



APPLICATION FOR APARTMENT

ADULT COMMUNITIES For 55 years +

Low-Income Housing Tax Credit Property

North Farm Sr. Estates
500 Swansea Mall Drive
Somerset, MA 02726
(508) 324-1279

Oakwood Sr. Estates
3200 County Street
Swansea, MA 02777
(508) 676-9700

Check off which community(s) you are interested in applying for.

Applications are placed in order of date and time received.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Email: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

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

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

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

Bedroom size requested: One BR Two BR Handicap BR One or Two BR'S

How did you hear about our community? _____

Did anyone refer you? _____

Application

| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

| | | |
|---|------------------------------|-----------------------------|
| Have there been any changes in the last twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |
| Do you anticipate any changes to the household in the next twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, explain:</i> | | |

| | | |
|--|------------------------------|-----------------------------|
| Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any 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 any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

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 | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

| Household Member Name | Source of Income | Monthly Amount |
|--|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | 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 in 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 |
| Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| | | |
| | | |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

| | | | | |
|-----------------------|-------|---------------|-------------------------|--------------------|
| Checking Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Accounts | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Trust Account | # | Bank | Balance \$ | |
| Certificates | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | | Appraised Value \$ |

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| | | |
|---|------------------------------|-----------------------------|
| 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> | | |
| Location of property | | |
| Appraised Market Value | \$ | |
| Mortgage or outstanding loans balance due | \$ | |
| Amount of annual insurance premium | \$ | |
| Amount of most recent tax bill | \$ | |

| | | |
|---|------------------------------|-----------------------------|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT member of the household as listed on Page 2? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |
| | | |
| | | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| Have you sold/disposed 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/disposed | \$ | |
| Amount sold/disposed for | \$ | |
| Date of transaction | | |

| | | |
|--|------------------------------|-----------------------------|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <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 |
| <i>If yes, please list:</i> | | |
| | | |

E. ADDITIONAL INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, describe:

| | | |
|---|------------------------------|-----------------------------|
| | | |
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |

| | | |
|--|-----|----|
| Have you ever filed for bankruptcy? | Yes | No |
| <i>If yes, describe</i> | | |
| Will you take an apartment when one is available? | Yes | No |
| <i>Briefly describe your reasons for applying:</i> | | |

F. REFERENCE INFORMATION

| | | |
|---|-------------|--|
| Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Previous Landlord | Name | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Personal Reference #1: | | |
| Address: | | |
| Relationship: | Phone #: | |
| Personal Reference #2: | | |
| Address: | | |
| Relationship | Phone #: | |
| Do you hold a certificate or voucher through a local housing authority? | | |
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|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

| G. VEHICLE AND PET INFORMATION (if applicable) | | | |
|---|------------------|----|--|
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. | | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Do you own any pets? | Yes | No | |
| <i>If yes, describe:</i> | | | |

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. 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.

SIGNATURE (S):

| | |
|--------------------------|------|
| (Signature of Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |