

# Rental Application for Cottage Street Apartments, Athol, MA

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 on page 5.

Bedroom Size Requested: One BR ☐ Two BR ☐ Three BR ☐ Four BR ☐ Accessible BR ☐

## 1) HOUSEHOLD COMPOSITION & CHARACTERISTICS:

Complete the following information for each member of your household (including yourself) who will be occupying the apartment. All children expected to reside in the unit must be counted (e.g., unborn children; children in the process of being adopted; children who are subject to a joint custody agreement and live in the unit at least 50% of the time).

Name	Relation to Head	Birth Date MM/DD/YYYY	Marital Status	Gender	Social Security #	Full-Time Student?	U.S. Military Veteran?
	HEAD			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Birth Certificates and Social Security Cards must be provided prior to admission for ALL household members)

- 2) Will **ALL** of the persons in the household be or have been full-time students during five calendar months of the year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES ☐ NO ☐

If YES, answer the following questions:

Are any full-time student(s) married and filing a joint tax return? YES ☐ NO ☐

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES ☐ NO ☐

Are any full-time student(s) a TANF or a title IV recipient? YES ☐ NO ☐

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? YES ☐ NO ☐

Has any student formerly received foster care assistance? YES ☐ NO ☐

## 3) PRESENT ADDRESS:

STREET CITY STATE ZIP CODE  
PHONE: HOME CELL WORK

- 4) Do you or anyone in your household have a disability requiring the features of a mobility impaired/handicap unit? YES NO If YES, you will be required to verify this prior to acceptance.

- 5) Are all household members U.S. Citizens or Permanent Residents? YES NO

If you are a Permanent Resident, please list Alien Registration Number  
(In order to be eligible to receive housing assistance, each applicant must be lawfully within the U.S.)

6) Are you applying for status as an elderly household where the Tenant or Co-Tenant is 62 years or older and/or disabled as defined by HUD? YES ☐ NO ☐  
If so, you may qualify for certain medical expenses. Please realize that eligibility **MUST** be verified.

7) Do you anticipate any changes in your household composition in the next twelve months? YES ☐ NO ☐  
If yes, please explain \_\_\_\_\_

8) **RENTAL HISTORY:** Do you Presently: (Check those which apply)  
Own your own home \_\_\_\_\_ Rent \_\_\_\_\_ Live with others \_\_\_\_\_ Who? \_\_\_\_\_  
Other living arrangements \_\_\_\_\_ Explain \_\_\_\_\_

9) **PRESENT AND PREVIOUS ADDRESSES - include 5 years rental history:**  
(if more space needed, please attach separate sheet)

<b>From</b> _____ <b>to</b> <b>Present</b>	Current Monthly Rent Amount _____
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: ( ) _____	Reason for Leaving? _____
-----	
<b>From</b> _____ <b>to</b> _____	
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: ( ) _____	Reason for Leaving? _____
-----	
<b>From</b> _____ <b>to</b> _____	
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: ( ) _____	Reason for Leaving? _____

10) Do you NOW or have you EVER lived in subsidized housing? YES ☐ NO ☐

If YES, **WHERE** \_\_\_\_\_  
STREET CITY STATE ZIP  
**WHEN:** FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_

11) Have any household member listed in Question 1 ever been evicted? YES ☐ NO ☐ \*NO RECORD ☐  
If yes, please explain \_\_\_\_\_

12) 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/were 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.*

13) Do any household members listed in Question 1 currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? YES ☐ NO ☐

14) Are you or any member of your household subject to a lifetime sex offender registration requirement in ANY state?  
 YES ☐ NO ☐ If YES, list household member(s) \_\_\_\_\_  
 Please list **ALL STATES** in which any household member listed in Question 1 has resided: \_\_\_\_\_

15) Are you being forced to move from your home? YES ☐ NO ☐ If Yes, explain \_\_\_\_\_

16) Are any family members temporarily absent from the home? YES ☐ NO ☐  
 If Yes, explain: \_\_\_\_\_

17) **EMPLOYMENT:**  
 Does anyone listed in question #1 have paid employment? YES ☐ NO ☐ If yes, please specify:

Applicant _____	POSITION _____	EMPLOYER NAME _____
Co-applicant _____	POSITION _____	EMPLOYER NAME _____
Other(who?) _____	POSITION _____	EMPLOYER NAME _____

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

18) **GROSS MONTHLY INCOME:**

	List Amount Per Month	Applicant	Co-Applicant	Other (WHO?)
A.	Social Security	\$	\$	\$
B.	Supplemental Security Income (SSI)	\$	\$	\$
C.	State Supplemental Payment (SSP)	\$	\$	\$
D.	<b>Salary* (Employment Income)</b>	\$	\$	\$
E.	Pension/Retirement	\$	\$	\$
F.	Veterans Benefits	\$	\$	\$
G.	Unemployment	\$	\$	\$
H.	Workmen's Comp	\$	\$	\$
I.	Military Pay	\$	\$	\$
J.	TANF / AFDC/ Public Assistance / EAEDC	\$	\$	\$
K.	Child Support	\$	\$	\$
L.	Alimony	\$	\$	\$
M.	Other (Specify: _____) per month	\$	\$	\$

**\*PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER**

**PLEASE ANSWER YES OR NO TO THE FOLLOWING:**

- 19) Do you expect a leave of absence from work due to lay-off, medical, maternity or military leave? \_\_\_\_\_
- 20) Now receive or expect to receive unemployment benefits? \_\_\_\_\_
- 21) Are you **legally entitled** to receive child support? \_\_\_\_\_
- 22) Do you receive child support? \_\_\_\_\_
- 23) Are you **legally entitled** to receive alimony? \_\_\_\_\_
- 24) Do you receive alimony? \_\_\_\_\_
- 25) Now receive or expect to receive public assistance (TANF/General Assistance)? \_\_\_\_\_
- 26) Now receive or expect to receive Social Security or disability benefits? \_\_\_\_\_
- 27) Now receive or expect to receive income from a pension or annuity? \_\_\_\_\_
- 28) Now receive or expect to receive income or assistance (**monetary or not**) from someone who is not listed in question 1? \_\_\_\_\_
- 29) Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds or income from rental property? \_\_\_\_\_
- 30) Own real estate or any assets for which you receive no income (checking account, cash)? \_\_\_\_\_

31) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? (*This includes E-payment accounts, Direct Express Debit Cards and Debit Cards*) YES ☐ NO ☐ If YES, please list:

Owner of Account	Bank Name	Type of Acct.	Account #	Interest Rate	Balance
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$

32) Does anyone listed in question #1 have Certificates of Deposit? YES ☐ NO ☐

**If yes, please specify:**

Rate of Interest \_\_\_\_\_ Term of CD \_\_\_\_\_ Amount \$ \_\_\_\_\_ Principal CD# \_\_\_\_\_  
Name of Bank \_\_\_\_\_

Rate of Interest \_\_\_\_\_ Term of CD \_\_\_\_\_ Amount \$ \_\_\_\_\_ Principal CD# \_\_\_\_\_  
Name of Bank \_\_\_\_\_

33) Does anyone listed in question #1 own any Stock/Bonds? YES ☐ NO ☐

**If yes on Stocks, please specify:**

Name of Company \_\_\_\_\_ #of share of stock \_\_\_\_\_  
Dividend Paid \$ \_\_\_\_\_ Per \_\_\_\_\_

**If yes on Bonds, please specify:**

Paying Company \_\_\_\_\_ Interest \_\_\_\_\_  
Earned \_\_\_\_\_ per \_\_\_\_\_ Value \_\_\_\_\_

34) Does anyone listed in question #1 own U.S. Savings Bonds? YES ☐ NO ☐

If yes, please list on a separate sheet of paper: Who, Date of Purchase, Series # and Amount. Attach to your application.

35) Does anyone listed in question #1 have Whole Life Insurance? YES ☐ NO ☐

Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value\$ \_\_\_\_\_  
Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value\$ \_\_\_\_\_  
Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value\$ \_\_\_\_\_

36) Does anyone listed in question #1 have any other assets? YES ☐ NO ☐

If yes, please specify: \_\_\_\_\_

37) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?

YES ☐ NO ☐ If yes, please specify: Type of Asset \_\_\_\_\_

Date Disposed \_\_\_\_\_  
Dollar Amount Received \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

38) Do you own any real estate? YES ☐ NO ☐ If other than your present address, please specify:

\_\_\_\_\_  
If YES, please include verification (letter from Realtor or Appraiser stating an opinion of value of your property, tax assessment bill, etc.

39) Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed in question #1? YES ☐ NO ☐ If yes, describe \_\_\_\_\_

Do they have access to the asset(s)? YES ☐ NO ☐

40) Do you expect any **change in your income or assets during the next 12 months?** YES ☐ NO ☐

If yes, please explain \_\_\_\_\_

41) Do you own a pet? YES ☐ NO ☐ If yes, describe \_\_\_\_\_

42) Please give three (3) references **(other than family members or friends)**:

Name	Relationship	Address	Phone

43) How did you hear about our property? \_\_\_\_\_

44) \*Ethnicity (please choose only one): Hispanic or Latino ☐ Non-Hispanic or Latino ☐

45) \*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 is requested in order to assure the Federal Government, acting through the US Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants 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.

**I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our permanent residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We understand that false statements or information are punishable under Federal law and will lead to cancellation of this application. All adult applicants, 18 or older, must sign application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

**Please Return Completed Application to:**

**Cottage Street Apartments  
198 Harrington Street, Apt. B5  
Athol, MA 01331  
hapco@rcapsolutions.org  
(978) 249-6268 Fax (978) 249-0297 TTY (978) 630-6754**

**PROPERTY MANAGED BY  
RCAP Solutions, Inc.  
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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.			

--	--

**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.