

Holcroft Park Homes One

• 9 Mill St & 10, 22, and 30 Grant St •
Beverly, MA 01915

The YMCA of the North Shore is currently accepting applications. These affordable apartments are for income qualifying applicants only. Please send your completed application to 325 Cabot Street #100, Beverly, MA 01915 or drop it off at the YMCA Housing Office located at 275 Rantoul Street, Beverly, MA 01915. If you have any questions, please call the housing office at 978-564-3460 TTY/Relay #711.

Included Amenities:

- Heat and hot water
- Free YMCA of the North Shore family membership
- Landscaping and snow removal
- First come first serve off-street parking with sticker
- On site management and maintenance team
- Coin operated laundry machines

Resident Rules:

- No overnight guests for more than 14 days in a calendar year
- No pets
- No smoking

Rent:

- 2 Bdrm. \$1,080.00
- 3 Bdrm. starting at \$1,282.00

Application Process:

- Please fill out an application completely and return to get on our waitlist
- The waitlist for a two or three bedroom apartment is open. Call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application

Income Limits per Household	
1 Person	\$49,800
2 Person	\$56,880
3 Person	\$64,020
4 Person	\$71,100
5 person	\$76,800
6 Person	\$82,500



Occupancy Application
Holcroft Park Homes One Limited Partnership
C/o YMCA of the North Shore
245 Cabot St.
Beverly, MA 01915

Please complete this application and return to Holcroft Park Homes Two Limited Partnership at the address listed at the top of this page. An applicant may be interviewed only after a completed application is received.

A. GENERAL INFORMATION

First Applicant's name _____ **S.S.#** _____

Address _____
Street Apt # City State Zip

Telephone # _____ **Date of Birth** _____

Do you own ___ **or Rent** ___ **If rental, amount of current monthly rental payment: \$** _____

Check utilities paid by you:

_____ **Heat** _____ **Gas** _____ **Approximately monthly cost of utilities paid by you**
_____ **Electricity** _____ **Other** **(excluding phone and cable TV) \$** _____

Second Applicant's name _____ **S.S.#** _____

Address (if different) _____
Street Apt # City State Zip

Telephone # _____ **Date of Birth** _____

Do you own ___ **or Rent** ___ **If rental, amount of current monthly rental payment: \$** _____

Total number of persons to reside in household: _____

Number of Bedrooms requested: _____ **LIMIT 2 PERSONS PER BEDROOM**

OTHER APPLICANTS

NAME

NAME

NAME

NAME

Is everyone in the household a full time student? _____

Holcroft Park Homes Limited Partnership is an Equal Housing Opportunity company, with projects in compliance with 504 Fair Housing Regulations.

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FIRST APPLICANT / SECOND APPLICANT

Social Security	Monthly Income \$	_____	\$	_____
Pension	Monthly Income \$	_____	\$	_____
Veterans Benefits	Monthly Income \$	_____	\$	_____
SSI Benefits	Monthly Income \$	_____	\$	_____
Unemployment Compensation	Monthly Income \$	_____	\$	_____
EAEDC or TAFDC	Monthly Income \$	_____	\$	_____
Wages (Gross)	Monthly Income \$	_____	\$	_____

FIRST APPLICANT

Employer _____ Address _____
 Position Held _____ How Long Employed _____
 Employer _____ Address _____
 Position Held _____ How Long Employed _____

SECOND APPLICANT

Employer _____
 Position Held _____ How Long Employed _____
 Employer _____ Address _____
 Position Held _____ How Long Employed _____

Full Time Student	Monthly Income \$	_____	
Alimony	Monthly Income \$	_____	Source _____
Child Support	Monthly Income \$	_____	Source _____
Interest Income	Monthly Income \$	_____	Source _____
Other Income	Monthly Income \$	_____	Source _____

TOTAL GROSS ANNUAL INCOME FOR BOTH APPLICANTS (Base this on the monthly amounts listed above and multiply x 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____
If Yes, Explain: _____

C. ASSETS:

FIRST APPLICANT

SECOND APPLICANT

Checking Account (s)

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

Savings Account (s)

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

Trust Accounts and/or Certificates

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

Credit Union

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

Phase One

Savings Bond(s)

Maturity Date _____ Balance \$ _____ Maturity Date _____ Balance \$ _____
 Maturity Date _____ Balance \$ _____ Maturity Date _____ Balance \$ _____
 Whole Life Insurance Policy # _____ Face Value \$ _____
 Cash Value of life insurance policy \$ _____

BOTH APPLICANTS

Real Estate Property: Do you own any property? Yes _____ No _____

If yes, type of property _____

Locations _____
 Appraised market value \$ _____
 Mortgage or outstanding loan balance due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of Most Recent Tax Bill \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes _____ No _____

If yes, type of property _____
 Market value when sold/dispensed \$ _____
 Amount sold/dispensed \$ _____
 Date of transaction _____

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes _____ No _____

If yes, describe assets _____
 Date of disposition _____ Amount disposed \$ _____

2. Do you have any other assets not listed above (Excluding personal property)?

Yes _____ No _____
 If yes, list _____

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:

Medical Cost: Complete this part **ONLY** if 62 or older, disabled or handicapped:

1. Medicare premiums Monthly Amount \$ _____

2. Medical insurance coverage
 Name of insurance company _____
 Address _____
 Street _____ City _____ State _____ Zip _____

Monthly Amount \$ _____

3. Anticipated medical / drug / prescription / non-prescription cost **NOT** covered by insurance **OR** reimbursed Monthly Amount \$ _____

4. Medical bills or outstanding cost you are making monthly payments for:
 Balance Due \$ _____ Monthly Amount \$ _____ Payable To _____

5. Medical related travel costs \$ _____

6. Are you seeing a physician regularly? Yes _____ No _____

Name _____
 Address _____
 Street _____ City _____ State _____ Zip _____

Phase One

Projected costs NOT covered by insurance OR Reimbursed for the next 12 months \$ _____

7. Any other medical expenses: List type and amount: _____ \$ _____
_____ \$ _____

Childcare Costs: Complete ONLY for children 12 and younger:

8. Name (s) of children cared for _____ Age _____
_____ Age _____
_____ Age _____

9. Name and address of person or agency caring for children

Name _____

Address _____

Street City State Zip

10. Weekly cost for childcare due to employment \$ _____

11. Weekly cost for childcare due to education \$ _____

Handicapped Assistance Expenses: Attendant care and / or apparatus expenses that enables handicapped applicants to work. Complete ONLY if handicap expenses allow you to work.

12. List type of expenses, weekly amount, paid to whom:

E. PROGRAM INFORMATION:

1. Are you displaced? Yes _____ No _____

If YES, displacement agency _____

2. Is your current unit condemned / substandard? Yes _____ No _____

If YES, describe _____

3. Are you paying more than 50% of your gross income for rent and utilities?

Yes _____ No _____

4. Are you paying for status as an "Elderly Household", where the tenant or where you are 62 or older, handicapped, or disabled as defined by FmHA? Yes _____ No _____

5. Would you benefit from a wheelchair or other handicapped accessible unit?

Yes _____ No _____

6. If so, would you like to request an adapted unit? Yes _____ No _____

7. Are you currently living in subsidized housing? Yes _____ No _____

8. Have you ever resided in a project financed and / or subsidized by the government?

Yes _____ No _____ If Yes, Name and address _____

9. Have you ever been evicted from public housing or any other Federal Housing Program?

Yes _____ No _____ If Yes, where _____

When _____ Describe reason _____

10. Have you ever been evicted from other housing? Yes _____ No _____

11. Have you ever been convicted of a felony? Yes _____ No _____

12. Are you currently using illegal drugs? Yes _____ No _____

13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?

Yes _____ No _____

14. Are you now or will you become a part time or full time student prior to move-in?

Yes _____ No _____

Phase One

15. How did you hear about this housing? _____

16. Will you take a unit when one is available? Yes _____ No _____

17. Briefly describe your reasons for applying _____

F1. REFERENCE INFORMATION: FIRST APPLICANT

Current Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

Previous Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

Previous Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

List any other states where you lived in the past 7 year's _____

G1. CREDIT REFERENCES:

1. Name _____ Address _____

2. Name _____ Address _____

3. Name _____ Address _____

H1. PERSONAL NON-RELATED REFERENCES:

1. Name _____ Address _____

2. Name _____ Address _____

3. Name _____ Address _____

II. OTHER REQUIRED INFORMATION:

List any car, truck, or other vehicle owned:

Type of vehicle _____ Year/Make _____ Color _____

License Plate # _____ Driver's License _____

F2. REFERENCE INFORMATION: SECOND APPLICANT

Current Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

Previous Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

Previous Landlord: Name _____

Address _____

Home Phone (_____) _____ Business _____

List any other states where you lived in the past 7 year's _____

(continue on back of application as needed)

G2. CREDIT REFERENCES:

1. Name _____ Address _____
2. Name _____ Address _____
3. Name _____ Address _____

H2. PERSONAL NON-RELATED REFERENCES:

1. Name _____ Address _____
2. Name _____ Address _____
3. Name _____ Address _____

I2. OTHER REQUIRED INFORMATION:

List any car, truck, or other vehicle owned:

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License _____

CONTINUED ON NEXT PAGE

J. CERTIFICATION / AUTHORIZATION
FIRST APPLICANT

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Holcroft Park Homes Two Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _____

Name

Date

AUTHORIZATION

I do hereby authorize Holcroft Park Homes Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Holcroft Park Homes Two Limited Partnership to verify all information listed on this application.

Signature: _____

Name

Date

J. CERTIFICATION / AUTHORIZATION
SECOND APPLICANT

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Holcroft Park Homes Two Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _____

Name

Date

AUTHORIZATION

I do hereby authorize Holcroft Park Homes Two Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Holcroft Park Homes Two Limited Partnership to verify all information listed on this application.

Signature: _____

Name

Date

FAMILY HOUSEHOLD COMPOSTION

The information solicited on this application is requested by Holcroft Park Homes Two Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, marital 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. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race(s) _____ Ethnic Group(s) _____ Sex(s) _____