



Bolton Country Manor is 100% Smoke-Free Housing.

**Rental Application for
Bolton Country Manor**

600 Main Street, Bolton, MA 01740
(978) 779-5007 / TTY (978) 630-6754
boltoncountrymanor@rcapsolutions.org

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
			☐ M ☐ F ☐ Decline		☐ Yes ☐ No	HEAD
			☐ M ☐ F ☐ Decline		☐ Yes ☐ No	
			☐ M ☐ F ☐ Decline		☐ Yes ☐ 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? *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.* 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 ☐ *NO RECORD ☐
If YES, explain _____

- 9) Has any household member listed in Question 1 been CONVICTED of a crime? YES ☐ NO ☐ *NO RECORD ☐
If YES, indicate if the conviction(s) was a felony, misdemeanor or both: ☐ Felony ☐ Misdemeanor ☐ Both
**An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.*
- 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?	☐ Check ☐ Direct Deposit ☐ Direct Express Debit Card	\$	\$
Monthly SSI?	☐ Check ☐ Direct Deposit ☐ Direct Express Debit Card	\$	\$
Monthly SSP?	☐ Check ☐ Direct Deposit ☐ Direct Express Debit Card	\$	\$
Monthly Pension/Retirement?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Veterans Benefits?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Unemployment?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Workmen's Comp?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Public Assistance?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Child Support?	☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	\$	\$
Monthly Alimony?	☐ Check ☐ Direct Deposit ☐ 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 ☐ 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*
Resources for Communities And People
www.rcapsolutions.org



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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.