

11) Have you or any member listed in question #1 ever been convicted of a felony? YES _____ NO _____
 If Yes, describe: _____

12) Is anyone listed in question #1 a registered sex offender? YES _____ NO _____ If Yes, explain _____

13) Are you being forced to move from your home? YES _____ NO _____ If Yes, explain _____

14) **EMPLOYMENT:**

Does anyone listed in question #1 have paid employment? YES _____ NO _____
 If yes, please specify:

Applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Co-applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Other(who?) _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

15) **GROSS MONTHLY INCOME:**

	List Amount Per Month	Applicant	Co-Applicant	Other (WHO?)
A.	Social Security	\$	\$	\$
B.	Supplemental Security Income	\$	\$	\$
C.	Salary* (Employment)	\$	\$	\$
D.	V.A. Pension	\$	\$	\$
E.	R.R. Pension	\$	\$	\$
F.	Other Pension or Annuity	\$	\$	\$
	(Specify: _____) per month	\$	\$	\$
G.	General Assistance	\$	\$	\$
H.	TANF / AFDC	\$	\$	\$
I.	Child Support	\$	\$	\$
J.	Alimony	\$	\$	\$
K.	Other (Specify: _____) per month	\$	\$	\$

***PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER**

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

- 16) Do you expect a leave of absence from work due to lay-off, medical, maternity or military leave? _____
- 17) Now receive or expect to receive unemployment benefits? _____
- 18) Are you **legally entitled** to receive child support? _____
- 19) Do you receive child support? _____
- 20) Are you **legally entitled** to receive alimony? _____
- 21) Do you receive alimony? _____
- 22) Now receive or expect to receive public assistance (TANF/General Assistance)? _____
- 23) Now receive or expect to receive Social Security or disability benefits? _____

- 24) Now receive or expect to receive income from a pension or annuity? _____
- 25) Now receive or expect to receive income or assistance (*monetary or not*) from someone who is not listed in question 1? _____
- 26) Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds or income from rental property? _____
- 27) Own real estate or any assets for which you receive no income (checking account, cash)? _____

28) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? _____ Yes _____ No If YES, please list:

Name on Account	Name of Bank	Type of Acct.	Account #	Interest Rate	Balance
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$

- 29) Does anyone listed in question #1 have Certificates of Deposit? YES _____ NO _____

If yes, please specify:

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____

Name of Bank _____

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____

Name of Bank _____

- 30) Does anyone listed in question #1 own any Stock/Bonds? YES _____ NO _____

If yes on Stocks, please specify:

Name of Company _____ #of share of stock _____

Dividend Paid \$ _____ Per _____

If yes on Bonds, please specify:

Paying Company _____ Interest _____

Earned _____ per _____ Value _____

- 31) Does anyone listed in question #1 own U.S. Savings Bonds? YES _____ NO _____

If yes, please list on a separate sheet of paper: Who, Date of Purchase, Series # and Amount. Attach to your application.

- 32) Does anyone listed in question #1 have an Life Insurance? YES _____ NO _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

- 33) Does anyone listed in question #1 have any other assets? YES _____ NO _____

If yes, please specify: _____

- 34) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?

YES _____ NO _____ If yes, please specify: Type of Asset _____

Date Disposed _____

Dollar Amount Received \$ _____ Market Value \$ _____

- 35) Do you own any real estate? YES _____ NO _____ If other than your present address, please specify:

If YES, please include verification (letter from Realtor or Appraiser stating an opinion of value of your property, tax assessment bill, etc.

- 36) 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 in question #1? YES _____ NO _____ If yes, describe _____

Do they have access to the asset(s)? YES _____ NO _____

37) Do you expect any **change in your income or assets during the next 12 months**? YES _____ NO _____
 If yes, please explain _____

38) Do you own a pet? YES _____ NO _____ If yes, describe _____

39) Please give three (3) references **(other than family members or friends)**:

Name	Relationship	Address	Phone

40) *What race/national origin are you a member of?

- White
 Black or African American
 American Indian or Alaska Native
 Hispanic or Latino
 Asian
 Native Hawaiian or Other Pacific Islander
 Other

*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 of individual applicants on the basis of visual observation or surname.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our permanent residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We understand that false statements or information are punishable under Federal law and will lead to cancellation of this application. All adult applicants, 18 or older, must sign application.

 Applicant Signature

 Date

 Co-Applicant Signature

 Date

 Other Family Members 18 and Over

 Date

 Other Family Members 18 and Over

 Date

Please Return Completed Application to:
Cottage Street Apartments
c/o RCAP Solutions, Inc.
205 School St., P.O. Box 159
Gardner, MA 01440
(978) 630-6718

PROPERTY MANAGED BY
 RCAP Solutions, Inc.
 www.rcapsolutions.org

