

# Ames Shovel Works

## RENTAL APPLICATION

(Affordable Programs)

THE AGENT 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.

**This community is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means “No Smoking” not “No Smokers.” Everyone is welcome to apply.**

Instructions for Head of Household:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. “Whiteout”).
2. All household members (aged 18 or older) must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household’s application to be declined.**
3. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
5. Filling out an application does not guarantee eligibility for an apartment at our community.

NOTE: Upon request to the Management Agent, you have the right to receive a copy of the Resident Selection Plan which summarizes the application process including eligibility and screening requirements for occupancy in this Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្មក្នុង ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (508) 535-3444 or TTY 711

## Rental Application for Ames Shovel Works

50 Main Street – North Easton, MA 02356

TEL: (508) 535-3444 TTY: 711

EMAIL: AmesShovel@beaconcommunitiesllc.com

**This form must be filled out in English. Please print neatly in ink. All fields are required.  
Read the instructions on the cover page before completing each item.**

### 1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apartment Number

City State Zip Code

Home  Cell  Work

Area Code / Telephone Number

Email Address

**2. Bedroom size requested?**  1-BR  2-BR  Handicap Accessible

**3. How many children under 18 in your household?** \_\_\_\_\_

**4. List all the States where all household members have lived:**

**5a. Have you or any household member been convicted of, pled guilty or no contest to a  
Felony, Drug-related criminal offense or Sexual offense?**  Yes  No

**5b. Are you or any household member required to register as a Sex Offender for any duration?**  
 Yes  No

*If "Yes", for which States:* \_\_\_\_\_

**6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice  
Voucher, MRVP, HUD-VASH, etc.)?**  Yes  No

*If Yes, list Agency:* \_\_\_\_\_

**7. Do you or does any member of your household need any specific features or unit designs, such as  
wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?**  Yes  No

*If Yes, please describe* \_\_\_\_\_

**8. List yourself and all others who will live with you. Include all unborn children and live-in aides.**

#	Relation	Last Name	First Name	Social Security Number	Birthdate (mm/dd/yyyy)	Student Status (Y/N) (FT/PT)	U.S. Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months?  Yes  No

If "Yes," please explain: \_\_\_\_\_

If you *do not* have a Social Security number, please explain: \_\_\_\_\_

**9. Optional Information: Gender, Ethnicity, Race and Disability Status of Household Members**

#	Gender (Male, Female, Decline)	Ethnicity (Hispanic, Non-Hispanic, Decline)	Race (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline)	Disabled (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				



**10. Income and assets for all household members. Provide gross (not net) amounts for all questions.**

10a. Total monthly income \$ \_\_\_\_\_

*Include income from all family members. You may estimate. Put zero (0) if no income.*

10b. Value of household assets. \$ \_\_\_\_\_

*Assets include bank accounts, investments, and real estate of all household members.*

10c. Income Source(s): *Check all that apply.*

- Wages                       SSA                       SSI – Federal                       SSI – State
- Child support                       Pension                       Unemployment                       Public Assistance
- Interest/annuity income    Worker’s Compensation    Someone pays my bills/gives me money
- Other income source: \_\_\_\_\_                       Household has no income

**11. Do you anticipate a change in your household income in the next 12 months?**

- Yes                       No

*If Yes, please explain* \_\_\_\_\_

**12. How did you hear about us?**

- Advertising: \_\_\_\_\_
- Website: \_\_\_\_\_
- Social Media: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Other: \_\_\_\_\_

**13. Smoke-Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community.

\_\_\_\_\_ (Initial here)

**14. What is your current housing situation?**                       Own                       Rent                       Other

*If “Other,” please explain* \_\_\_\_\_

**15. What is the current monthly rent or mortgage payment?**                      \$ \_\_\_\_\_

**16. Check utilities paid by you:**    Heat    Electricity    Gas    Other \_\_\_\_\_  
*(List Type)*

**17. What is the approximate cost of utilities paid by you?** *(excluding phone, cable TV & Internet)* \$ \_\_\_\_\_

18. Landlord History for Past 5 Years					
Current Landlord:		Prior Landlord:		Prior Landlord:	
Address:		Address:		Address:	
Telephone Number:		Telephone Number:		Telephone Number:	
Duration:		Duration:		Duration:	

If you need additional space, please check this box  and attach a blank sheet of paper.

**Certification of applicant:** 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. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X \_\_\_\_\_  
Signature of Head of Household Date

X \_\_\_\_\_  
Signature of Spouse or Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

X \_\_\_\_\_  
Signature of Co-Head Date

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



# Property Specific Preferences

*Optional questions to ascertain if an applicant is eligible for a preference status.*

A Local Preference will be given to residents of the Town of Easton for 70% of the affordable apartment homes at Ames Shovel Works One.

1. Are you a resident of the Town of Easton as defined below?  YES  NO

*A resident of the Town of Easton shall include (a) present residents of Easton; (b) the parents of present residents of the Town of Easton; (c) employees of the Town of Easton; (d) teachers employed by the school district serving the Town of Easton.*

If you answered "YES" above, please check the appropriate category below and provide documentation:

\_\_\_\_\_ Evidence of current residency in the Town of Easton – examples include utility bills or evidence of payment of rent or mortgage with your name and current address from the last (3) consecutive months.

\_\_\_\_\_ Evidence of being the parent of a present resident of the Town of Easton – examples include a copy of a birth certificate as well as proof of residency for the child.

\_\_\_\_\_ Evidence of employment by the Town of Easton – examples include the last (3) consecutive months of pay stubs from the Town of Easton.

\_\_\_\_\_ Evidence of employment by a school district serving the Town of Easton – examples include the last (3) consecutive months of pay stubs from the business located within the Town of Easton.

Head of household must initial verifying the Preference status selection here: \_\_\_\_\_  
(HOH initials)

**VERIFICATION OF LANDLORD HISTORY**

ALL APPLICANTS: PLEASE SIGN BELOW ONLY

DATE: \_\_\_\_\_  
TO: \_\_\_\_\_ FROM: Ames Shovel Works  
\_\_\_\_\_  
50 Main Street  
\_\_\_\_\_  
North Easton, MA 02356

SUBJECT: Verification of information supplied by the Applicant shown below for Housing Assistance

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information.

*YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.*

\_\_\_\_\_  
Signature of Applicant Date

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Property Manager of the property shown at the top of this form. Your prompt return of this information will help to assure timely processing of the pre-application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information as shown here.

**INFORMATION BEING REQUESTED:**

1. When did the referenced applicant move in: \_\_\_\_\_
2. When did the references applicant move out: \_\_\_\_\_
3. How many bedrooms: \_\_\_\_\_; how many persons lived in the unit: \_\_\_\_\_
4. What was the monthly rent: \$ \_\_\_\_\_. Please circle which utilities were included in the monthly rent:  
Gas Electric Water
5. Was the applicant ever late in the payment of the monthly rent? \_\_\_\_\_ If yes, and if after the 5<sup>th</sup> day of the month, how many times was the applicant late over the past (12) months? \_\_\_\_\_



6. What living conditions did the applicant maintain? Please check below:

\_\_\_\_\_ Acceptable housekeeping (safe and sanitary)

\_\_\_\_\_ Unacceptable housekeeping – please describe below (including but not limited to pest infestation, hoarding, etc.)

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7. Was the applicant destructive to the apartment/home or the surrounding public areas? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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8. Did you receive any resident complaints in reference to the applicant? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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9. Did the applicant give proper vacate notice? \_\_\_\_\_ What was the reason given for vacating? \_\_\_\_\_

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10. Would you re-rent to the applicant in the future? \_\_\_\_\_ If not, please explain why: \_\_\_\_\_

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11. Additional comments: \_\_\_\_\_

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Print Name and Title of Person Supplying Information

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Name of Agency/Organization

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Signature of Person Supplying Information

---

Date

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Telephone Number

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A **change or waiver in the rules or policies** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A **physical modification** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A **more effective means of communication** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information, we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

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Applicant/Resident Signature

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Date

**AUTHORIZATION TO RELEASE INFORMATION**

(one form per household member)

RE: Applicant/Tenant: \_\_\_\_\_ Apt # \_\_\_\_\_

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

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

As managing agent for the above-named property, federal regulations require we verify the program eligibility of all members of families applying for admission or continued occupancy (for residents). To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it at your earliest convenience to the address listed on the attached form.

Thank you for your assistance.

_____	_____
Authorized Signature of Managing Agent	Title
_____	_____
Print Name	Date

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***Release by Applicant/Tenant***

I hereby authorize you to furnish all requested information to the authorized managing agent listed above. This release is valid for 15 months from my signature date below.

_____	_____
Signature	Date

***Verification form is attached.***