



Dear Applicant,

Thank you for your interest in the new Ivory Keys Apartments currently under construction in Leominster MA.

The property will consist of 41 apartments and will have 1, 2 & 3 bedroom units. The building is scheduled to open in June.

If we receive more applications than we have apartments for a particular bedroom size, we will be required to hold a lottery to determine the order in which applicants will be processed for those apartments. All applicants will be notified of the lottery date which will be held approximately 7 days after the application close date of April 23, 2018.

In order to participate in the lottery, applications must be received by April 23, 2018.

The 1, 2 & 3 bedroom rents will be approximately \$850, \$975 and \$1190, which will include heat and hot water. Income limits will apply.

Other amenities will include:

- On-site parking spaces
- Dishwasher, stove, refrigerator and air conditioner included in each apartment
- Coin/card laundry rooms located throughout the buildings
- On site management office
- Walking distance to shops and recreation
- Additional storage areas in building

An informational meeting will be held on April 11, 2018 @ 6:00 pm at the Leominster City Hall Auditorium. All interested persons are invited to attend.

Please return the application to: Stewart Property Management, 3 Tri Town Drive #312, Lunenburg, MA 01462

Feel free to contact us at 978-345-6673 with any questions.



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HOUSING:

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) All household members that are 18 years of age or older are required to be screened for a criminal record check. Enclosed is the form for Massachusetts. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary)
- 4) Be sure that all household members 18 years of age or older sign both the application and release form.

Please call our office at 978-345-6673 if you have any questions, or e-mail us at hmachado@stewartproperty.net

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

STEWART PROPERTY MANAGEMENT

3 Tri Town Drive #312

Lunenburg, MA 01462

SMOKING POLICY: This property is 100% smoke free. Please contact us for specific information regarding this property.

APPLICATION FOR HOUSING

TAX CREDIT

| | | |
|---------------------------------------|------------------------------------|--|
| Stewart Property Management Use Only: | | |
| Property Name: | Barrier Free (H/C unit) Requested? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Bedroom Size: | Comments: | |
| <input type="checkbox"/> | Accepted | |
| <input type="checkbox"/> | Rejected | |

Time/Date Stamp



www.stewartproperty.net

Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check NO next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation.

Property Name you are applying for: _____ Number of bedrooms requested: _____

A. GENERAL INFORMATION

| | | | |
|------------|--|---------------|--|
| Full Name: | | Phone Number: | |
| Address: | | E-Mail: | |
| | | | |

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. ONLY include children who will be living in the apartment at least 50% of the time.

| Full Name and middle initial | Relationship to HEAD | Date of Birth | Full Time Student? | Social Security # | Sex |
|------------------------------|----------------------|---------------|--------------------|-------------------|-----|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does anyone listed above have a maiden name, or alias? YES NO If yes, please list them below:

| | |
|--|--|
| | |
| | |

YES NO Do you expect any additions to the household within the next 12 months?
If yes, please explain giving name and relationship:

| |
|--|
| |
|--|

YES NO Do you have primary physical custody of all children listed under the Household Composition above?
If no, please explain:

| |
|--|
| |
|--|

YES NO NA Are there any absent household members that are not listed under the Household Composition above?
If yes, please explain giving name and relationship:

| |
|--|
| |
|--|

C: INCOME

Please fill in each section, checking NO next to the items that you do not receive.

| | | | | |
|--|---|-------------------------|---|-----------------------------|
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name and Address of Employer | Gross Monthly Amount |
| | | Employment Wages | | \$ |
| | | Employment Wages | | \$ |
| | | Employment Wages | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name of Public Assistance Office | Gross Monthly Amount |
| | | Public Assistance | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | | Gross Monthly Amount |
| | | Social Security/SSI | | \$ |
| | | Social Security/SSI | | \$ |
| | | Social Security/SSI | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name of Income Source | Gross Monthly Amount |
| | | Pension/Annuities | | \$ |
| | | Pension/Annuities | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name of Income Source | Gross Monthly Amount |
| | | Unemployment Benefits | | \$ |
| | | Unemployment Benefits | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name of Income Source | Gross Monthly Amount |
| | | VA Benefits | | \$ |
| | | VA Benefits | | \$ |
| Check if NO <input type="checkbox"/> | Family Member | Source of Income | Name of Income Source | Gross Monthly Amount |
| | | Alimony | | \$ |
| | | Child Support | | \$ |
| | | Self Employment | | \$ |
| | | Other Income | | \$ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Are there any changes expected in income within the next 12 months? | | | |
| | If yes, please list family member and explain: | | | |

D: ASSETS

Please fill in each section, checking NO next to the items that you do not have.

| | | | | | |
|---|----------------------|-----------------------|--------------------------|------------------------|----------------------|
| CHECKING/SAVINGS ACCOUNTS, OR CD | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Bank Name/Type | Account # | Balance | Interest Rate |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| STOCKS | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Stock Name | # of Shares Owned | Value Per Share | Dividend Rate |
| | | | | \$ | |
| | | | | \$ | |
| BONDS | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Series | Date of Issue | Amount | |
| | | | | \$ | |
| | | | | \$ | |

ASSETS, continued

| | | | | | |
|--|---|-----------------------|--|----------------|--|
| TRUST ACCOUNTS | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Bank Name | Account # | Balance | Interest Rate |
| | | | | \$ | |
| Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| IRAs | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Bank Name | Account # | Balance | Interest Rate |
| | | | | \$ | |
| | | | | \$ | |
| Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| ANNUITIES/MUTUAL FUNDS/401K/403b | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Bank Name | Account # | Balance | Interest Rate |
| | | | | \$ | |
| | | | | \$ | |
| WHOLE LIFE POLICIES (NOT TERM LIFE) | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Insurance Name | Account # | Amount | |
| | | | | \$ | |
| ANY OTHER ASSETS | | | | | |
| Check if NO <input type="checkbox"/> | Family Member | Asset Type | | | Market Value |
| | | | | | \$ |
| | | | | | \$ |
| REAL ESTATE | 1) Do you own any property? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | Family Member: |
| | 2) If yes, what type of property is it? | | | | |
| | 3) Where is the location of the property? | | | | |
| | 4) What is the appraised market value? | | | | |
| | 5) Amount of mortgage or outstanding loan? | | | | |
| | 6) Is the property owned jointly? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | 7) Do you now rent, or intend to rent this property? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DISPOSED OF ASSETS | 1) Has any member of your household disposed of any asset(s) in the last two years? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 2) If yes, what type of asset (e.g. cash, property, bank accounts)? | | | | |
| | 3) Market value when disposed: | | | \$ | |
| | 4) Amount disposed for? | | | \$ | |
| | 5) Date of transaction? | | | | |

E: PROGRAM INFORMATION

| | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Has everyone in your household (ALL adults and children) been a student for at least 5 months in the current calendar year or; is everyone in your household (adults and children) currently a student, or planning to become one within the next 12 months? If yes , please check the applicable status from the list below: <input type="checkbox"/> Married and filing a joint tax return <input type="checkbox"/> Receiving Social Security Title IV payments (NHEP, RUFA) <input type="checkbox"/> Participating in a job training program with assistance <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return. <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you or any member of your household ever lived at any property managed by Stewart Property Management? If yes, list property name and dates: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you require an accessible unit? If yes, please explain: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you ever resided in a federally assisted housing complex? If yes, when and where? |

PROGRAM INFORMATION, continued

| | | |
|---|--|-----------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you or any member of your household ever been evicted? If yes, please explain: | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? If yes, please explain: | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Are you legally capable of entering into a lease agreement? If no, please explain: | |
| How did you hear about the apartment for which you are applying? | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you or anyone in your household have a Section 8 voucher? Housing Authority: | Contact Person: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant: Relationship (if any) | |
| For each adult household member, list every state that they have ever lived in: | | |

F: HOUSING REFERENCES

Please complete all areas below.

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

| | | |
|--|---|--|
| Current Address: ↓ | | |
| | Resided here since: | |
| | Rent Amount: | \$ |
| | Are utilities included? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If, No, how much are utilities per month? | \$ |
| Name and Address of Current Landlord: | Phone Number of current landlord: | |
| | Are you related to this person? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Additional Info: | |
| | | |
| | | |
| 1st Previous Address: ↓ | | |
| | Lived there from _____ to _____. | |
| | Rent Amount: | \$ |
| | Are utilities included? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If, No, how much are utilities per month? | \$ |
| Name and Address of Previous Landlord: | Phone Number of previous landlord: | |
| | Are you related to this person? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Additional Info: | |
| | | |
| | | |
| 2nd Previous Address: ↓ | | |
| | Lived there from _____ to _____. | |
| | Rent Amount: | \$ |
| | Are utilities included? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If, No, how much are utilities per month? | \$ |
| Name and Address of Previous Landlord: | Phone Number of previous landlord: | |
| | Are you related to this person? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Additional Info: | |
| | | |
| | | |

G: OTHER INFORMATION

| | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have any pets? If yes, please describe: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime? If yes, please explain: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs? If yes, please explain: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol? If yes, please explain: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Are YOU or ANY MEMBER of your household listed on any state sex offender registration program? If yes, please explain: |

H: CERTIFICATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we will occupy will be my/our only residence. I/We understand that eligibility for housing will be based on Section 42 of the Internal Revenue Code and applicable sections of the HUD 4350.3 Occupancy Handbook and Stewart Property Management's Resident Selection Criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

Date: _____

Date: _____

I: RELEASE OF INFORMATION AUTHORIZATION

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

Date: _____

Date: _____

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that SPM complies with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, sexual orientation, marital status and disability 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.

| | | | | |
|------------|---|--|--------------------------------|--|
| Race: | (Check one or more) | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| | | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White | |
| Ethnicity: | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Latino | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |

© 2017 Stewart Property Management, Inc

CORI REQUEST FORM

STEWART PROPERTY MANAGEMENT has been certified by the Criminal History Systems Board for access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated.

APPLICANT/EMPLOYEE SIGNATURE
(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

ID Theft Index Pin
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____.

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614

