Countryside Village

APPLICANT COVER SHEET

Dear Applicant,

Thank you for your interest in making Countryside Village your new home! We are delighted that you are applying to live in our community. To ensure your preliminary application is processed efficiently, please review the information below carefully.

Documents Required with Your Application
Attached to this cover sheet, you will find a list of documents divided into three categories: Income, Assets, and Other. Please review this list thoroughly and return your preliminary application with all items that apply to your household. It is very important that you notify our office in writing of any changes to your preliminary application including your contact information, such as your mailing address, phone number, or email address.

If you are scheduled for an interview, all remaining documents not attached to your application or updated documents must be submitted within five (5) business days after your interview date.

Failure to provide the required documents within this timeframe will result in your application being withdrawn. Although you may return your preliminary application with current information, please note that documents such as bank statements, pay stubs, and other verification materials must be current and up to date at the time of your interview. We strongly recommend that you save copies of all income and asset documentation until your application is approved by compliance and/or property management.

Interview Requirements
If you are scheduled for an interview, all household members aged 18 and over are required to attend. Please bring any original documents requested by management at that time.

Timely Submission Reminder
All remaining or updated documents not submitted with your preliminary application must be provided within five (5) business days after your interview. Failure to submit all required documentation within this timeframe will result in your application being withdrawn.

We appreciate your cooperation and look forward to assisting you throughout the application process.

Warm regards,

Property Manager
450-460 Boston Post Road E. Marlborough, MA 01752
Countryside@trinitymgmtco.com

Applicant Acknowledgment to be returned with the preliminary application.

Countryside Village

DOCUMENT CHECKLIST

INCOME

- **Employment Income:** For every household member age 18 and over who works (or will be 18 in the next 12 months), provide **two months of consecutive, current pay stubs.** If newly employed and two months of pay stubs are not yet available, include an **offer letter** and all pay stubs received since the start date.
- **Self-Employment Income:** Provide a **copy of last year's tax return (including Schedule C)**, a **current financial statement**, and/or an **accountant's statement of projected Net Business Income** for the next 12 months. Include income receipts or other documentation verifying income projections.
- **Benefit and Support Income:** If any household member receives any of the following, provide the **source name, address, telephone number, amount received, and verification:**
    - Unemployment Compensation
    - Social Security or Supplemental Security Income (SSI) — request an award letter by calling **1-800-772-1213** or visiting www.ssa.gov (SSP) request on mass.gov
    - Pension (most recent statement or check stub)
    - Disability Income
    - Alimony or Child Support (court order, divorce decree, notarized statement, or printout from Mass DOR)
    - Welfare or other public assistance
    - Regular support from family or friends

ASSETS

- **Checking Accounts:** Six (6) consecutive statements for each account.
- **Savings Accounts, CDs, IRAs, Keogh Accounts:** Most recent statement or passbook.
- **Retirement Accounts (including 401k):** Most recent statement and plan administrator's contact information.
- **Whole Life Insurance:** Copy of policy.
- **Real Estate Owned:** Current value information. If property is rented, provide **address, income received, and expenses** (include last year's Schedule E from tax return).
- **Stocks, Bonds, Trusts, or Other Investments:** Recent statements showing value and income.
- **Assets Disposed:** If you have sold, transferred, or given away any assets in the past two years, provide documentation describing the asset, date, and value.

OTHER REQUIRED INFORMATION

- Most recent **tax return** and attachments (W-2s, 1099 etc.)
- **Birth Certificates** for all household members
- **Photo ID/Driver's License** for all adult household members
- **Social Security cards** for all household members (or Passport, VISA, or Alien Registration ID if applicable)
- **Student status verification** for all full-time students
- **Student income documentation** (grants, scholarships, etc.), if applicable

Countryside Village

By signing below, I acknowledge that:

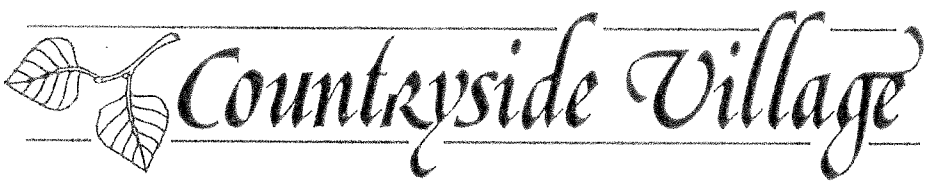
- I have received the applicant cover sheet
- I have received the document checklist with my preliminary application and reviewed and provided the list of required documents for my preliminary application.
- I understand that it is my responsibility to notify management in writing of any changes to my preliminary application, including contact information (address, phone number, email etc.).
- I understand that if I am scheduled for an interview, all household members aged 18 and over must attend.
- I understand that the interview does not guarantee I am approved for an apartment.
- I understand that if all required documents are not submitted within five (5) business days after the interview, my application will be withdrawn.

To be signed and dated by all household members aged 18 and older:

Applicant Signature	Printed Name	Date

Management Use Only:

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.



450-460 Boston Post Road East
Marlborough, MA 01752

PRELIMINARY RENTAL APPLICATION

PHONE#: (508) 481-8032 / MA RELAY: 711 / FAX #: (508) 480-8584

DATE: _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel _____
Present Address _____
street city state zip

List all the states where all household members have lived:

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

[ ] American Indian/Alaskan Native [ ] Asian or Pacific Islander
[ ] Black (not of Hispanic origin) [ ] Hispanic [ ] White (not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:
[ ] Studio [ ] One Bedroom [ ] Two Bedroom [ ] Three Bedroom

Do you have a mobile voucher? ☐ Yes ☐ No If Yes, with what housing authority? _____

Accessible Unit Required? ☐ Yes ☐ No

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir. (Portuguese)
Este es un aviso importante. Sírvase mandarlo traducir. (Spanish)
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG (Vietnamese)
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire. (French)
本通知很重要。请将之译成中文。 (Chinese)
នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង (Cambodian)

Update 4.7.2025

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. _____

Present Housing Cost Per Month $_____ Including Utilities? [ ]Yes [ ]No
How Long Have You Lived at Present Address? _____ Years.
What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF ***Not providing a Social Security number for the Preliminary Application will not preclude you from being put on the waitlist.**

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1_____	Head of Household	_____	_____	_____	Yes or No
2_____	_____	_____	_____	_____	Yes or No
3_____	_____	_____	_____	_____	Yes or No
4_____	_____	_____	_____	_____	Yes or No

Were any members 62 years or older as of January 31, 2010, who do not have a social security number, receiving HUD rental assistance at another location on or before January 31, 2010? Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone_____
Address_____

Name of Previous Landlord/Official _____ Telephone_____
Address_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____

Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the second page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member #_____
Name of Present Employer_____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary $_____
[ ]weekly [ ]bi-weekly [ ]monthly

Member #_____
Name of Present Employer_____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary $_____
[ ]weekly [ ]bi-weekly [ ]monthly

Member #_____
Name of Present Employer_____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary $_____
[ ]weekly [ ]bi-weekly [ ]monthly

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OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____ (week,month,year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Cash Value
_____	_____	_____

OTHER INFORMATION:

Are you currently homeless? ☐ Yes ☐ No
(Example- if in Boston see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? ☐Yes ☐No

If yes, describe:_____

Have you ever been evicted or served with a Notice to Quit? ☐ Yes ☐ No
If yes, describe reason(s):_____

Are you currently under eviction or have you been evicted? ☐Yes ☐No
If *yes*, describe:

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? ☐Yes ☐No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense? ☐Yes ☐No

Is any member of your household currently engaging in illegal use of drugs? ☐Yes ☐No

Do you have a registration requirement under a state sex offender registration program? ☐Yes ☐No If *yes*, in what state? _____
If yes, is the registration a lifetime requirement? ☐Yes ☐No
Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

Do you own a pet? ☐ Yes ☐ No If yes, please list below:

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **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 may also be requested**. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant Date Co-Applicant Date

Trinity Management LLC does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Consent for Release of Information

(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

_____

I, the above named individual, have authorized Trinity Management LLC to verify the accuracy of the information which I have provided, from the following sources (specify):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

I hereby give you my permission to release this information to the Trinity Management LLC, 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 the Trinity Management LLC Agent within five (5) days of 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 under the pains and penalties of perjury.

_____ _____

Signature Date