



**Rental Application for
Sunbanke Village**
25 Heritage Lane
Boylston, MA 01505
(508) 869-0290 / U.S. Relay 711

For Internal Use Only	
Date Received	_____
Time Received	_____

If you have a disability and as a result of your disability you need a reasonable accommodation in order to participate in the application process, you have the right to request such an accommodation. Contact the Management Office above.

1) HOUSEHOLD COMPOSITION:

Complete the following information for each member of your family (including yourself) who will be occupying the unit. (All household members must provide Birth Certificates and Social Security Cards prior to admission)

Household Member Name	Social Security Number*	Date of Birth	Gender	Marital Status	U.S. Military Veteran	Relation to Head
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	

***If you have no Social Security Number, you claim you are exempt because:**

You are an ineligible non-citizen. You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10.

2) Are any of the household members listed in Question 1, a person with disabilities requiring the features of a mobility impaired/accessible unit? YES NO *If YES, you will be required to verify this prior to acceptance.*

3) Are any household members listed above a student enrolled in an institute of higher education? YES NO

4) CURRENT CONTACT INFORMATION:

PRESENT ADDRESS:		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above):		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		Email Address	

5) Do you know that this property exists as a Smoke-Free campus with a designated outdoor area only? *This means that smoking is prohibited throughout the entire complex, indoor and outdoor, including, but not limited to, apartment units, common areas, entryways, patios, balconies, parking areas, walkways, adjoining grounds, building facilities, etc. Excluding the designated "smoking permitted" outdoor area.*

YES NO

Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?

YES NO

Do you understand that failure to comply with Smoke-Free policies will result in termination of tenancy (eviction)?

YES NO

6) RENTAL HISTORY (5 years required): Please attach separate sheet, if necessary.

From _____ to Present			
Address:Street _____	City _____	State _____	Zip _____
Landlord Name: _____		Phone: () _____	
Address:Street _____	City _____	State _____	Zip _____
Reason for Leaving: _____			

From _____ to _____			
Address:Street _____	City _____	State _____	Zip _____
Landlord Name: _____		Phone: () _____	
Address:Street _____	City _____	State _____	Zip _____
Reason for Leaving: _____			

From _____ to _____			
Address:Street _____	City _____	State _____	Zip _____
Landlord Name: _____		Phone: () _____	
Address:Street _____	City _____	State _____	Zip _____
Reason for Leaving: _____			

- 7) Are you currently receiving housing assistance from HUD or a PHA? YES NO
- 8) Has any household member listed in Question 1 ever been EVICTED? YES NO
If YES, explain _____
- 9) Has any household member listed in Question 1 ever been CONVICTED of a crime? YES NO
If YES, indicate if the conviction(s) was a felony, misdemeanor or both: Felony Misdemeanor Both
- 10) Are any household members listed in Question 1 currently using marijuana? YES NO
- 11) Are you or any member of the household required to register with any state lifetime sex offender or other sex offender registry? YES NO If YES, list household member(s) _____
- 12) Please indicate **each STATE** in which **any household member listed in Question 1** has lived:
 AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS
 KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM
 NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA
 WA WV WI WY Washington DC
- 13) Are any household members temporarily absent from the home? YES NO If YES, explain _____

14) INCOME:

a) Is anyone listed in Question 1 Employed? YES NO If YES, please specify:

Household Member	Employer Name	Employer Address	Employer Phone
How much employment income do you expect to receive in the next 12 months?			\$
How much employment income do you expect to receive in the next 12 months?			\$

b) How much do you expect to receive in **other income** in the next twelve months?

Gross Per Month	Applicant	Co-Applicant
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly SSI? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly SSP? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly Pension/Retirement? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Veterans Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Unemployment? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Workmen's Comp? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Public Assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Alimony? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Regular contributions from organizations or individuals not living in the unit?	\$	\$
Regular Contributions from family for rent, child care or other bills?	\$	\$
Other (Specify: _____)	\$	\$

c) Does anyone listed in Question 1 have Business Income? YES NO

If YES, *Net Income of Business \$ _____ *Net Income is gross income less business expenses.

d) Is anyone listed in Question 1 Self-Employed? YES NO If YES, Annual Income \$ _____

15) ASSETS:

a) Does anyone listed in Question 1 have Checking, Savings and/or Certificate of Deposit (CD) Accounts?

YES NO (This includes E-payment accounts, Direct Express Debit Cards and Debit Cards)

Owner of Account	Bank Name	Account #	Account Type	Balance
				\$
				\$
				\$
				\$

b) Does anyone listed in Question 1 have a 401K, IRA or other retirement account? YES NO

If YES, Current Value \$ _____

Do any of the retirement accounts have a Required Minimum Distribution? YES NO \$ _____

c) Does anyone listed in Question 1 own a Mutual Fund? YES NO

If YES, Current Value \$ _____

d) Does anyone listed in Question 1 own Stocks/Bonds/Treasury Bills? YES NO

If YES, Current Value \$ _____

e) Does anyone listed in Question 1 own an Annuity? YES NO If YES, Current Value \$ _____

f) Does anyone listed in Question 1 have a Safety Deposit Box? YES NO
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.? YES NO

g) Does anyone listed in Question 1 have a Life Insurance Policy? YES NO
Whole Term Universal Current Value \$ _____

h) Does anyone listed in Question 1 own a home or other real estate? YES NO If YES, please specify:
Type _____ Current Value \$ _____

i) Does anyone listed in Question 1 have any OTHER assets? YES NO If YES, please specify:
Type _____ Current Value \$ _____
Type _____ Current Value \$ _____

16) Has anyone listed in Question 1 sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years? YES NO
If YES, please specify: Type of Asset _____ Date Disposed _____
Dollar Amount Received \$ _____ Market Value \$ _____

17) **MEDICAL EXPENSES:** Households in which the **head-of-household, co-head or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any household members have out-of-pocket expenses for the following:

Health Insurance - 1 - monthly premium	\$
Health Insurance - 2 - monthly premium	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Over-the-Counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (i.e., aspirin to treat a heart condition or calcium suppl. to treat osteoporosis)	\$

18) PETS & SERVICE/ASSISTANCE ANIMALS

Do you plan to house an animal in the unit? YES NO If YES, specify:

Animal Type	Breed	Height	Weight

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?
YES NO

19) Please provide three (3) professional/character references (other than family or friends):

Name	Address	Phone

20) How did you hear about our property? _____

21) Bedroom Type Requested: One BR One BR Mobility Accessible Unit

22) *Ethnicity (please choose only one): Hispanic or Latino Non-Hispanic or Latino

23) *Race/national origin (please choose one or more):

- White Black/African American American Indian or Alaskan Native
- Asian Native Hawaiian or Pacific Islander Other

*The information regarding ethnicity, race, national origin, and sex designation solicited on this application are requested in order to assure the Federal Government, acting through the US Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against applicants/tenants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

PENALTIES FOR MISUSING THIS FORM

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 uses 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).

24) APPLICANT CERTIFICATION

By signing this document, I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/agent to verify all information provided on this application and to contact previous or current landlords or sources of credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and will make me/us ineligible for an apartment.

DATE

HEAD OF HOUSEHOLD SIGNATURE

DATE

CO-HEAD/SPOUSE SIGNATURE

PROPERTY MANAGED BY



RCAP Solutions does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, sex, gender identity or expression, sexual orientation, familial status, marital 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.