this application or termination of tenancy after occupancy;
- in consideration for being permitted to apply for this apartment, I do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- I understand that this is a preliminary application to determine my eligibility for available waitlists, and that I will be required to complete a full application and all required certification and verification forms once an apartment becomes available;
- I understand all changes to this application (including but not limited to address change, phone number change, household composition change, preference/priority change and annual household income change must be made to the MERRICK PARK APARTMENTS management office in writing, and that failure to do so may result in my application being cancelled;
- I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references;
- I understand that no determination of eligibility or suitability for housing will be made until my application comes to the top of the waiting list, I have completed a the full rental application, I have provided any requested/required documents and eligibility and suitability screening is completed by the Agent;
- I authorize landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies;
- I hereby release, remis and forever discharge, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Co-Head of Household Date

_____ _____
Other Adult Date

_____ _____
Other Adult Date

EQUAL HOUSING OPPORTUNITY

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទទៅលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ ០០១។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفا با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (413) 732-4784 / Relay 711/TTY

RIGHT TO REASONABLE ACCOMMODATION
The Agent for this property provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary 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; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY
The Agent provides people whose primary language is not 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. If you are any family member has a disability, or limited English proficiency, and as a result need assistance completing the preliminary application and/or any assistance during the application process, we will be happy to provide assistance upon calling 413-732-4784 / Relay 711.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION
The Agent for this property 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.