

APPLICATION

THE KINLOCH

**104 TURNPIKE ROAD
CHELMSFORD, MA 01824**

I. GENERAL INFORMATION

Name of Applicant (*Member 1*): _____
 Address of Current Residence: _____ Apt. No.: _____
 City/Town: _____ State: _____ Zip Code: _____
 Mailing Address: _____ Apt. No.: _____
 City/Town: _____ State: _____ Zip Code: _____
 Home Telephone _____ Work/Cell Phone _____

II. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

A. **Members of household** to live in unit, including Head of Household. A three-person household is the maximum household size per State Sanitary Code.

Member Number	Name: First, Middle, Last	Relationship	Sex M/F	Date of Birth	Occupation (Employed, Full-Time Student, Handicapped, Other)	Race **	Ethnicity ++	Student Status (FT/PT/Non-student)
1		HEAD						
2								
3								
4								
5								
6								

(Responding to the question of Race and Ethnicity is optional)

** **Race:** Please mark all that apply. (A) White; (B) Black/African American; (C) American Indian; (D) Asian; (E) Other

++ **Ethnicity:** Please mark the one you identify with most. (F) Hispanic/Latino; (G) Non-Hispanic/Non-Latino

B. Household Member Questions. Please mark each answer either Yes or No.	Yes	No
Do you or any member of your household have any special needs due to a disability or need a reasonable accommodation such as a unit designed for the hearing or vision impaired? <i>Please specify:</i>		
Do you or any member of your household need a wheelchair accessible apartment? <i>If yes, please provide documentation indicating that you use a wheelchair, a walker or double canes.</i>		



Do you or any member of your household have any pets? If Yes, please provide how many, breed, & brief description.

III. INCOME OF HOUSEHOLD MEMBERS

Estimate the anticipated gross monthly income (before deductions) for **ALL** Household Members, from all sources for the next 12 month period. **If a question/category does not apply, do not leave it blank. Please write N/A or None.**

Gross Monthly Income					
Type of Income	Member #1	Member #2	Member #3	Member #4	Member #5
<i>Please enter gross monthly amount.</i>					
Salaries, Wages, Including Overtime/Tips	\$	\$	\$	\$	\$
Net Income From Business or Profession	\$	\$	\$	\$	\$
Trust Income	\$	\$	\$	\$	\$
Pensions and Annuities	\$	\$	\$	\$	\$
Unemployment or Disability Compensation	\$	\$	\$	\$	\$
Regular Social Security Benefits and/or SSI	\$	\$	\$	\$	\$
VA Disability Income	\$	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$	\$
Regular Alimony Support Payments, Gifts	\$	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$



IV. ASSETS

- Do you or any member of your household own any real estate? (Circle one) **YES** **NO**
 If yes, please provide the address: _____
 Current Value: _____ Source of Valuation: Appraisal Tax Bill Estimate
- Have you or any member of your household that is to live in the unit sold or given away any assets in the last five years? (i.e., Stocks, Bonds, Property, Cash, etc.) (Circle one) **YES** **NO**
 Value when sold/given away: _____ Date of transaction: _____

Please list below the assets of all household members living in the unit. (Bank accounts, foreign bank accounts, stocks, pensions, inheritances, bonds, trust funds, individual retirement accounts, life insurance policies, any other capital investment, etc). *If your assets are too numerous, use extra blank spaces or list on a separate piece of paper.* **If a question/category does not apply, do not leave it blank. Please write N/A or None.**

Member Number	Asset Type <i>(checking, savings, etc.)</i>	Name of Financial Institution	Account Number	Cash Value	Asset Value or Current Balance
1				\$	\$
				\$	\$
				\$	\$
2				\$	\$
				\$	\$
				\$	\$
3				\$	\$
				\$	\$
				\$	\$
4				\$	\$
				\$	\$
				\$	\$
5				\$	\$
				\$	\$
				\$	\$



HOUSING INFORMATION

Include your current address. List Addresses for Each Adult Household Member for the **Last Five Years** in Reverse Order (starting with the most recent address). Use attached housing info form (A) if necessary.

(1) Member Name: _____ **This property is: (Circle One) Rented Owned**

Address: _____ Apt.: _____ Dates: from _____ to PRESENT

City/Town: _____ State: _____ Zip Code: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO N/A**

Did this landlord return your security deposit? (Circle one) **YES NO N/A**

(2) Member Name: _____ **This property was: (Circle One) Rented Owned**

Address: _____ Apt.: _____ Dates: from _____ to _____

City/Town: _____ State: _____ Zip Code: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO N/A**

Did this landlord return your security deposit? (Circle one) **YES NO N/A**

(3) Member Name: _____ **This property was: (Circle One) Rented Owned**

Address: _____ Apt.: _____ Dates: from _____ to _____

City/Town: _____ State: _____ Zip Code: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO N/A**

Did this landlord return your security deposit? (Circle one) **YES NO N/A**

(4) Member Name: _____ **This property was: (Circle One) Rented Owned**

Address: _____ Apt.: _____ Dates: from _____ to _____

City/Town: _____ State: _____ Zip Code: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO N/A**

Did this landlord return your security deposit? (Circle one) **YES NO N/A**



APPLICANT’S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the rental office will make no more than one offer to rent this housing unit. If I do not accept that offer, my application will be dropped to the bottom of the waiting list and I will not be offered the rental unit at *The Kinloch* until all other eligible households selected in the lottery are offered a rental unit. Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the rental office.

I understand that the information that I have provided in this application may be independently verified for the purpose of determining eligibility. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation are punishable by law and may result in the denial of my application or termination of tenancy after occupancy

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

WARNING: Title 18, Section 1001 of the U.S. Code States that a person guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature

Date

Signature

Date

Signature

Date

Signature

Date



FAIR INFORMATION ACT – STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public’s financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities’ use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature

Date

Signature

Date

Signature

Date

Signature

Date





Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

DAVID J. HEDISON
Executive Director

RELEASE FOR CREDIT CHECK

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

I/We hereby apply for the apartment through the Chelmsford Housing Authority. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

RELEASE: In consideration for being permitted to apply for assistance/continued assistance, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigation, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

Signature

Date

Signature

Date

Signature

Date

Signature

Date



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

I, the above named individual, have authorized the Chelmsford Housing Authority to verify the accuracy of the information which I have provided to the Chelmsford Housing Authority, from the following sources:

- Healthcare providers, including but not limited to: ESMV, Mental Health agencies, Social Service agencies, Medical providers, PACE, SCO's etc.
- Banks and other financial institutions
- Courts, law enforcement agencies, CORI
- Credit bureaus and credit providers
- Landlords and employers (past and present)
- Permission to use social security number to verify income through Mass Dept. of Revenue
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Retirement and pension
- Providers of:
 - ❖ Alimony, child care, child support, credit, handicap assistance, marital status, schools, colleges & post office

I hereby give you permission to release this information to the Chelmsford Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Chelmsford Housing Authority within five (5) days following the receipt of this request.

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

SIGNED:		DATE:	
SIGNED:		DATE:	
SIGNED:		DATE:	
SIGNED:		DATE:	

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE



APPLICATION CHECKLIST

INCOME VERIFICATION

- Wages: Last two months consecutive pay stubs verifying gross amount per week
- Social Security: Letter from Social Security (SS), Supplemental Security Income (SSI). Letter must be less than 120 days old verifying amount received per month.
- Pensions, Annuity, Retirement: Letter regarding VA Pension, or other Retirement/Pension benefits. Letter must be less than one (1) month old verifying gross amount received per month.
- AFDC/EAEDC/TANF: Letter stating amount received, dated less than one (1) month old.
- Separate Support: Proof of Separated Support (child support/alimony) payments being received. (Court order showing amount awarded, accompanied by copies of payment checks).

ASSETS VERIFICATION

- Proof of total amount of Assets:
 - Savings Accounts: Copy of recent statement
 - Checking Account: Copy of recent statement

OTHER VERIFICATIONS (for all household members)

- Federal Tax Return: Provide most recent filing of tax return (2018 or 2017).
- Photo Identification: Please provide a copy of one of the following - Driver's license, passport, State Identification card, etc.
- Social Security Card: Please provide a copy of your social security card (Please do not send original).
- Birth Certificate: Please provide a copy of your birth certificate (Please do not send original).

If you require additional forms based upon the number of household members, please contact the office to request them.

NOTE: Failure to provide complete and documented information regarding all income and assets for all members of the household is grounds for eviction.

NOTE: Incomplete lottery applications will not be processed and will be returned to the applicant for completion. Do not leave any areas on the application blank.

