

Myrtle Village Rental Application

Please complete this application in its entirety to avoid processing delays.

APPLICANT INFORMATION			
Name (First):	Middle Initial:	(Last):	
Address:	City:	State:	Zip:
Home Tel:	Mobile:	Email:	@

SIZE OF APARTMENT NEEDED:

- 1-bedroom (*fully accessible*)
 2-bedroom
 3-bedroom

Are you currently receiving Federal (HUD) or State housing assistance? YES NO *If YES, please check the type of assistance being received:*

- Section 8 Housing Choice Voucher Program (HCVP)
 Massachusetts Rental Voucher Program (MRVP)
 Alternative Housing Voucher Program (AHVP)
 State Aided Subsidized Public Housing
 Federally Aided Subsidized Public Housing
 Other _____

FAMILY COMPOSITION (Please list all those who will occupy the apartment, including yourself)

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	OCCUPATION	FULL TIME STUDENT	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
	HEAD OF HOUSEHOLD				Yes or No	
					Yes or No	
					Yes or No	
					Yes or No	
					Yes or No	
					Yes or No	



EMPLOYMENT INFORMATION (for each household member)

If current employment is less than five (5) years, please provide information for previous employer.

Name of family member employed:			
Current employer:			
Employer address:		Dates of employment: from / / to current	
City:	State:	Zip:	Phone:
Fax:	Email: @		
Position:	Gross wages/salary \$ [] weekly [] bi-weekly [] annually		

PREVIOUS EMPLOYMENT

Name of family member employed:			
Previous employer:			
Employer address:		Dates of employment: from / / to / /	
City:	State:	Zip:	Phone:
Fax:	Email: @		
Position:	Gross wages/salary \$ [] weekly [] bi-weekly [] annually		

OTHER SOURCES OF INCOME:

(for all Household Members)

	AMOUNT RECEIVED PER MONTH	HOUSEHOLD MEMBER
Social Security/SSI	\$	
Pension/Annuity/Trust	\$	
Public assistance	\$	
Unemployment compensation	\$	
Disability compensation	\$	
Child support/Alimony	\$	
Income from rental property	\$	
Other Income (<i>please specify</i>)	\$	
	\$	

INCOME FROM ASSETS: List the assets *now owned or disposed of within the last two years* of anyone living in your household (include Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate holdings, Stocks, Bonds and Cash value of a life insurance policy)

ASSET DESCRIPTION	SOURCE/BANK NAME	AMOUNT OF VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	



RESIDENCE HISTORY	
Do you presently own or rent? own <input type="checkbox"/> rent <input type="checkbox"/>	How long have you lived at your present address? / / to present
If rent, what is your monthly rent? \$	If own, what is your monthly mortgage? \$
Are you presently under a lease? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your mortgage balance? \$
If yes, when does your lease expire? / /	Do you intend to sell your home? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving?	If yes, what is the market value?

Please provide the full name, address and contact information for current landlord and previous residences in the last five (5) years. (if your require additional space, please attach a separate sheet)

Present Landlord			
Name:			
Address:			
City:		State:	Zip:
Email: @		Phone:	

Previous Landlord			
Name :			
Address:		City:	State: Zip:
Applicant's address:		City:	State: Zip:
Length of tenancy: from / / to / /		Amount of rent per month: \$	
Reason for leaving?			

Personal References (Please list three non-related individuals)				
Name	Relationship	Address	Telephone	Email
1.				
2.				
3.				



Other Information

- Do you have an automobile? YES NO If YES, please list the automobile:
Registration # _____ State _____ Year _____ Make/model _____
- Are you subject to lifetime sex offender registration requirement in any state? YES NO If YES, please list state, name of offender and the registration requirements:

- Have you been convicted of a crime? YES NO If YES, please explain:

- Do/Did you currently or previously reside in Federally and/or State Assisted housing? YES NO If YES, please explain:

- Have you committed fraud in connection with any Federal and/or State Housing Assistance program? YES NO If YES, please explain:

- Have you been terminated from Federal and/or State Assistance for fraud? YES NO If YES, please explain:

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:

Newton Community Development Foundation, Inc. and Myrtle Village, LLC does not discriminate on the basis of age, gender, pregnancy, disability, perceived disability, sexual orientation, race, national origin, citizenship, religion, color, marital status, veteran's status, genetic background, familial status, gender identity and other class of individuals protected from discrimination under the state or federal law.

The following information will be required by the Federal Government to monitor owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

(Optional)

ETHNIC CATEGORIES Hispanic or Latino Non-Hispanic or Latino

RACE CATEGORIES

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska 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 | <input type="checkbox"/> Other |
| <input type="checkbox"/> I do not wish to furnish the above information | | |



RIGHT TO A REASONABLE ACCOMODATION

Newton Community Development Foundation, Inc. and Myrtle Village, LLC will consider a reasonable accommodation, upon request for qualified applicants with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

If you require a reasonable accommodation in completing this application, please contact NCDF's ADA Coordinator, Marissa Wheeler at 617-467-6069 or email mwheeler@ncdfinc.org via TDD at 800-439-2370

I hereby certify that the information furnished in this application is true and complete to the best of my knowledge and belief and hereby acknowledge the understanding that this application constitutes a request for consideration as a tenant(s) at Myrtle Village. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available and understand that additional information may be requested to complete processing of this application.

I understand and grant permission for all of the above information to be verified by the owner/agent and further understand and grant permission to authorize a credit bureau service to make any consumer report, investigative consumer report and criminal and lifetime sex offender screening, whereby information is obtained through public records, personal or telephone interviews with supplied references. This inquiry may include information as to character, credit worthiness, credit standing, and credit capacity and understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the owner/management agent during and after my tenancy period.

Signed under the pains and penalty of perjury (*Must be signed by anybody over the age of 18 who will occupy the apartment*):

Signature: _____
Applicant

Date: _____

Signature: _____
Co-Applicant

Date: _____

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