

Application for Housing

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Ma No 1 or Ma No 2
	Address: 7-15 Armory St
	Address: 23-29 Federal St
	Address: Springfield Ma 01105
Please complete this application and return to:	
	Chase Management Service, Inc
	142 Doty Circle West Springfield, MA. 01089

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. General Information

Applicant Name: _____

Address: _____
street Apt # City State Zip

Daytime Phone: _____ Evening Phone: _____

No of Bd's in current unit: _____ Do you RENT OWN (check one)

Amount of current monthly rental / mortgage payment \$ _____

If owned, do you receive monthly rental income from the 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 Bd Two Bd Three Bd Handicap Unit

B. Household Composition

	Name	Relationship to head	Birth Date	Social Security Number		Student Y/N
Head						
Co-Tenant						
3						
4						
5						
6						
7						
8						

Have there been any changes in household composition in the last 12 months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next 12 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any Student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a persons who was previously under the care and placement of a foster car program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL

sources of income as requested. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	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	\$
	Public Assistance (Title IV or TANF, etc)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Schedules Payments from Investments	\$
Do you receive Housing Assistance? If yes, what agency?		

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 N/A

Checking Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Saving Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Money Market Account(s)	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance	Policy #	Cash Value \$
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\$	Value \$
	Name	# Shares	Dividend\$	Value \$
	Name	# Shares	Dividend\$	Value \$

Bonds	Name	# Shares	Interest or Dividend\$	Value \$
	Name	# Shares	Interest or Dividend\$	Value \$

Investment Property	Address:	Appraised Value \$
	Address:	Appraised Value \$
	Address:	Appraised Value \$

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Type of Property?		
Location of Property:		
Appraised Market Value of Property?	\$	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe:		
Do they have access to the asset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you sold/disposed of any property in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Type of Property:		
Market value when sold/disposed of:	\$	
Amount sold/disposed for	\$	
Date of transaction:		

Have you disposed of any other assets in the last 2 years (Example: Given money away to relatives, set up Irrevocable Trust Account) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe the asset:		
Date of disposition:		
Amount disposed for	\$	

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

E. Additional Information		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		

F. Reference Information		
Current Landlord	Name:	
	Address:	
	Address:	
	Phone #	
	How Long	
Prior Landlord	Name:	
	Address:	
	Address:	
	Phone #	
	How Long	
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 #:

G. Vehicle and Pet Information **List**
any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle (with appropriate parking sticker). Arrangements with management may 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	

If yes, describe:

APPLICANT CORI REQUEST INFORMATION			
Chase Management Service, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. The information below is correct to the best of my knowledge.			
Last Name	First Name	Middle Name	Suffix
Date of Birth	Social Security #		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race: American Indian, Asian, Black, White, Unknown
Fathers First Name	Middle Name	Last Name	
Mothers First Name	Middle Name	Last Name	Maiden Name

CO-APPLICANT CORI REQUEST INFORMATION

Chase Management Service, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. The information below is correct to the best of my knowledge.

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Social Security #
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: American Indian, Asian, Black, White, Unknown

Fathers First Name	Middle Name	Last Name
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Mothers First Name	Middle Name	Last Name	Maiden Name
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CO-APPLICANT CORI REQUEST INFORMATION

Chase Management Service, Inc. has been certified by the Criminal History Systems Board for access to

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Social Security #
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: American Indian, Asian, Black, White, Unknown

Fathers First Name	Middle Name	Last Name
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Mothers First Name	Middle Name	Last Name	Maiden Name
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Certification

I/We hereby certify that I/We Do Not/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 and a \$45.00 lock charge 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/my 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 applications, 18 or older, must sign application.

Signature(s):

Signature of Tenant

Date

Signature to Co-Tenant

Date

Signature to Co-Tenant

Date

******DO NOT WRITE BELOW THIS*****DO NOT WRITE BELOW THIS LINE****

Date Application Received by CMS: _____ Time Application Received by CMS: _____

- Copy of Photo ID taken from Applicant
 - One Month's income documentation taken from applicant
- Copy of Photo ID taken from Co-Applicant

Landlord Verification sent out on what date? _____

Landlord Verification received back? y/n _____ what date? _____

- Application Approved
- Application Denied

by: _____ Date _____

Reason(s): _____

Total Monthly income of application? _____ x 43% **with** utilities included for maximum monthly monthly apartment of _____

Total Monthly income of applicant? _____ x 30 % rate of **without** utilities included for maximum monthly rental for an apartment of _____