



**First Resource
Companies**
Development | Management

Residences at the Vault

Phase II
**310 State Street
Springfield, MA 01105**

LOTTERY APPLICATION

Mailed applications must be Postmarked no later than
Friday, February 13, 2026 and RETURNED TO:

WORTHINGTON COMMONS
Attention: Residences at the Vault 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.

RESIDENCES AT THE VAULT 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 any 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.



RESIDENCES AT THE VAULT

Lottery Application (Phase II)

310 State St., Springfield, MA 01105

Application Deadline: February 13, 2026 @ 5:00pm

Please select bedroom size required:

- Studio
- 1 Bedroom
- 2 Bedroom

Name and address of Head of Household:

LAST	FIRST	M.I.	DATE OF BIRTH	Full-Time Student <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRESS		

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)	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

Do you or any member of your household require specific features such as Wheelchair Accessibility, Visual /Hearing assistance? No

Yes, If yes, please describe: _____

RENTAL HISTORY: If less than three (3) years at current address:

Previous Address: _____
Street Address _____ City _____ State _____ Zip _____ How long at address _____

Landlord Name: _____ Landlord Phone: _____

ARE YOU CURRENTLY EMPLOYED: Yes No

Employed by: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Length of Employment: _____ Annual Gross Salary: \$ _____

Do you receive any Commission/Bonus: No Yes If yes, amount: \$ _____

DO YOU HAVE MORE THAN ONE (1) EMPLOYER? Yes No

Employed by _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Length of Employment: _____ Annual Gross Salary: \$ _____

Do you receive any Commission/Bonus: No Yes If yes, amount: \$ _____

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, Contributions from friends or relatives, etc)

Type of Income	\$ _____	Amount Received	(Weekly, Monthly, Yearly)
Type of Income	\$ _____	Amount Received	(Weekly, Monthly, Yearly)
Type of Income	\$ _____	Amount Received	(Weekly, Monthly, Yearly)

ASSET INFORMATION

Bank Name: _____ Checking Savings CD
Current Balance: \$ _____

Bank Name: _____ Checking Savings CD
Current Balance: \$ _____

Do you own any property? No Yes If yes, type of property _____

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

If yes, Type of property: _____ Amount sold/disposed for \$ _____

Date of Transaction: _____

OTHER ASSETS: Have you disposed of any other assets in the last 2 years: Yes No
(Example: given away money to relative, set up irrevocable Trust Accounts)

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?
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?

SELF - CERTIFICATION OF INCOME

I certify that the **GROSS ANNUAL INCOME** for **ALL Household Members** residing in my household is \$ _____.

I further certify that the information given is true to the best of my knowledge.

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.

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.

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 understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I consent to the release of and verification of 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 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 understand that my eligibility for housing will be based on applicable income limits and management's selection criteria. 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.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. 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.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

Signed under the pains and penalties of perjury.

Applicant Signature

Date

Management Signature

Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HUD, 10 Causeway Street, 3rd Floor Boston, MA 0220-1092 ATT: Director, Multifamily Division	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Residences at The Vault 310 State Street Springfield, MA 01105	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Residences at The Vault

Name of Project Owner or his/her representative

Property Manager

Title

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.