

## APPLICATION CHECKLIST

### INCOME VERIFICATION

- Wages: Number of hours per regular work week and pay rate per hour from your present employer (last two months consecutive pay stubs verifying gross amount per week for last two (2) months).
- Social Security: Letter from Social Security (SS), Supplemental Security Income (SSI). Letter must be **less than 120 days old** verifying amount received per month. You can go online and get this document yourself by going to [www.ssa.gov](http://www.ssa.gov). This will get you to the Social Security Online screen, click on “*Already Receiving Benefits*”, and then click on “*Get Proof of Income Letter*” on the right hand side of the screen. They will walk you through a series of questions and you should then receive the letter in approximately 10 days. Or you can call **1-800-772-1213** for a copy.
- 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.
- EAEDC: Letter stating amount received, dated **less than one (1) month old**.
- Separate Support: Proof of Separate Support (child support/alimony) payments being received. (Court order showing amount awarded, accompanied by copies of payment checks).
- Proof of Unemployment Benefits: Current statement from employment office and copy of check stubs.
- Periodic Payments: Proof of payments received from people not living in the household (i.e. alimony, business income, regular contributions or monetary gifts).
- No Income: If any member of the household does not have any income at all, a “Zero Income Self Affidavit” must be **completed and notarized**. Please use the attached form at the end of this packet or contact the CHA for a form.

### ASSETS VERIFICATION

- Proof of total amount of Assets:
  - Savings Accounts: Copy of recent statement or copy of last 3 pages of Savings Account Book (include current interest rate). One page must show name and account number and name of bank. *Savings account ending balance must be less than one (1) month old.*
  - Checking Account: Copies of the **past six months complete statements**.



## APPLICATION CHECKLIST

- Current value of stocks, bonds or other securities (include interest rate, dividends, and 1099 forms).
- Current value of Certificate of Deposits, Money Markets, or Treasury Bills (include current interest rate)
- Current value of real estate, land contracts or other real estate holdings (this includes mobile home, vacant land, vacation home, etc.).
  
- No Assets: If you do not have any assets (i.e. checking account, savings, etc.), then a “Certification of No Assets” form must be **completed and notarized**. Please use the attached form at the end of this packet or contact the CHA for a form.
  
- Closed Bank Accounts: Verification of any closed bank accounts within the past year.
  
- Disposal of Assets Certificate: Any asset (cash gifts, property, etc.) given away or sold for less than the fair market value (what the asset was actually worth) within the past two (2) years.

### **OTHER VERIFICATIONS (for all household members)**

- Student Status: Please complete the attached Student Status affidavit for your household.
  
- 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).
  
- Proof of residency: **Devens Region Residents** please provide three **current** proofs of residency (i.e. utility bill, voter registration card, etc.)
  
- CORI Form for all adult household member(s). Please use the attached form at the end of this packet or contact the CHA for a form.
  
- Copy of current handicap placard (if applicable)
  
- Any other type of income & assets not included above. **ALL INCOME AND ASSETS MUST BE REPORTED.**



## **APPLICATION**

- Applications are placed in order of date and time received.
- An applicant may be interviewed only after the receipt of this tenant application.
- Incomplete applications will not be processed.

**Completed applications can be mailed or faxed to:**

**Chelmsford Housing Authority/CHOICE, Inc.**  
**10 Wilson Street, Chelmsford, MA 01824**  
**FAX: (978) 256-1895**  
**TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370**

### **A. GENERAL INFORMATION**

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  YES  No

Check utilities paid by you:  Heat  Electricity  Gas  Other (Specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  One BR  Two BR  Accessible

### **B. HOUSEHOLD COMPOSITION**

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
2.						

Have there been any changes in household composition in the last twelve months?  Yes  No

*If YES, explain:*

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

*If YES, explain:*



Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, explain:</i>

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?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHOICE, Inc.**, acting as management agent for **Shirley Meadows** (the "Development") does not discriminate on the basis of race, color, religion, sex, genetic information, gender identity, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.



### C. INCOME

List **ALL** sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> , list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>YES</i> , list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$



Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the household receive any rental assistance (Section 8, MRVP, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES to any of the above, explain:</b>	
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Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>D. ASSETS</b>			
If your assets are too numerous to list here, please request an additional form.			
If a section does not apply, cross out or write N/A.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Prepaid Debit Card	#	Bank	Balance \$
IRA	#	Bank	Balance \$
401K/403B Retirement Account	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$



Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value: \$

Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If YES</i></b> , 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	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If YES</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If YES</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If YES</i></b> , please list:	





<b>E. ADDITIONAL INFORMATION</b>	
Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe:</i>	
Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required)</i>	
Have you or any member of your household ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, describe</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>	

<b>F. REFERENCE INFORMATION (most recent five years history)</b>		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	



<b>Credit Reference #1:</b>	
Address:	
Account #:	Phone #:
<b>Credit Reference #2:</b>	
Address:	
Account #:	Phone #:
<b>Personal Reference #1:</b>	
Address:	
Relationship:	Phone #:
<b>Personal Reference #2:</b>	
Address:	
Relationship:	Phone #:
<b>Personal Reference #3:</b>	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, describe:</i>	



## CERTIFICATION

- I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be my/our permanent residence.
- I/We understand I/We must pay a security deposit for this apartment prior to occupancy.
- I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria.
- I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Inquiries 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 will also be required.
- I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.
- All adult applicants, 18 or older, must sign application.

*Signed under the pains and penalties of perjury*

SIGNATURE (S):

Head of Household Signature	Date
Co- Tenant Signature	Date

### Application Agreement

1. **First Month's Rent Deposit.** We have received a first month's rent deposit in the amount of **\$100.00**. However, to the extent that the amount collected (i.e. \$100.00) exceeds the tenant's portion, the excess amount will be returned. This amount is not a security deposit, and will be credited to your first month's rent when the Application has been approved and the Residential Lease has been signed by all parties. Thereafter, the balance of the first month's rent shall be due in accordance with the Residential Lease.
2. **Refund of First Month's Rent Deposit If Non-approved.** If you or any co-applicant is not approved, the First Month Rent Deposit will be refunded to you within twenty days of the disapproval. The refund check may be made payable to all co-applicants and mailed to only one applicant.
3. **First Month's Rent Deposit Not Refundable – Liquidated Damages.** The First Month's Rent Deposit will be nonrefundable and retained by us as agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c) and the parties will have no further obligations to each other under the following circumstances: (a) if you and all co-applicants fail to sign the Lease Agreement after approval; *or* (b) you and your co-applicants withdraw your application or otherwise notify us that you do intend to rent the dwelling unit after tendering the deposit, completing the application and after the application has been processed.
4. **Acknowledgement.** You acknowledge and agree that if you fail to answer any question or give false information, we may reject the application, retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c), and terminate any right of occupancy. In lawsuits relating to this application, we may recover all attorney's fees and litigation costs in enforcement of this agreement.

SIGNATURE (S):

Management Agent	Date
Head of Household	Date







# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, Massachusetts 01824 -3160

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

\_\_\_\_\_ **Print Name** \_\_\_\_\_ **Social Security Number**

**Address of Current Residence:** \_\_\_\_\_ **Apt. No.:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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.

\_\_\_\_\_  
**SIGNATURE** **DATE**



**RELEASE FOR CREDIT CHECK**

EVERYONE OVER THE AGE OF 18 MUST COMPLETE A SEPARATE FORM

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

Employment Income: \_\_\_\_\_ /MO Other Income: \_\_\_\_\_ /MO

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I hereby apply for the apartment through the Chelmsford Housing Authority. With my signature below I 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.**

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Signature: \_\_\_\_\_ | Date: \_\_\_\_\_







## Criminal Offender Record Information (CORI) Acknowledgement Form

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

\_\_\_\_\_ 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 \_\_\_\_\_  
(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 \_\_\_\_\_  
(Organization)  
with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that  
\_\_\_\_\_, 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*



**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: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*

# Advocate Release for Information

I, \_\_\_\_\_ hereby authorize the Chelmsford Housing Authority to discuss my housing case with my advocate. I also authorize Chelmsford Housing Authority to request, obtain any information, and refer any information to my advocate for my housing assistance needs.

PLEASE CHECK ONE:

- Please send all correspondence to my advocate.***
- Please send a copy of all correspondence to both my advocate and myself.***

MY ADVOCATE INFO IS:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

*I understand that this signed copy will remain valid until I withdraw my request or notify the CHA of a change in advocate. I understand that to withdraw my request or change my advocate, I must do so in writing.*

Tenant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (If Applicable) \_\_\_\_\_

Guardian Signature (If Applicable) \_\_\_\_\_ Date: \_\_\_\_\_

# **MARITAL STATUS AFFIDAVIT**

*To be completed by all applicants*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

I hereby certify that I am married and my spouse is part of my household. Stop here and sign and date bottom of form.

I hereby certify that I have never been married. Stop here and sign and date bottom of form.

I hereby certify that I am:  divorced  separated  widowed  estranged

from my spouse whose name is: \_\_\_\_\_

Date of divorce/separation/etc. \_\_\_\_\_

**Check this box if you are ESTRANGED from your spouse and initial:**

I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and WILL NOT be living in the apartment at any time during my tenancy.

Initial here: \_\_\_\_\_

**Check A or B:**

A.  I am NOT and will NOT be receiving any form of spousal contributions to my household.

B.  I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$ \_\_\_\_\_ per month will be received during the next 12-month period (*verification is required*). I will immediately notify the office of any change in this amount.

**Answer the following:**

I have been awarded income such as alimony, child support, or survivor benefits

YES  NO

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc.  YES  NO If NO please state why: \_\_\_\_\_

The following legal actions have been made to attempt to collect payments owed to me:

*These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.*

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Marital Status Affidavit**

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## STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Completed For: (check one)

Move-in; effective date: \_\_\_\_\_  
 Annual recertification; effective date: \_\_\_\_\_

**Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?**  Yes  No

### If YES, then is anyone in your household:

- A student and receiving AFDC/TANF?  Yes  No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program?  Yes  No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent?  Yes  No
- Married and file a joint return  Yes  No
- Has the person attended school full-time during any part of 5 months of this calendar year?  Yes  No
- Months/year attended full time \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date





# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: \_\_\_\_\_

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

**[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment**

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$\_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## **Section A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

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## **Section B**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$\_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

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## **Section C**

I [print name], \_\_\_\_\_, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: \_\_\_\_\_

The start date is: \_\_\_\_\_

The salary is: \_\_\_\_\_

*\*Manager will contact employer for verification of this income*

---

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_







## DISPOSED ASSETS AFFIDAVIT

TENANT/APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_

I **HAVE NOT** disposed of any assets for less than fair market value in the past two (2) years.

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1- penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

I **HAVE** disposed of assets for less than fair market value in the past two (2) years.

Please list any assets disposed of within the past two (2) years for less than fair market value.

Asset Description	Date Disposed	Fair Market Value	Sold For

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1000.00.

### AGENCY REPRESENTATIVE

I hereby certify that the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

### NOTARY OPTION

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
NAME

My commission expires: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

## DISPOSED ASSETS AFFIDAVIT

5/1/2010

