Thank you for your interest in being placed in the lottery for residency at Tenney Place II. Applications that are received after the deadline of **December 31, 2017** will be kept and placed on the waitlist.

Please complete the attached application and drop off or mail it to:

Tenney Place Leasing Office 505 West Lowell Avenue, #2-204 Haverhill, MA 01832

We have included a list that will help you to determine what income and assets are used to calculate annual household income.

If you are claiming a preference, proof of the preference must be submitted along with this application.

Preferences:

- Homeless or At Risk of Homelessness
- Local Preference Lives in the City of Haverhill or Lives in the City of Haverhill as a condition of Employment.

Any application that is not fully complete will be returned.

Please contact our Leasing Office by telephone at 978-872-1100, by email at MColon-Diaz@hallkeen.com or for TDD call 7-1-1 if you have questions or require help with your application.

Thank you!



Tenney Place II

Affordable Apartments - Eligibility/Documentation Requirements

Lawrence, MA-NH HUD Metro FMR Area

Gross Income Limits Effective 04/14/17*

*Subject to change annually

3 BEDROOM

2 BEDROOM

1 BEDROOM

LIHTC RENT LIMITS:

GROSS INCOME LIMIT (30%) - SEC. 8 **GROSS INCOME LIMIT (60%) – LIHTC**

MINIMUM REQUIRED INCOME (40%):

\$1,254		6 PERSON	61,020	32,960
\$1,	r electricity	5 PERSON	56,820	28,780
\$1,092	NOTE: Residents are responsible for electric cooking and other electricity	2 PERSON 3 PERSON 4 PERSON 5 PERSON	52,560	26,300
\$1,0	le for electric c	3 PERSON	47,340	23,700
\$918	ts are responsib	2 PERSON	42,060	21,050
	NOTE: Residen	1 PERSON	36,840	18,450

NOTE: 30% residents will pay 30% of adjusted gross income for rent.

	DEDICOUM S DEDICOUM
\$27,540	.60 \$37,620

NOTE: Minimum Income does not apply to Section 8 or Section 8 Mobile Vouchers

INCOME SOURCES THAT MUST BE VERIFIED

ALL gross income for the entire household must be verified.

Households comprised of ALL Full-Time Students generally do not qualify for this program, but some exceptions may apply (see reverse for details)

determine final eligibility. However, copies of statements or other documentation you provide will assist in determining preliminary eligibility. Federal regulations require that verification of income for each person in the household be verified directly from the income sources to

Income includes (but is not limited to)

- Wages or Salary
- Unemployment Compensation
- Social Security
- SSI/SSDI/SSP
- Alimony/Child Support
- Tips, Commission, Bonuses
- Income from Non-Revocable Trusts
- Military Pay
- Income from Special Needs Trusts

- Veterans Benefits/Pensions
- **TAFDC/Welfare Payments** TANF/Public Assistance
 - Pension or Annuity
- Worker's Compensation/Disability Income
- Net Income from Operation of a Business or Profession/Self Employment
 - Recurring Lottery Winning Payments
 - Income from Long-Term Insurance
- Any other income, regular payment or gift from any source (such as family members or friends).

Assets and the income from assets must be verified by your bank/broker. Assets include (but are not limited to):

- Savings Accounts
- Checking Accounts
- Cash
- Money Market Accounts
- Term Certificates/CD's
- EBT Cash Cards
- Personal Property Held for Investment (Gems, Coins, etc.)

- IRA / 401K / Keogh Accounts
- Thrift Savings Plans (TSP's)
- Annuities
- Revocable Trusts
- Interest / Dividend Income
- Direct Express Cards
- Lump Sum Receipts (Inheritance, Capital Gains, One-Time Lottery Winnings,

Settlements, Insurance, etc.)

- Treasury Bills
- Mutual Funds
- Stocks / Bonds
- Cash Value of Life Insurance
- Rental Income
- DOT Child Support Debit Cards
- Appraised Value of Real Estate (Including Second Homes or Timeshares)

STUDENT ELIGIBILITY FOR AFFORDABLE UNITS

If ALL of the persons in your household are currently Full-Time Students, the household generally does not qualify.

If ALL of the persons in your household have been or will be Full-Time Students during any part of any five (5) calendar months of the current year following the date of move-in, the household generally does not qualify

Exceptions to Student Rule for Full-Time Student Households:

- A Full-Time Student married and filing a joint tax return
- A Full-Time Student and receives assistance under Title IV of the Social Security Act
- A Full-Time Student enrolled in a job training program under the Job Training Partnership Act/ Workforce Investment Act (federal, state or local)
- A Full-Time Student and AFDC/TANF recipient
- A Full-Time Student and single parent living with his/her minor child who is not a dependent on another's tax return
- A Full-Time Student previously in the foster care system

HALLKEEN MANAGEMENT

PRELIMINARY RENTAL APPLICATION
-Equal Housing Opportunity-

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.

Application I	Oate:		
Addre City, S Telepl TDD#	State, Zip: hone Number:	TENNEY PLACE II 505 West Lowell Avenue, Un Haverhill, MA 01832 978-872-1100 Call 7-1-1 MColon-Diaz@hallkeen.com	
Return Comp	oleted Applicat	ion To:	
		TENNEY PLACE II 505 West Lowell Avenue, Un Haverhill, MA 01832	nit 2-204
	API	PLICATION FOR ADMISSIO	N
through or write "N application. If you r	/A". Failure to be deed help comp	mpletely. If a section does not o do so will result in processing pleting this application, please Telegraphy	g delays or rejection of your
Email Address:			
Current Address:	Street		Apt. #
	City, State		Zip Code
Current Landlord:	Name		Telephone
	Street		Apt. #
	City, State		Zip Code
RACE (Optional Section	: Information will b	be used for fair housing programs only, a	as required by State and Federal Laws.)
American Indian/A	laskan Native	Asian or Pacific Islander	Other (Not white or Hispanic)
Black (not of Hispa	nnic origin)	Hispanic	☐ White (Not of Hispanic origin)
	SIZ	E OF APARTMENT NEEDEI	_ :

 \square 1BR \square 2BR \square 3BR

ADDITIONAL INFORMATION:

• Do you currently hold a Mobile Voucher?	Yes	☐ No
• Are you requesting a Hearing/Visual Adapted Unit?	Yes	☐ No
• Are you requesting a Wheelchair Adapted Unit?	Yes	☐ No
 Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain/provide details: 	Yes	□ No
 Do you or a member in your household consider yourself to be homeless or at-risk of being homelessness? If yes, please explain/provide details: (Please submit proof with this application) 	Yes	☐ No
Do you currently live in Haverhill, MA? If yes, which household member(s) does this apply to? (Please submit proof with this application)	Yes	□ No
 Are you required to live in Haverhill, MA as a condition of your employment? If yes, which household member(s) does this apply to? (Please submit proof with this application) 	Yes	□ No
Have you ever been <i>evicted</i> from your home for any reason? If yes, please explain/provide details:	☐ Yes	□ No
Have you ever been <i>arrested</i> or <i>convicted</i> of any crime? If yes, please explain/provide details:	Yes	□ No
CURRENT HOUSING:		
Present Housing Cost Per Month: \$		
• Does your current housing cost include utilities (gas, electric, heat, hot water)?	Yes	∐ No
How Long Have You Lived at Present Address (Number of Years)?		
• Do You Own Any Pets? If yes, what type:		
What are the reasons for moving?)

FAMILY COMPOSITION: List all who will occupy the apartment. YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT?	
1)	Head of Household				☐Yes ☐ No	
2)			l	Γ	Yes No	
3)				<u> </u>	☐Yes ☐ No	
4)					☐Yes ☐ No	
5)			l	I	Yes No	
6)				1	☐Yes ☐ No	
LANDLORD REFERENCES: last five (5) years along with the long term and temporary resider 1) Previous Address Dates Lived at This Address Name of Landlord Landlord Telephone # Landlord Address 2) Previous Address Dates Lived at This Address	e full names & a	addresses of the ters. dlord E-mail	Address	llords. <u>Please include al</u>	<u> </u>	
Dates Lived at This Address Name of Landlord Landlord Telephone # Landlord Address	Lan	dlord E-mail	Addres			
Address 3) Previous Address Dates Lived at This Address Name of Landlord Landlord Telephone # Landlord E-mail Address Landlord Address						
4) Previous Address		dlord E-mail	Addres			

CHARACTER REFERENCES: (If you cannot furnish landlord or other housing references) They must have known you for one (1) year or more and not be related to you. 1.) Character Reference Name Telephone #: _____ | E-mail Address: _____ | Address: _____

Address:
2.) Character Reference Name E-mail Address: Address:
3.) Character Reference Name E-mail Address: Address:
EMPLOYMENT: Is any member of the household employed? Yes No If yes, please list below. List each member by their corresponding number from Page 3.
Member #
Member #
Member #Name of Present EmployerTelephoneEmployer's Address
Member #

DOES ANYONE IN THE H income is income such as Well Disability or Unemployment C Annuities, Income from Renta Gifts/Support from Someone to If yes, list below by household.	fare, Social Security, Compensation, Interes l Property, Military F hat isn't a member of	SSI, Pensio st, Dividend Pay, Scholar the househ	ns (including V ls, Alimony, Chi rships, Grants a	eteran's Benefits), ld Support, nd/or Monetary
Household Member Typ	pe of Income	Gros	s Earnings (Bef	fore Taxes)
·		\$	per	(week, month, year)
		\$	per	(week, month, year)
		\$	per	_ (week, month, year)
		\$	per	(week, month, year)
DOES ANY HOUSEHOLD M Direct Express, EBT, DOR and/o Money Markets, Stocks, Bonds, I	or Pay Cards, 401K Ac			
If yes, list below:				
Member #Name of Financial Institution: Financial Institution Address: Account #	Type of Account: If Stock, Number of			e \$ ds per Share: \$
Member #Name of Financial Institution: Financial Institution Address: Account #Interest Rate:%	Type of Account: If Stock, Number of			e \$ ds per Share: \$
Member #Name of Financial Institution: Financial Institution Address: Account #Interest Rate:%	Type of Account: If Stock, Number of			e \$ ds per Share: \$
Member #Name of Financial Institution: Financial Institution Address: Account # Interest Rate:%	Type of Account:		Current Balance	e \$
Member #Name of Financial Institution: Financial Institution Address: Account #	Type of Account:		Current Balance	e\$
Interest Rate:%	If Stock, Number of	Shares:	Dividen	ds per Share: \$

Household Member	Type of Asset	Cash Value of Asset
110 45041014 1710411001	1) po 011 10001	0 451 (4140 01 1 1500
 -		\$
		\$ \$
		\$
		\$ \$
		\$
In Case of Emergency, wh	om should we contact?	
Name:	Relationship:	
Phone#	Email Address:	
Address:		
Name:	Relationship:	
Phone#	Email Address:	<u> </u>
Address:		
ADDITIONAL INFORM	ATION:	
ADDITIONAL INFORM	ATION:	
Are you or any member of	your household required to regis	
Are you or any member of	 .	
Are you or any member of as a sex offender under Mas	your household required to regises achusetts or any other state law	w? Yes No
Are you or any member of y as a sex offender under Mass If yes, list the name of the p	your household required to regists achusetts or any other state law bersons and the registration requ	w? Yes No

CONFLICT OF INTEREST:

consu Imme (inclu	ou work for or have any immediate family members who work, of alting relationship with Dakota Partners, Inc., Tenney Place LLC or Ediate family ties include (whether by blood, marriage, or adopting step-parent), child (including step-child), brother, sister (inclusister), grandparent, grandchild or in-laws of the applicant(s).	HallKeen Ma on) the spo	anagement? ouse, parent
If yes	, please name and company:		
### ### ### ### #### #################			
mont	ALL of the persons in the household be or have been full-time stude hs of this year or plan to be in the next calendar year at an education respondence school) with regular faculty and students?	_	
IF Y	ES, YOU MUST ANSWER ALL OF THE FOLLOWING QUESTION	ONS:	
•	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) an AFDC 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 Dependent on another's tax return?	☐ 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

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

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

Signed under the pains and penalties of perjury:

Head of Household/Applicant	Date	Co-Applicant	Date
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.





Professionally Managed by: HallKeen Management 1400 Providence Highway, Suite 1000 Norwood, MA 02062 (781) 762-4800

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Other Adult Member	Date	Other Adult Member	Date
Head of Household	Date	Spouse	Date
Signed under pain and	l penalty of perjui	ry. -	
Thank you for your ass	istance and coope	ration.	
		Tenney Place within five (5) d f this authorization is as valid as the	
would appreciate your	prompt attention	ace subject to the condition that it in supplying the information requirements.	uested on the attached
I/WE HEREBY GIVI TO:	E YOU MY PERI	MISSION TO RELEASE THIS	INFORMATION
Health & Accident Ins	surance	School & College Tuition Fe	ees
Workman's Compens	ation	Un-reimbursed Medical Exp	enses
State Welfare Agencie State Employment See		Handicapped Assistance Exp Medical Insurance Premiums	
Supplemental Security		Identity & Marital Status	
Social Security		Commissions, Tips, Bonus Landlords, Rental History	
Pensions Annuities		Regular Gifts or Allowances	from another person
Unemployment Comp	ensation	Other Income	
Self-Employment		Alimony, Child Support	
Credit Bureau Employment		Financial Institutions, Broket Mutual funds	rages
Law Enforcement Age	ency	Interest, Dividends	
Family Composition		IRAs, CDs, 401k, 403b	
Courts	,,,,,	Banks, Credit Unions	
Child Care Expenses Criminal Activity (CC	ORI)	Veteran's Benefits Federal, State, or Local Bene	efits
(specify): Child Care Expenses		Veteran's Benefits	
,	•	nich I have provided to them, from	•
I the above-named ind	ividual have autho	orized HallKeen Management and	or Tenney Place to
CURRENT ADDR			
NIA	ME:		

To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment at <u>Tenney Place II</u> I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the Owner/Manager Employee/Agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, 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 will hold them harmless from any suit or reprisal whatsoever.

All applicants over the age of 18 must sign:

Applicant:			
11	Signature	Social Security #	Date
	Print Name		
Applicant:	a		
	Signature	Social Security #	Date
	Print Name		
Applicant:	:		
	Signature	Social Security #	Date
	Print Name		
Applicant:			
	Signature	Social Security #	Date
	Print Name		

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as "active adult community" and "empty nesters". Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the 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, if it is not too expensive, and

if it is not too difficult to arrange, we will try to make the changes you request.

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

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 the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from the Property Manager at Tenney Place or contact:

HallKeen Management, Inc. 1400 Providence Highway, Suite 1000 Norwood, MA 02062 (781) 762-4800

<u>Tenney Place II</u> Lottery Procedure

In accordance with the Tenant Selection Plan, the project known as "Tenney Place If" will have a Lottery for the affordable units. There will be a minimum 60-Day Application Period which will begin on November 1, 2017 and is anticipated to end on December 31, 2017. To be considered for the Lottery, applicants must submit a completed* application along with requested documents and consent forms on or before the Application Period end date of December 31, 2017. Once an application is received and preliminary eligibility has been determined, the Applicant will be assigned a Lottery Registration Number. Each applicant will receive written notification of their Lottery Registration Number.

Incomplete applications received during the Application Period will be returned for completion and will only be entered into the Lottery if the missing information or documentation is received or postmarked by **December 31, 2017**.

Applications that are not received or postmarked by <u>December 31, 2017</u> will not be eligible for entry into the Lottery, but will be placed on a waitlist in the order received.

The Lottery is anticipated to be held at the <u>Haverhill Public Library</u>, 99 <u>Main Street</u>, <u>Haverhill</u>, <u>Massachusetts</u> on or after <u>January 10</u>, <u>2018</u>. Applicants are not required to attend the Lottery.

In accordance with the Comprehensive Permit for Tenney Place II, there will be a Local Preference for residents who live in the City of Haverhill or individuals who are required to live in Haverhill as a condition of their employment. There will be 2 Lottery Pools – a Local Preference Lottery Pool and a General Lottery Pool. Seventy percent of each unit type will initially be set aside for the Local Preference Lottery Pool and the remaining units will be leased through the General Lottery Pool. Once the Local Preference list is exhausted, any remaining units will also be leased through the General Lottery Pool.

Ballots with the Registration Number for each applicant household will be placed in the appropriate Lottery Pool(s). Applicants will be entered into all Lottery Pools for which they qualify; i.e., a local resident or individual employed in the City of Haverhill will be included in both the Local Lottery and General Lottery Pools.

Ballots for both Lottery Pools are drawn and logged onto the appropriate Lottery Pool list(s) until all Lottery Registration Numbers have been drawn. Within fourteen (14) days of the Lottery drawing, all applicants will receive written notification of their placement on the Lottery List(s) based on unit type/bedroom size. Applicants will be entered onto all lists for which they qualify.

*For an application to be considered complete every question must be answered and explanations must be provided where required. No sections may be skipped. If a section or question does not apply to you, please state so by using the phrases "None", "No" or "N/A" as applicable. All documents that are requested to be submitted with your application must be submitted. The application and release forms must be signed and dated by all adult household members. Incomplete applications will be returned and will only be entered into the lottery if the corrected application is received or postmarked on or before the Application Period end date.

Tenney Place II includes apartments accessible or adaptable for occupancy by disabled persons. First preference for those apartments shall be given to such disabled persons, including single-person households, in conformity with state and federal civil rights laws.

Because Tenney Place II has apartments with different numbers of bedrooms, apartments are then awarded (largest apartments first) by proceeding down the list to the first household that is of appropriate size for the largest income-restricted apartment available according to the appropriate apartment size criteria established for the lottery. Once all larger apartments are assigned to appropriately-sized households in this manner, the lottery administrator returns to the top of the list and selects appropriately-sized households for smaller apartments. This process continues until all available apartments have been assigned to appropriately-sized applicant households.

Per Tenney Place's Resident Selection Plan, credit and criminal background reports will be ordered for all selected applicants. If an applicant does not pass the credit and/or criminal background check, they will be notified in writing and will have ten (10) days from the date of the notice to appeal.

Once an applicant household has passed the credit and criminal background check(s), they will be contacted to schedule an interview with a member of the property staff. At this interview, the applicant will review and update application information, provide documents for income and assets and sign or complete any additional paperwork based on information obtained to make sure the applicant meets all eligibility requirements of the program(s) for which they have applied. At the Interview, the Applicant will be required to pay a Rental Deposit in the amount of \$250.00 which will be refunded if the application is rejected. Once the application is approved, this Rental Deposit will be applied to the Security Deposit which is equal to one-month's rent and the remaining balance of the Security Deposit will be due.

If Management finds that a household exceeds the maximum income limit or does not meet the minimum income required to afford the rent amount, they will be notified in writing and will have ten (10) days from the date of the notice to meet with Management to dispute our calculations.

If an applicant refuses to accept an apartment when they are contacted to schedule an interview, they may request in writing to be removed from the lottery list and be placed on the property's waiting list to be called after the initial lease up. If the applicant is no longer interested in an apartment at Tenney Place, they will receive written notice confirming that they are no longer interested.

The lottery administrator will retain a list of households who are not initially awarded an apartment during the Lottery in the order that they were drawn. If any of the applicants that were initially awarded an apartment do not qualify or do not rent the apartment, the apartment shall be offered to the next highest ranked household on that retained list.

No individual having a financial interest in the project or their families can participate in the lottery. For HOME assisted units, the conflict of interest provisions of 24 CFR 92.356(f) apply.