UNION MILLS 37 – APPLICATION FOR HOUSING

30% AMI LIHTC MRVP Program / 60% LIHTC Program / 100% AMI Workforce Housing

EQUAL HOUSING OPPORTUNITY

Property Name: Union Mills 37
Address: 37 Union Street, Attleboro, MA 02703
Office Phone: 1.978.710.0024
Email: 37union@wingatecompanies.com
TTY #771 / (English – 1.800.720.3480) / (Spanish 1.866.930.9252)

Note: 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 applicant, please contact the Rental Office.

A. GENERAL INFORMATION

Applicant Name(s): _____

Present Address: _____
Street Apt.# City State ZIP

Mailing Address: (If different) _____
Street Apt # City State ZIP

Home Telephone: _____ Email: _____

Race/Ethnicity: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws. Applicants may choose all that apply.)

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

Ethnicity:
- ◯ Hispanic or Latino
- ◯ Not-Hispanic or Latino

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert (which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Amount of current monthly Rental or Mortgage payment: $ _____

If owned, do you receive monthly rental income from property? ◯ Yes ◯ No (check one)

If rent, do you have a Section 8 traveling voucher? ◯ Yes ◯ No (check one)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $ _____



How did you hear about Union Mills 37 Apartments? _____

SELECT APARTMENT SIZE YOU'RE REQUESTING:

Studio	1 BR	2BR	3BR
[ ]	[ ]	[ ]	[ ]

DO YOU OR A HOUSEHOLD MEMBER REQUIRE AN ADAPTED UNIT FOR:

Mobility: ◯ Yes ◯ No ***Hearing:*** ◯ Yes ◯ No ***Vision:*** ◯ Yes ◯ No

Does a member of the household have a mobility impairment? ◯ Yes ◯ No

A person with disabilities as defined by federal regulation is..."Any adult having a physical, mental or emotional impairment that is expected to be of long, continued and indefinite durations, and substantially impedes his or her ability to live independently and is of a nature that such ability could be improved by more suitable housing conditions."

Do you or a member of your household qualify as a person with disabilities under the definition above? ◯ Yes ◯ No

IF YES, do you need a reasonable accommodation (defined below) in order to participate in the application process or to make effective use of the housing program? For example, grab bars, wheelchair accessibility, hearing or visual assistance. ◯ Yes ◯ No

If yes, please describe the reasonable accommodation needs _____

_____

_____

_____

_____

_____

A reasonable accommodation is defined as a change, exception or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to: a.) participate fully in a program, b.) take advantage of a service, c.) live in a dwelling or d.) perform a job.

	Name *(FIRST & LAST NAME)*	Relationship to Head	*(Optional)* GENDER	Birth Date (MM/DD/YY)	Social Security #	STUDENT?
1.		HEAD				◯ YES ◯ NO
2.						◯ YES ◯ NO
3.						◯ YES ◯ NO
4.						◯ YES ◯ NO
5.						◯ YES ◯ NO
6.						◯ YES ◯ NO

Disclosure of Social Security Numbers – All applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31st, 2010 and whose initial determination of eligibility was begun before January 31st, 2010. This paragraph explains the requirements and responsibilities of applicants or tenants to supply owners with this information, the responsibility of owners to obtain this information, and the consequences for failure to provide the information.

Will all listed minors be living in the unit at least 50% of the time? ◯ Yes ◯ No

Have there been any changes in household composition in the last twelve months? ◯ Yes ◯ No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? ◯ Yes ◯ No

If yes, explain:

Is there someone not listed above who would normally be living with the household? ◯ Yes ◯ No

If yes, explain:

Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education 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 Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	◯ Yes	◯ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	◯ Yes	◯ No

. INCOME

List **ALL sources of income for ALL Members** as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	$
	Social Security	$
	Social Security	$
		$
	SSI Benefits	$
	SSI Benefits	$
	SSI Benefits	$
	Pension (list source)	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV/TANF	$
	GPA (General Public Assistance)	$
	Contributions to the Household (monetary or not)	$
	Full-Time Student Income (18 & Over Only)	$
	Financial Aid **(grants & scholarships**	$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	$
	Interest Income (source)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled Payments from Investments	$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	◯ Yes ◯ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	◯ Yes ◯ No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	◯ Yes ◯ No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	◯ Yes ◯ No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
	Other Income	$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	$	
Do you anticipate any changes in this income in the next 12 months?	◯ **Yes**	◯ **No**
Is any member of the household legally entitled to receive income assistance?	◯ **Yes**	◯ **No**
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc)?	◯ **Yes**	◯ **No**
If yes to any of the above, explain:		
Is the income received?	◯ **Yes**	◯ **No**

D. ASSETS If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.				
Checking Accounts	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
Savings Accounts	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
Trust Account	#	Bank	Balance $	
Certificates	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
Credit Union	#	Bank	Balance $	
	#	Bank	Balance $	
Savings Bonds	#	Maturity Date	Value $	
	#	Maturity Date	Value $	
	#	Maturity Date	Value $	
Life Insurance Policy		#	Cash Value $	
(WHOLE or UNIVERSAL POLICIES ONLY)		#	Cash Value $	
Do not list Death Policies		#		
Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property			Appraised Value $	

Real Estate Property: ***Do you own any property?***		◯ Yes ◯ No
If yes, Type of property		
Location of property (Address)		
Appraised Market Value	(+)	$
Mortgage or outstanding loans balance due	(-)	$
Amount of annual insurance premium	(-)	$
Amount of most recent tax bill	(-)	$
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 on Page 2?		◯ Yes ◯ No
If yes, describe:		
Do they have access to the asset(s)?		◯ Yes ◯ No
Have you sold/disposed of any property in the last 2 years?		◯ Yes ◯ No
If yes, Type of property:		
Market value when sold/disposed		$
Amount sold/disposed for		$
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		◯ 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:		

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	◯ Yes	◯ No
Have you or any member of your family ever been convicted of a felony?	◯ Yes	◯ No
If yes, describe:		
Are you or any member of your family subject to a state lifetime sex offender Registration program in any state?	◯ Yes	◯ No
LIST ALL STATES WHERE APPLICANT AND MEMBERS OF APPLICANT'S HOUSEHOLD HAVE RESIDED:		
Have you or any member of your family ever been evicted from any housing?	◯ Yes	◯ No
If yes, describe		
Have you ever filed for bankruptcy?	◯ Yes	◯ No
If yes, describe		
Will you take an apartment when one is available?	◯ Yes	◯ No

Briefly describe your reasons for applying:		
F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Credit Reference #1:		
Address:	Phone #:	
Credit Reference #2:		
Address:	Phone #:	
EMERGENCY CONTACT		
In case of emergency notify:	Relationship:	
Address:	Phone #:	
G. VEHICLE & PET INFORMATION (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	Yes ◯	No ◯
If yes, describe:		

Criminal Offenders Record Information (CORI report or other criminal background check may also be requested.

I/We certify that I/We understand that false statement or information are punishable applicable under State or Federal Law. I/We hereby certify that we have received a notice form the management agent describing the right to Reasonable Accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

_____ _____

(Signature Head of Household) (Date)

_____ _____

(Signature Co-Head of Household) (Date)

_____ _____

(Signature Adult Household Member) (Date)

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

If you are a person with disabilities and require a reasonable accommodation, please contact the Management Office to process the request for a reasonable accommodation.

Wingate Companies, acting as management agent for Union Mills 37 (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, physical or mental disability, ancestry, genetic information, marital status, public assistance recipiency, gender identity and veteran/military status in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

_____ _____
(Signature Head of Household) (Date)

_____ _____
(Signature Co-Head of Household) (Date)

_____ _____
(Signature Adult Household Member) (Date)

In completing this application, you have the right to include, as a part of the application, the name, address, telephone number and other relevant information of a family member, friend or social, health advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applicants must complete Form HUD-92006.

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone Number: _____ Email Address: _____

Relationship to Applicant: _____ Reason for Contact: _____

Do you have a **mobile** voucher? **Yes** ☐ **No** ☐

What **Housing Authority** is your mobile voucher from?

_____

Do you currently live or work in the city of Attleboro?

☐ **Live** ☐ **Work** ☐ **Neither**

Do you have a dependent who attends an Attleboro School?

☐ **Yes** ☐ **No** ☐ **N/A**