First Resource Companies
Development | Management

Residences at the Vault

LOTTERY APPLICATION

Phase I - 878 Worthington St.
Springfield, MA 01105

Mailed applications must be Postmarked no later than
Friday, October 17th, 2025 and RETURNED TO:

WORTHINGTON COMMONS
Attention: Residences at the Vault Lottery
109 Federal Street,
Springfield, MA 01105
Tel: *(413) 732-4874* ***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.

EQUAL HOUSING OPPORTUNITY

First Resource Companies
Development | Management

For Office Use Only:
LOTTERY APPLICATION NUMBER:

For Office Use Only:
APPLICATION RECEIVED:

LOTTERY APPLICATION

Residences at the Vault

☑ **PHASE I**: 878 Worthington St., Springfield, MA

Application Deadline: October 17, 2025 @ 5:00pm

Name and address of Head of Household (HOH):

Last Name First Name MI Date of Birth Social Security

Mailing Address Apt # City State Zip

Telephone Number Email Address

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/yyyy)	Full-Time Student? (Y/N)
1	Self					
2						
3						
4						
5						
6						
7						
8						

*** Not providing a Social Security Number for the Pre-Application will not preclude you from being put on the waitlist.

Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?

☐ No ☐ Yes, If yes, please describe: _____

Are you or any household member required to register as a "life-time" Sex Offender for any duration: ☐ No ☐ Yes

If yes, list the name of the person(s); the state where registration needs to be filed_____

EQUAL HOUSING OPPORTUNITY

INCOME INFORMATION

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 (1) employer? ☐ No ☐ Yes

If yes, Name of Employer: _____ 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.)

Income Type _____ Amount _____ Frequency _____
(Weekly, Monthly, Yearly)

Income Type _____ Amount _____ Frequency _____
(Weekly, Monthly, Yearly)

Income 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

EQUAL HOUSING OPPORTUNITY

STATEMENT OF INCOME AND ASSETS

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

YES	NO	INCOME SOURCE	YES	NO	ASSET TYPE
☐	☐	Employment	☐	☐	Checking Accounts
☐	☐	Social Security / SSI	☐	☐	Savings Accounts
☐	☐	Pension	☐	☐	Certificate of Deposit
☐	☐	Veterans Benefits or Disability	☐	☐	Stocks or Bonds
☐	☐	Unemployment	☐	☐	IRA's or other Retirement Funds
☐	☐	Workman's Comp.	☐	☐	Mutual Fund
☐	☐	AFDC/TANF Comp./Public Assistance	☐	☐	Trust Accounts
☐	☐	Do you receive Alimony	☐	☐	Life Insurance (Whole or Universal)
☐	☐	Do you receive Child Support	☐	☐	Personal Property held as Investment
☐	☐	Military Pay	☐	☐	Real Estate

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

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 RESIDENCES AT THE VAULT 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

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.

ឯកសារសំខាន់មួយ។ កនុងករណីយេលាកអនក ចាំបាច់រតូវចង់បានការបកែរប
សូមទូរស័ពាទេលខខាងេរកាមេនះមកកាន់ ឬអេញជ ើញទាក់ទងេដាយផាទ ល់ឯេនៅការយាិ លើយេយើងខញ ុ ំ។

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.

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

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

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

EQUAL HOUSING OPPORTUNITY

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.

OMB Control # 2502-0581
Exp. (11/30/2015)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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**

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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
HUD, 10 Causeway Street, 3rd Floor Boston, MA 0220-1092 ATT: Director, Multifamily Division	Residences at the Vault 310 State Street Springfield, MA 01105	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 verity 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 circumstances, 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.

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5979
MASS.GOV/CJIS

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

First Resource Management Company is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to First Resource Management Company
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing First Resource Management Company
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The First Resource Management Company may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that First Resource Management Company, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

First Resource Companies
Development | Management

Criminal Offender Record (CORI)
Affordability & Eligibility

SELF- CERTIFICATION OF GROSS ANNUAL INCOME

I hereby certify that I receive income from the following source(s):

Income Type.	*Amount Received*	*Frequency (weekly, monthly, yearly)*
Income Type	*Amount Received*	*Frequency (weekly, monthly, yearly)*
Income Type	*Amount Received*	*Frequency (weekly, monthly, yearly)*

(Please list income source: i.e. Employment, Social Security, SSI, SSP, TANF/EAFDE, Unemployment, Child Support, Alimony/Child Support, Workers Compensation, Retirement Funds, Veterans Benefits, Contributions to Household, Business Income, etc)

My TOTAL GROSS ANNUAL INCOME is: $ _____

I understand that the information provided on this Self-Certification is only my current status and **DOES NOT guarantee** that my application will be approved. I further understand that if/when an apartment becomes available, my application will be subject to further screening in accordance with Income Guidelines and Resident Selection Plan.

The above is sworn to by me and is true and correct to the best of my knowledge and signed under pains and penalties of perjury.

Applicant Name *(Please Print)* _____ Applicant Signature _____

Signed this_____ day of _____, 20_____