

Notice:

Eligibility for these apartment homes is subject to income limits as established by applicable housing programs.

FOREST HILLS HOUSING COOPERATIVE, INC.

199 Forest Hills Street
Jamaica Plain, MA 02130
Tel: (617) 524-8254
Fax: (617) 524-6607

RENTAL APPLICATION

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

A. GENERAL INFORMATION

Note: **Please fill in all sections completely.** Failure to do so may result in processing delays or rejection of your application. If an item does not apply to you, please write N/A (not applicable). Please do not use white-out. If you make a mistake cross it out, write the correct answer and put initials next to the crossed-out area.

Applicant Name: _____

Address: _____

_____ City _____ State _____ Zip Code: _____

Daytime phone: _____ Evening phone: _____

of current unit size: _____ Do You: Rent Own

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

How long have you lived at present address _____ Years or _____ months?

Check utilities paid by you Heat Gas Electricity Other: _____

Approximate monthly cost of utilities paid by you (excluding phone & cable bill):\$ _____

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)

SIZE OF UNIT NEEDED:

1 BR 2 BR 3 BR

UNIT TYPE REQUESTED:

Hearing/Visual Adapted Unit Yes No

Do you have pets?

Yes No - If yes what kind: _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) Yes No

If yes please explain:

B. HOUSEHOLD INFORMATION

	Full Name	Relationship To Head of Household	Date Of Birth	Age	Sex	Social Security #	Student Yes/No
1.		<i>Head Of Household</i>					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Were you 62 years of age or older as of 1/31/2010 and receiving subsidy as of 1/31/2010?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you claiming eligible immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a child aged 6 years or younger that was added to the household within the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are any member(s) of household students at any institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <i>yes</i> , answer the following questions:				
Are you a full-time student(s)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under the age of 24?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you student(s) married and filing a joint tax return?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student receiving Title IV/TANF assistance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student/single parent living with his/her minor child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the student, at any time, a participant in a state-administered foster care system?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME INFORMATION

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	\$
	SSI Benefits	\$
	Title IV/TANF	\$
	Pension (list source)	\$

	Adoption Subsidy	\$
	Annuity Income	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Disability Income	\$
	Military Pay	\$
	Contributions to the Household (monetary or otherwise)	\$
	Net Income from a Business	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Grants, Scholarships or other Financial Aid?	\$
	Are you a student(s) receiving financial aid that is over the age 23 with dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a student(s) receiving financial aid that is applying for Section 8 as part of their parent/guardian's household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

D. ASSET INFORMATION

If your assets are too numerous to list here, please attach additional list.
If a section doesn't apply, cross out or write NA.

Checking Accounts	Bank	Balance \$		
	Bank	Balance \$		
Savings Accounts	Bank	Balance \$		
	Bank	Balance \$		
Trust Account	Bank	Balance \$		
Certificates of Deposit (CD)	Bank	Balance \$		
	Bank	Balance \$		
Credit Union	Bank	Balance \$		
	Bank	Balance \$		
Savings Bonds	Maturity Date	Value \$		
	Maturity Date	Value \$		
Retirement Accounts (401k, 403b, IRA, etc)	Administrator	Value \$		
	Administrator	Value \$		
Whole Life Insurance	Administrator	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
<i>Location of property:</i>	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
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
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E. ADDITIONAL INFORMATION

Are you a victim of domestic violence which has affected your housing history and/or credit standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of or pled guilty or "no contest" to any a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household have a registration requirement under a state sex offender program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under eviction or have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. LANDLORD/REFERENCE INFORMATION

(Please provide landlord info for as long as 5years)

Current Landlord / Management Company	Current Address	
	Landlord/MGT Co. Name :	
	Landlord/MGT Co. Address:	
	Landlord/MGT Co. Phone #:	
	Dates of Tenancy:	
	Reason for moving?	
Prior Landlord / Management Company	Previous Address	
	Landlord/MGT Co. Name :	
	Landlord/MGT Co. Address:	
	Landlord/MGT Co. Phone #:	
	Dates of Tenancy:	
	Reason for moving?	
Prior Landlord / Management Company	Previous Address	
	Landlord/MGT Co. Name :	
	Landlord/MGT Co. Address:	
	Landlord/MGT Co. Phone #:	
	Dates of Tenancy:	
	Reason for moving?	

List all the states where all adult household members have lived before:

Name	State

APPLICANT(S) SIGNATURE AND CERTIFICATION

We hereby acknowledge and certify that the information on this Application is true, accurate, and complete, to the best of my/our knowledge and belief. I/We further acknowledge and understand if any of this information is false, misleading, or incomplete, management may decline my/our Application.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

I/We understand the information on this Application will be used to determine the eligibility for a unit. I/We further acknowledge by signing this Application that I/we authorize Cornu Management Co., Inc. to make any and all inquiries to verify the information in this Application directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to Federal or local agencies.

I/We acknowledge pursuant to M.G.I. Ch.6,s168, Cornu Management Co., Inc has been granted access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated. I/We acknowledge by signing this application that a Criminal Offender Record Information (CORI) report may also be requested.

I/We further acknowledge and hereby certify that I/We have received the "Notice of Right to Reasonable Accommodations" which is included with this Preliminary Application.

This Application is signed under the pains and penalties of perjury.
(Application must be signed by all household members, 18 years or older)

Applicant (Head of Household)

Print Name: _____

Signature: _____ Date: _____

Other Adult Household Member:

Signature: _____ Date: _____

Other Adult Household Member:

Signature: _____ Date: _____

Forest Hills Housing Cooperative, and Cornu Management Co., Inc., managing agent, do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their programs or employment, or in its programs, activities functions or services.



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REASONABLE ACCOMMODATION

(This page may be removed from the application packet and kept for your information)

If you have a disability and you need:

- A change in the rules or policies in how we do things that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information.

You can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable, (defined as “not too expensive and/or too difficult to arrange”) we will try to make the change you request.

We will give you an answer within fifteen days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other way, we will help you.

For a REASONABLE ACCOMMODATION REQUEST FORM, please call 617-524-8254, or visit 199 Forest Hills Street, Jamaica Plain, MA 02130.

