

Application for Phoenix Row



Phoenix Row Apartments

22 Phoenix Row
 Haverhill, MA 01832
 978-374-2164
 96 units, Section 223(f)



Phoenix Row Apartments is managed by
 Bethany Community Services, Inc., 10 Phoenix Row, Haverhill, MA 01832.

Application Received → Date: _____ Time: _____

Applications for housing (age restricted 62+) are placed in order of date and time received. Please note that the Applicant is the First Family Member and will provide information in section I. If there will be two people residing in one apartment, the Second Family Member's Information will be provided in Section II. Section III asks questions that apply to everyone in the family. Please provide complete names and addresses of those who will verify your information. If you are declared eligible for housing you will be placed on the waitlist and called for an interview when an opening is anticipated. We cannot finalize your eligibility unless each person listed in Section III also signs the **Authorization for Release of Information Form**. If you provide incomplete or false information your application may be rejected. If requested we will provide assistance in completing the application. You may request this form in large print or in alternative formats.

I. Applicant Information

Applicant Information (First Family Member)			
Last Name	First	M.I.	
Today's Date			
Social Security Number	Date of Birth	Age	
Present Street Address			
Present City, State and Zip			
Present Telephone	Work Telephone		
Closest Relative	Relative's Telephone		
Street Address	City, State, Zip		
Physician	Physician Telephone		
Marital Status	Gender	Male	Female
Apartment Type Preference (circle one or both)	Studio	1 Bed	
Do you require an accessible unit? (please attach documentation)	Yes	No	
How many people will live in your unit? (including yourself):			
Please list <u>all states</u> where you have lived:			

Applicant Information (Continued)		
1. Do you have a legal right (citizen or legal alien) to be in the United States?*	Yes*	No
2. Are you pregnant, adopting, or seeking legal guardianship of a child?	Yes	No
3. Are you a full-time student? (If yes, answer the next section of questions)	Yes	No
4. Are any full-time student(s) married and filing a joint tax return?	Yes	No
5. Are you enrolled in a training program under the Job Training Partnership Act?	Yes	No
6. Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
7. Are any full-time student(s) a single parent living with a minor child who is not a dependent on another's Tax return?	Yes	No
*If you answered yes, but are not a citizen you must provide valid documentation for verification of eligible immigration status.		
The following are optional and are used for statistical purposes only. Check any that apply.		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Racial classification is optional and are used for statistical purposes only. Check any that apply.		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other	

II. Household Member Information

(Please list information on the Second Family Member below. If there is no Second Family Member, please write N/A.)

Second Family Member Information			
Last Name	First	M.I.	
Gender Male Female	Date of Birth	Age	
Social Security Number	Marital Status		
Occupation	Relationship to Applicant		
Do you require an accessible unit?		Yes	No
Please list all states where you have lived:			
1. Do you have a legal right (citizen or legal alien) to be in the United States?*			
		Yes*	No
2. Are you pregnant, adopting, or seeking legal guardianship of a child?			
		Yes	No
3. Are you a full-time student? (If yes, answer the next section of questions)			
		Yes	No
4. Are any full-time student(s) married and filing a joint tax return?			
		Yes	No

Please provide the following information for other landlords where you have lived in the past 5 years.

Name	Telephone
Street	City State Zip
Current Rent	Length of Tenancy/security deposit

References: Please provide two (2) personal references. Do not include family members.

Name	Telephone
Street	City State Zip

Name	Telephone
Street	City State Zip

Credit References: Please provide two (2) credit references.

Name	Telephone
Account Number	Amount Due

Name	Telephone
Account Number	Amount Due

Legal History:

Please answer these questions about your legal history. You will be asked to sign a criminal records search release form at a later date. Your answers will be used to determine eligibility.

Failure to answer these questions may result in your application being rejected.

1. Have you or any member of your household been charged or convicted of a felony or any other involving fraud, dishonesty, or violence?	Yes	No
2. Do you or any member of your household use an illegal drug or other controlled substance?	Yes	No
3. Have you or any member of your household been charged or convicted of distribution or manufacture of an illegal drug or controlled substance?	Yes	No
4. Have you, your spouse, or co-applicant used different names at any time in the past, from the names provided on his application?	Yes	No
5. Have you, your spouse, or co-applicant ever been evicted or involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with certification procedures, or for any other reason?	Yes	No
6. Is the applicant or any member of the household subject to a state sex offender lifetime registration requirement?	Yes	No

If you answered yes to any of the above, please explain below.

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Do you plan to have pets living in your unit?

Yes	No	Type of Pet	Weight	Height
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How did you hear about Bethany (Phoenix Row Apartments)?

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IV. Financial Information

Earned Income: Include wages, salary, alimony, child support, social security, supplemental security income (SSI), IRA's, 401(k), 403(b), Veteran's or other Pensions, Annuities, etc.

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

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Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Assets: Include checking accounts, savings accounts, trusts, savings bonds, certificates of deposit, real estate, life insurance policies, mutual funds, stocks, and bonds.

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income from Asset
Financial Institution/Bank	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income
Financial Institution/Bank	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income
Financial Institution/Bank.	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Disposed Assets: Include assets disposed of, given away or any trust you have established within the past two years.

Did you dispose of any assets in the past two (2) years?		Yes	No
If yes, type of asset	Location		
Appraised Market Value	\$		
Mortgage or outstanding loans balance due	\$		
Amount of annual insurance premium	\$		
Amount of most recent tax bill	\$		
Have you sold/dispensed of any property in the last two years?		Yes	No
If yes, type of property	Date of transaction		
Market value when sold/dispensed	\$		
Amount sold/dispensed for	\$		
Have you disposed of any assets in the last 2 years (set up an Irrevocable Trust or given away money to relatives)?		Yes	No
If yes, describe the asset	Date of disposition		
Amount disposed	\$		
Do you have any other assets not listed above (excluding personal property)?		Yes	No
If yes, please list			

Expenses: include Medicare and medical/dental insurance premiums only.

Household Member Last Name	First Name, Initial
Type of Expense	Annual Total Expense
Provider Name	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Expense	Annual Total Expense
Provider Name	
Address	City, State, Zip
Contact Person	Telephone

Total from each source on the previous pages and above.

Earned Income	Annual Income
Annual Total	

Income from Assets	Total Value	Annual Income
Annual Total		

Deduct Medical expenses	Monthly	Annual Exp.
Subtract this annual total		()

Grand Total Income less Medical expenses	
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V. Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our rental agreement.

We authorize management to make any and all required inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment. These persons will maintain no other place of residence and further we certify that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We authorize management to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available to the household for its needs.

We understand that all adult members of the household must sign the HUD required "Authorization for Release of Information Form" before we can be offered a unit.

We do not expect any change in the conditions or income reported on this application and will report any unexpected changes at once to the property Manager.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Signature of Applicant	Date
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Signature of Second Family Member/Spouse/Co-Applicant	Date
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 Managed by Bethany Community Services, Inc.

