

<u>FOR OFFICE USE ONLY</u>
DATE/ TIME REC'D:
NO. OF BDRMS:
INCOME:
LOTTERY NO:

APPLICATION FOR HOUSING

Management will provide help in reviewing this document if necessary. Persons with disabilities may ask for this application in large print type or other alternate formats. In addition, if you need this application translated into a language other than English, or some other assistance completing the application, management will provide you with the requested assistance free of charge.

Please Print Clearly

This is an application for housing at:	Project: Carter School Apartments
	Address: 261 West Street
	Leominster, MA 01453
	Name: Carter School Apartments
Please complete this application and return to: In person at: 463 Main St, Suite 100 Fitchburg, MA	c/o Wingate Management
	Mailing Address: 470 Main St
	Fitchburg, MA 01420
	978-840-1420 (OFFICE) 978-334-0515 (FAX) CarterSchool@WingateCompanies.com

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apartment #

_____ City State ZIP

Home Phone: _____ Cell Phone: _____

Other Phone: _____	EMAIL: _____
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Amount of current monthly rental or mortgage payment: \$ _____

Do you have a Section 8 Voucher? Yes No

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

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

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

Bedroom size requested: One BR Two BR Three BR

Wheelchair accessible Visual/Hearing Impairments

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? ____ Yes ____ No

If yes, please explain:

Briefly describe your reasons for applying:

How did you hear about our property?:

B. HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						
9.						



Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		

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 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 children who is not a Dependent 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



C. INCOME

List ALL sources of income 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 (aka: Welfare/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)	\$
	Scheduled Payments from Investments	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

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Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: _____ Fax: _____ Email: _____	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: _____ Fax: _____ Email: _____	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: _____ Fax: _____ Email: _____	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: _____ Fax: _____ Email: _____	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$

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		Child Support		
		Are you <i>legally entitled</i> to receive child support?	Yes	No
		If yes list the amount you are <i>entitled</i> 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 (<i>monetary or not</i>) 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 \$
401K	#	Bank	Balance \$
	#	Bank	Balance \$
Retirement Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$

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Life Insurance Policy #		Cash Value \$		
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: <i>Do you own any property?</i>	Yes	No
<i>If yes</i> , Type of property		
Location of property		
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
<i>If yes</i> , describe:		
Do they have access to the asset(s)?	Yes	No

Have you sold/dispensed of any property in the last 2 years?	Yes	No
<i>If yes</i> , Type of property:		
Market value when sold/dispensed	\$	
Amount sold/dispensed 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
<i>If yes</i> , describe the asset:		

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Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

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
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		

F. REFERENCE INFORMATION

Current Landlord or Management Company	Name:	
	LL's Address:	
	Contact #:	
	Email :	
	Leased date:	
Prior Landlord or Management Company	Name:	
	LL's Address:	
	Contact #:	
	Email :	
	Leased date:	



Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify (1):	
Address:	
Relationship:	Phone #:
In case of emergency notify (2):	
Address:	
Relationship:	Phone #:



G. VEHICLE AND 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

CERTIFICATION

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 development’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 inquiries may be made to verify the statements herein. All information is regarded as confidential in nature and a consumer credit and criminal background report will also be requested. I/We certify the I/We understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities which is attached to this application.

This application is signed under the pains and penalties of perjury.

(Application must be signed by all household members 18 years of age or older)

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

Carter School Apartments and Wingate Management LLC do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial 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 in the access or admission to their program or employment, or in its programs, activities, functions or services.



Application



Carter School Apartments

261 West St Leominster,

MA 01453

(978) 840-1420

Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies in how we do things that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair to some other part of the housing site that would make it easier for you to live here and, have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information.

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, (defined as not an undue financial and administrative burden or fundamental change to the nature of the program) we will try to make the change you requested.

We will give you an answer within fifteen days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out a **Reasonable Accommodation Request Form**, or if you want to give us your request in some other manner, we will help you.

For a **Reasonable Accommodation Request Form**, please contact management at 978-840-1420, come to the Management office or email at CarterSchool@WingateCompanies.com.

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