

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.

The Carruth Apartments

1916 Dorchester Ave

Dorchester, MA 02124

Phone 617-265-5800 Fax: 617-265-5888

MANAGED BY: Trinity Management LLC

PRELIMINARY RENTAL APPLICATION

Phone #: _____ TDD: _____ FAX #: _____

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

Email Address _____

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. Sirvase mandarlo traducir.	(Spanish)
ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG	(Vietnamese)
XIN VUI LÒNG CHỌI 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)
នេះគឺជាជំពាក់សំខាន់ ត្រូវប្រើប្រាស់ប្រើប្រាស់	(Cambodian)



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.

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

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.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
_____	_____	_____ 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.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



OTHER INFORMATION:

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. _____

Preferences:

- 1.
- 2.
- 3.

Priority:

1. Are you currently homeless? Yes No

(Example- if in Boston see City of Boston Eligibility Definition of a Homeless Household attached to this application)

- 2.
- 3.

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.



MANAGED BY: Trinity Management LLC 1.1.2021 (Page 4)



AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant _____

Property Name: _____

Address: _____

I/We, the undersigned below hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, other income, income assets, etc. This also includes medical or child care allowances/expenses. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|--------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years or age and older must sign this form.

SIGNATURES

Signature of Applicant/Resident Printed Applicant/Resident Name _____
Date

Signature of CO/Applicant Resident Printed Co/Applicant/Resident Name _____
Date

Carruth - Treadmark * Information Sheet

Treadmark – Carruth offers 125 Low Income Housing Tax Credit apartments located at 1916-1973 Dorchester Avenue, Dorchester, MA 02124. Carruth - Treadmark are conveniently located across the street from the Ashmont/Peabody Square Red Line MBTA station.

There are a mixture of studio, one-bedroom and two-bedroom apartment homes which offer various amenities including, heat/hot water, appliances, central air-conditioning, on-site laundry facilities and much more. The apartment homes are for persons or families earning no more than 60% of the median income. **The Combined total gross annual income for the entire households must meet these guidelines to be income eligible for the apartment in this category.**

<u>Minimum Annual Gross Income Requirements</u>	Studio:	\$51,950
	One Bedrooms:	\$59,400
	Two Bedrooms:	\$66,800

<u>Household size</u>	<u>Maximum Annual Gross Income</u>	<u>Household Size</u>	<u>Maximum Annual Gross Income</u>
1	\$62,340	4	\$89,040
2	\$71,280	5	\$96,180
3	\$80,160	6	\$103,320

Current Monthly Rent for the units are:
 \$1,514.00 for a studio apartment
 \$1,601.00 for a one-bedroom apartment
 \$1,910.00 for a two-bedroom apartment

2 Studios, 3 – One bedrooms and 1 – two bedroom apartments are for homeless individuals/households earnings no more than 30% of the median income; the total gross annual income for the entire household must meet these guidelines to be income eligible for the apartments in this category.

<u>Household size</u>	<u>Maximum Income</u>	<u>Household Size</u>	<u>Maximum Income</u>
1	\$31,170	3	\$40,080
2	\$35,640	4	\$44,520

<u>Minimum Annual Gross Income Requirements</u>	Studio:	\$20,910
	One Bedroom:	\$21,840
	Two Bedrooms:	\$25,890

Current Monthly Rent for the units are:
 \$735.00 for a studio
 \$766.00 for a one bedroom
 \$908.00 for a two bedroom

General Guidelines

1. There is a minimum of one person per bedroom requirement.
2. Current Income Limits and Current Monthly Rent Charges – Income requirements and rents may be subject to change based on new HUD Income Limits being issued prior to income certification.
3. **Section 8 Voucher Holders are encouraged to apply.**

Trinity Management, LLC does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Trinity Management, LLC provides persons with disabilities the opportunity to request a Reasonable Accommodation in or to apply to and participated in such programs and activities. Trinity Management, LLC also provides people whose primary language isn't 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. Linda Morris coordinates Trinity Management, LLC compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Trinity Management, LLC compliance with nondiscrimination requirements: Telephone (617) 927-7468 Relay #711 or at Trinity Management, LLC 95 Broadway Street, Boston, MA 02116.