

AFFORDABLE RENTAL HOUSING NOTICE

Essex Street Apartments

Property Address: 370 Essex Street Lawrence, MA 01840

For more information or an application to be sent by mail or alternate means, call Trinity Management, LLC at Phone # (857) 702-8148 OR (978) 975-0718 (Mass Relay - TTY/TDD: 711)

Use and Occupancy Restrictions Apply.

*Priority for accessible or adaptable use of occupancy by disabled persons shall be given to such disabled persons, including single person households, in conformity with state and federal civil rights laws. Section 8 Vouchers Welcomed.

# of Units	Type	Income	Rent
4	1 BR	30% AMI	\$ 647
6	2 BR	30% AMI	\$ 777
2	3 BR	30% AMI	\$ 898
1	2 BR	50 % AMI	\$ 1,295
10	1 BR	60% AMI	\$ 1,295
13	2 BR	60% AMI	\$ 1,554
3	3 BR	60% AMI	\$ 1,796

Maximum Income Limit by Median Income

HH Size	30% AMI	60% AMI
1	24,180	48,360
2	27,630	55,260
3	31,080	62,160
4	34,530	69,060
5	37,320	74,640
6	40,080	80,160

**Minimum Income Limit is 40% of AMI*

Reasonable accommodations can be made upon request.

PLEASE RE-READ TO BE SURE YOU QUALIFY.
PLEASE COMPLETE THE APPLICATION ENTIRELY!

**Maximum Income Requirements and rents are subject to change based on new HUD Income Limits being issued prior to income certification. Rents do not include utility allowance deduction.*



Management Use Only
Application No: _____
Date/Time: _____

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. ONLY SUBMIT ONE APPLICATION PER HOUSEHOLD

<p><i>Essex Street Apartments</i> 370 Essex Street Lawrence, MA 01840</p> <p>Mail Applications to: Essex Street Apartments C/O The Blakeley Building 473 Essex Street Lawrence, MA 01840</p> <p>RENTAL APPLICATION</p> <p>Phone #: (857) 702-8148, Mass Relay – TTY/TDD: 711, Fax #: (978) 975-0721 Email: Essexstap@trinitymanagementcompany.com</p> <p>Date: _____ How did you hear about us? _____</p>
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GENERAL APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays and/or rejection of your application. Please do NOT use white out. If you have any errors, please cross it out and initial.

Applicant: _____ Tel/Cell#: _____
 Email: _____
 Current Address _____

Street City State Zip

List all the states where all household members have lived:

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 BẢN 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。请将它译成中文。	(Chinese)
នេះគឺជាជំពាក់សំខាន់ ត្រូវប្រែប្រួលវា	(Cambodian)



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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:

- One Bedroom Two Bedroom Three Bedroom

If more than one bedroom size is chosen please note you will only be put in the lottery for ONE of the bedroom sizes.

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

Accessible Unit Required? Yes No

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.

<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
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No



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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:
 (Please provide most recent paystub)

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: (Please provide verification)

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:

Preference:

Are you claiming one of the below preferences available for this project? Yes No

If yes, please check the highest applicable preference you qualify for:

1st Preference accessible 2nd Preference homeless 3rd Preference local resident

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.



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Do you own a pet? Yes No If yes, please list: _____
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 _____ Date
Co-Applicant

Trinity Management LLC/Essex Street Apartments 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.

Note: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Note: Upon request you have the right to receive a Tenant Selection Plan Summary which summarize the tenant application process including eligibility and screening requirements, for occupancy at this Development.

Note: It is the applicant's responsibility to put all changes to their application in writing and send it to the management office. This includes changes in mailing address, email address and phone number.



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AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant _____

Property Name: Essex Street Apartments

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
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY



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