

North 116 Flats Apartments

(Sugarbush Meadow, LLC)

653 Amherst Road, Sunderland, MA 01375

Telephone: (413) 230-3874 Fax: (413) 895-6439

Leasing Office
235 Triangle Street
Amherst, MA 01002
www.north116flats.com

APPLICATION



Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the properties Management Office.

1. Household Information (List each household member who will be residing in the apartment.)

| First Name | MI | Last Name | Social Security Number | Date of Birth (mm/dd/yyyy) | Relationship to Head of Household (Co-Head, Spouse, Dependent, Other, Live-In Aid, Foster, None of the Above) | Sex Response Optional | Fulltime or Part-Time Student (Yes or No) |
|------------|----|-----------|------------------------|----------------------------|--|-----------------------|---|
| | | | - - | / / | Head of Household | | Yes No |
| | | | - - | / / | | | Yes No |
| | | | - - | / / | | | Yes No |
| | | | - - | / / | | | Yes No |
| | | | - - | / / | | | Yes No |
| | | | - - | / / | | | Yes No |

2. Contact Information

| | | | | | |
|--|--------|-----------|--|--|--|
| Present Address: | | | Email Address: | | |
| City: | State: | Zip Code: | Best Telephone Number to Contact You: (____)____-____ | | |
| Mailing Address (if different than address above): | | | | | |
| City: | State: | Zip Code: | | | |

3. Apartment Size

| | | | |
|---------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Size of Apartment Needed: | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedrooms | <input type="checkbox"/> 3 Bedrooms |
|---------------------------|------------------------------------|-------------------------------------|-------------------------------------|

4. Reasonable Accommodations

Does the household need a: Mobility Adapted Unit? Yes No Hearing Adapted Unit? Yes No
 Visually Adapted Unit? Yes No

Does any member of the household have any accessibility or reasonable accommodation requests? Yes No

Does any member of the household require an alternate means of communication? Yes No

If yes, please explain: _____

5. Ethnicity, race and disability status of household members

(Optional information - your answers will not affect your application)

| Name | ETHNICITY (Hispanic / Non-Hispanic / Decline to Report) | RACE (White / Black / Asian / American Indian / Native Hawaiian / Other / Decline to Report) | Disabled (Yes or No) |
|------|--|---|----------------------|
| | | | |
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| | | | |

6. References

Applicants must provide the contact information for all addresses at which they have resided over the last five (5) years, include shelters and family. Please attach additional sheets if more space is needed.

Name & Address of Present Landlord: _____
 Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
 Rental Address: _____
 Rent: \$ _____ per month Move In Date: _____ Does your rent include utilities? [] Yes [] No
 What are your reasons for moving?

Name & Address of Previous Landlord: _____
 Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
 Rental Address: _____
 Dates lived at previous address, from _____ to _____ Rent: \$ _____ per month
 What was your reason for moving?

Name & Address of Previous Landlord: _____
 Landlord's Telephone #: _____ Landlord's Fax #: _____ Landlord's Email: _____
 Rental Address: _____
 Dates lived at previous address, from _____ to _____ Rent: \$ _____ per month
 What was your reason for moving?

Does the household have a Federal or State mobile housing voucher? [] Yes [] No
The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

7. Priorities and Preferences

Please respond to these questions if you wish to be considered for priorities or special deductions/considerations. **Be aware that priorities are not available at all properties and some properties may have additional preferences that are not included on this list. Refer to the properties Tenant Selection Plan for more information. The selection of priorities/preferences could impact where you are placed on the waitlist. You may contact the development directly to inquire about any additional preferences that may apply.

- | | |
|---|---|
| <input type="checkbox"/> Current a resident of Sunderland | <input type="checkbox"/> Employee of the Town of Sunderland |
| <input type="checkbox"/> Homeless due to Displacement by Natural Forces | <input type="checkbox"/> Homeless due to Displacement by Sanitary Code Violations |
| <input type="checkbox"/> Homeless due to Displacement by Urban Renewal | <input type="checkbox"/> Involuntary Displacement by Domestic Violence |

8. Income Information

| Name of Household Member | Total Income and Frequency of Pay (Weekly, bi-weekly, monthly, annually) | List ALL income sources for all household members. Sources include but are not limited to: wages, welfare, social security, SSI, pension, disability compensation, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, military pay, scholarships, grants,... |
|--------------------------|---|--|
| 1. | \$ _____ / per _____ | |
| 2. | \$ _____ / per _____ | |
| 3. | \$ _____ / per _____ | |
| 4. | \$ _____ / per _____ | |
| 5. | \$ _____ / per _____ | |
| 6. | \$ _____ / per _____ | |

Are you receiving dual entitlement benefits from Social Security? Yes No
 If so, what is the Benefit Claim Number? _____

Does any household member receive periodic payments from a retirement account or pension? Yes No
 If so what type of account are the payments received from (i.e.: pension, IRA, Annuity,...)? _____

9. Asset Information

List all assets held by all household members. Assets include but are not limited to: checking accounts, savings accounts, certificate of deposits (CDs), money markets, IRA, annuities, stocks, bonds, real estate, whole life insurance, personal property held as an investment (coin collection, stamp collection,..) Use an additional sheet if needed.

| Name of Household Member | Asset Type | Bank/Institution Account Held At | Balance / Cash Value |
|--------------------------|------------|----------------------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

10. Additional Information

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?
 Yes No If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____
- List all states where all household members have lived: _____

NOTE: Failure to respond fully to the above questions may result in rejection or denial of this application.

General Information

- How did you hear about this housing development? _____
- Do you have a pet? Yes No If yes, how many pets? _____ What type of pet? _____ Size? _____
- Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.) Yes No

Applicant Certification (All adult applicants, 18 or older, must sign the Application.)

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform each property checked off on page 1, **in writing**, whenever there is a change in address, telephone number, income situation or household composition (if I need to add or remove a person from my application). I understand it is my responsibility to respond to any waiting list updates sent by the Management Agent.

I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Inquiries may be made to verify the statements herein. I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and landlord history. No determination of actual suitability for housing will be made until my application comes to the top of the waiting list and screening is completed by the Agent and suitability for housing is determined.

I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and I will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

Signed under the pains and penalties of perjury.

| | | | |
|-----------------------------|-------|-----------------------|-------|
| _____ | _____ | _____ | _____ |
| Head of Household/Applicant | Date | Co-Head/Spouse | Date |
| _____ | _____ | _____ | _____ |
| Other Adult Applicant | Date | Other Adult Applicant | Date |

PENALTIES FOR MISUSING THIS CONSENT: 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 of improper use 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, for misusing the social security number as provided under 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).

RIGHT TO REASONABLE ACCOMMODATION: The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY: The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION: Appleton Corporation, acting as Affordable Housing Consultant for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

***If you do not receive confirmation of receipt from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.**