# Property Management

## **APPLICATION**

### Please Print Clearly

413-233-1705

|  |  |
| --- | --- |
| **This is an application for an apartment at:**  **OLYMPIA OAKS**  **85 Olympia Drive**  **Amherst, MA 01002** | **DATE:** |
| **Please complete this application and return to:** | Property Management DepartmentHAP, INC. |
| **Att:OFFICE** |
| **BUTTERNUT FARM**  **12 Longmeadow Drive**  **Amherst, MA 01002** |

An applicant may be interviewed only after the receipt of this tenant application.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. GENERAL INFORMATION** | | | | | | | | | | |
| Applicant Name(s): | | | |  | | | | | | |
| Address: |  |  | | | | | | | | |
| Street Apt.# City State ZIP | | | | | | | | |
| Daytime Phone: | | |  | | Evening Phone: | | |  | | |
| No. of BR’s in current unit: | | |  | | Do you ⁯ RENT or ⁯ OWN (check one) | | | | | |
| Amount of current monthly rental or mortgage payment: | | | | | | $ | | | |  |
| If owned, do you receive monthly rental income from 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: ⁯Efficiency ⁯ One BR ⁯ Two BR Three Bedroom⁯ Handicap BR | | | | | | | | | | |
| Do you receive Section 8 or other rental assistance payments? ⁯ Yes ⁯ No | | | | | | | | | | |
| Do you currently work within the Town of Amherst or have you received an offer of employment within the Town of Amherst? ⁯ Yes ⁯ No | | | | | | | | | | |
| **HOW DID YOU HEAR ABOUT US?** | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B. HOUSEHOLD COMPOSITION** | | | | | | |
|  | Name | Relationship  to head | Birth  Date | Age  (optional) | SS# | Student  Y/N |
| Head |  |  |  |  |  |  |
| Co-T |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

|  |
| --- |
| Have there been any changes in household composition in the last twelve months?⁯ Yes ⁯ No |
| ***If yes, explain:*** |
| Do you anticipate any changes in household composition in the next twelve months? ⁯ Yes ⁯ No |
| ***If yes, explain:*** |

|  |  |  |
| --- | --- | --- |
| **C. INCOME**  List ALL sources of income as requested below. If a section doesn’t apply, cross out or write NA. | | |
| **Household Member Name** | **Source of Income** | **Gross Monthly Amount** |
|  | Social Security | $ |
|  | Social Security | $ |
|  | Social Security | $ |
|  | Social Security | $ |
|  |  |  |
|  | SSI Benefits | $ |
|  | SSI Benefits | $ |
|  | SSI Benefits | $ |
|  | SSI Benefits | $ |
|  |  |  |
|  | Pension (list source) | $ |
|  | Pension (list source) | $ |
|  | Pension (list source) | $ |
|  |  |  |
|  | Veteran’s Benefits (list claim #) | $ |
|  | Veteran’s Benefits (list claim #) | $ |
|  |  | $ |
|  | Unemployment Compensation | $ |
|  | Unemployment Compensation | $ |
|  |  |  |
|  | Title IV/TANF | $ |
|  | Title IV/TANF | $ |
|  | Contributions to the Household (monetary or not) | $ |
|  |  |  |
|  | Full-Time Student Income (18 & Over Only) | $ |
|  | Full-Time Student Income (18 & Over Only) | $ |
|  |  |  |
|  | Interest Income (source) | $ |
|  | Interest Income (source) | $ |
|  | Interest Income (source) | $ |
|  | Long Term Medical Care Insurance Payments in excess of $180/day | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Household Member Name** | **Source of Income** | | | **Monthly Amount** | |
|  | **Employment amount:** | | | $ | |
| Employer: | | | | |
| Employment Address: | Telephone# | | | | |
| How long employed: | | Position Held: | | |
|  | | | | | |
|  | **Employment amount:** | | | $ | |
| Employer: | | | | |
| Employment Address: | Telephone# | | | | |
| How long employed: | | Position Held: | | |
|  | | | | | |
|  | **Employment amount:** | | | $ | |
| Employer: | | | | |
| Employment Address: | Telephone# | | | | |
| How long employed: | | Position Held: | | |
|  | | | | | |
|  | | **Alimony** | | | |
| Are you ***legally*** ***entitled*** to receive alimony? | | ⁯ Yes ⁯ No | |
| If yes, list the amount you are ***entitled*** to receive. | | $ | |
| Do you receive alimony? | | ⁯ Yes ⁯ No | |
| If yes list amount you receive. | | $ | |
|  | | | | | |
|  | | **Child Support** | | | |
|  | | Are you ***legally*** ***entitled*** to receive child support? | | ⁯ Yes ⁯ No | |
| If yes list the amount you are ***entitled*** to receive. | | $ | |
| Do you receive child support? | | ⁯ Yes ⁯ No | |
| If yes, list the amount you receive. | | $ | |
|  | | | | | |
|  | **Other Income** | | | $ | |
|  | **Other Income** | | | $ | |
|  | **Other Income** | | | $ | |
|  | | | | | |
| ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12) | | | | $ | |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | | | $ | |
| Do you anticipate any changes in this income in the next 12 months? | | | | ⁯ Yes | ⁯ No |
| Is any member of the household legally entitled to receive income assistance? | | | | ⁯ Yes | ⁯ No |
| Is any member of the household likely to receive income or assistance ***(monetary or not)***  from someone who is not a member of the household as listed on Page 2)? | | | | ⁯ Yes | ⁯ No |
| **If yes to any of the above, explain:** | | | | | |
|  | | | | | |
| Is the income received? | | | | ⁯ Yes | ⁯ No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 NA. | | | | | | | | |
| **Checking Accounts** | | Account# | | Bank Name: | | | Balance $ | |
| Name of person on the account | |
| Location & Address: | | | | | | |
| Name of person on the account | | Account# | | Bank name: | | | Balance $ | |
| Location & Address: | | | | | | |
| Name of person on the account | | Account# | | Bank Name: | | | Balance $ | |
| Location & Address: | | | | | | |
| **Savings Accounts** | | Account# | | Bank Name: | | | Balance $ | |
| Name of person on the account | |
| Location & Address: | | | | | | |
| Name of person on the account | | Account# | | Bank name: | | | Balance $ | |
| Location & Address: | | | | | | |
| Trust Account | | # | | Bank | | | Balance $ | |
|  | | # | | Bank | | | Balance $ | |
| Certificates of Deposit | | # | | Bank | | | Balance $ | |
| # | | Bank | | | Balance $ | |
| Credit Union | | # | | Bank | | | Balance $ | |
| # | | Bank | | | Balance $ | |
| Savings Bonds | | # | | 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 Paid $ | | | Value $ |
| Name: | | #Shares: | | Dividend Paid $ | | | Value $ |
| Bonds | Name: | | #Shares | | Interest or Dividend $ | | | Value $ |
| Name: | | #Shares | | Interest or Dividend $ | | | Value $ |
|  |  | |  | | Interest or Dividend $ | | | Value $ |
|  |  | | | | |  | | |

|  |  |
| --- | --- |
| Real Estate Property: ***Do you own any property?*** | ⁯ Yes ⁯ No |
| ***If yes,*** Type of property | |
| Location of property | |
| Appraised Market Value | $ |
| Mortgage or outstanding loans balance due | $ |
| Amount of annual insurance premium | $ |
| Amount of most recent tax bill | $ |
| Investment Property |  |
| ***If yes,*** Address: Value: $ | |
| Rental Income: $ | |

|  |  |
| --- | --- |
| 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? | ⁯ Yes ⁯ No |
| ***If yes,*** describe: | |
|  | |
| Do they have access to the asset(s)? | ⁯ Yes ⁯ No |

|  |  |
| --- | --- |
| Have you sold/disposed of any property in the last 2 years? | ⁯ Yes ⁯ No |
| ***If yes,*** Type of property: |  |
| Market value when sold/disposed | $ |
| Amount sold/disposed for | $ |
| Date of transaction: | |

|  |  |
| --- | --- |
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up  Irrevocable Trust Accounts)? | |
|  | ⁯ Yes ⁯ No |
| ***If yes,*** describe the asset: | |
| Date of disposition: | |
| Amount disposed | $ |

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| --- | --- | --- |
| Do you have any other assets not listed above (excluding personal property)? | | ⁯ Yes ⁯ No |
| ***If yes,*** please list: |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **E. ADDITIONAL INFORMATION** | | | | | | | | | |
| Have you or any member of your family ever been convicted of a felony? | | | | | | | | ⁯ Yes | ⁯ No |
| ***If yes,*** ***describe:*** | | | | | | | | | |
| Have you or any member of your family ever been evicted from any housing? | | | | | | | | ⁯ Yes | ⁯ No |
| ***If yes,*** ***describe:*** | | | | | | | | | |
| Have you ever filed for bankruptcy? | | | | | | | | ⁯ Yes | ⁯ No |
| ***If yes,*** ***describe:*** | | | | | | | | | |
| Will you take an apartment when one is available? | | | | | | | | ⁯ Yes | ⁯ No |
| ***Briefly describe your reasons for applying:*** | | | | | | | | | |
| **F. REFERENCE INFORMATION** | | | | | | | | | |
| Current Landlord | Name: |  | | | | | | | |
| Address: |  | | | | | | | |
| Home Phone: |  | | | | Bus. Phone: |  | | |
| How Long? |  | | | | | | | |
| Prior Landlord | Name: |  | | | | | | | |
| Address: |  | | | | | | | |
| Home Phone: |  | | | Bus. 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 #: | | | | | | |

|  |  |
| --- | --- |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government 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.

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino ⁯ Yes ⁯ No

Native Hawaiian or Pacific Islander \_\_\_\_ Black or African American \_\_\_\_

American Indian/Alaskan Native \_\_\_\_ Asian \_\_\_\_ White \_\_\_\_ Other \_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Do you request a handicap (barrier free) unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you request any modifications of an apartment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have sensory impairments that require special features in an apartment? \_\_\_\_\_\_

Are you currently using an illegal controlled substance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a previous conviction of same? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any household members smoke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **VEHICLE INFORMATION** (if applicable)   List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with  Management will 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? | | Yes | No |
| ***If yes, describe:*** | | | |

**CERTIFICATION**

I/We hereby certify that I/We Do/Will not maintain a separate 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 for this apartment prior to occupancy. I/We understand that my/our 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/our 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 applicants must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | (Signature of Tenant) |  | Date |  |
|  | (Signature of Co-Tenant) |  | Date |  |

**REFERENCE CHECKLIST**

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT #\_\_\_\_\_\_\_\_\_\_\_\_ #BDS \_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CHECK: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ LANDLORD REFERENCE:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ PREVIOUS LANDLORD REFERENCE:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ SOURCE OF INCOME VOUCHER: YES/NO .

TAFDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#/SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNEMPLOYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF EMPLOYED/DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTENDANCE RELIABLE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU FORESEE ANY PROBLEMS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES/EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_(1) REFERENCES

PERSONAL REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU FEEL THIS PERSON IS RESPONSIBLE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG HAVE YOU KNOWN THE APPLICANT?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_(2) REFERENCES

PERSONAL REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU FEEL THIS PERSON IS RESPONSIBLE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG HAVE YOU KNOWN THE APPLICANT?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VERIFICATION FORMS: Income: \_\_\_\_\_\_\_\_\_\_\_\_ Assets: \_\_\_\_\_\_\_\_ Employment: \_\_\_\_\_\_\_\_\_\_\_\_ Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support: Notarized: \_\_\_\_\_\_\_

##### NOTICE TO APPLICANTS WITH DISABILITIES REGARDING

**REASONABLE ACCOMMODATION**

HAP, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, HAP will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that HAP can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to HAP or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

* Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
* Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to HAP, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with HAP, that is your right.

You can get a Request for Reasonable Accommodation form at HAP’s Property Management Office, 12 Longmeadow Drive, Amherst, MA 01002 or by calling (413) 233-1705 or TTY# (413)233‑1699. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.

**Attachment B**

Procedures to Ensure Effective Communication with People with Disabilities

HAP, INC.

PROCEDURES TO ENSURE EFFECTIVE COMMUNICATION WITH PEOPLE WITH DISABILITIES

General Policy:

HAP shall take such steps as may be necessary in all its publicly-funded programs, activities and services, to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others, except that HAP shall not be required to make a fundamental alteration in the nature of the service, program, or activity, or to undertake undue financial and administrative burdens.

HAP will furnish appropriate auxiliary aids and services when necessary to afford an individual with a disability an equal opportunity to participate in, and enjoy the benefits of, HAP’s publicly-funded services, programs and activities.

Individuals with disabilities will be given the opportunity to request the auxiliary aids and services of their choice. This expressed choice will be given primary consideration, and shall be honored unless another effective means of communication exists or the means chosen impose a fundamental alteration or are unduly burdensome financially or administratively.

1. Communication access for deaf, late-deafened and hard of hearing people.

a. Telecommunications devices for the deaf.

HAP currently possesses, and shall maintain in working condition, a Telecommunication Device for the Deaf (TDD) machine. This machine can be accessed directly at 413-233-1699 or through HAP’s main number, at extension 1699. HAP’s letterhead will continue to indicate the TDD direct number.

b. In-person communication.

Each situation will be individually assessed, looking in particular at the importance and complexity of the communication, and the nature of the client’s disability and skills. For simple communication, a notepad and written materials may be sufficient. For communication of complex information, and/or where significant interaction is required, an interpreter may be required.

In each instance, the client will be asked to indicate which auxiliary aide s/he would prefer. Possible preferred means of communication, for example, might be through:

* A combination of written English and speech-reading
* An American Sign Language interpreter (ASL being a separate visual-gestural language)
* An oral transliterator (an interpreter who assists with visual speech-reading of English)
* A signed English transliterator (a combination of speechreading and signed English)
* Assistive listening devices

2. Communication access for the visually-impaired.

Again, each situation will be individually assessed, with primary consideration given to the choice expressed by the individual.

Many of HAP’s programs involve considerable written material. With that in mind, it is particularly important that staff be available to read fully any and all documents and other written information concerning programs and activities. Many of HAP’s programs also involve the completion or signing of forms; help shall also be provided, if necessary, in completing any forms.

Given HAP’s level of computerization, it will generally be possible to produce documents and written information in a large print format, where this would assist the individual.

Dog guides will be allowed at all HAP sites, unless competent personnel determine there is a direct threat to health or safety. HAP staff is instructed not to interfere in any manner with the dog guides.

3. Communicating with persons who are deaf-blind.

For communicating simple matters, it may be possible to print letters in the palm, to use large print type where an individual has some residual vision, or to employ a Brailtalk tactile communicator. For more complicated communication, an interpreter will likely be needed. Again, the individual will be the primary source of information as to the preferred means of communication.

4. Determination of undue administrative or financial burden.

Where it appears that a request has been made for communication assistance which might result in a fundamental alteration of the nature of the service, program or activity or create an undue financial or administrative burden, the request shall be presented to the Executive Director. The Executive Director or his/her designee shall consider all the resources available for use in the funding and operation of the service, program or activity. If he/she concludes the request cannot be honored, he/shall make a written report of the reasons for this conclusion, and shall take any other feasible action which would ensure, to the maximum extent possible, that individuals with disabilities receive the benefits or services provided by HAP.

Effective 4/97

Updated phone information 2003

**Attachment C**

Sample rejection letter

# ADVERSE ACTION LETTER

DEAR      :

Thank you for your recent application to:  Olympia Oaks, Amherst, MA

At this time we are unable to approve your application.

This adverse action has been taken in accordance with the requirements of the federal Fair Credit Reporting Act, 15 U.S.C. 1681m(a).

This decision was based on:

Information contained in a consumer report obtained from one or more of the consumer reporting

agencies listed below.

Information obtained from a source other than a consumer reporting agency. ***(You have the right to disclosure of the nature of this information, upon your furnishing proper identification, if you make a written request to us within 60 days of receiving this letter. The Fair Credit Reporting Act requires that we respond to your request within a reasonable period of time, or within 30 days of receipt of your request with respect to information received from an affiliate.)***

Other:           

In evaluating your application, the following marked consumer reporting agency(s) provided us with information that in whole or part influenced our decision. These consumer-reporting agencies did not make the decision to take adverse action and are unable to provide specific reasons why adverse action was taken.

## Credit Bureaus

Experian, Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742

Trans Union, Consumer Disclosure Center, P.O. Box 1000, Chester, PA 19022 (800) 888-4213

Equifax, PO Box 740241, Atlanta, GA 30374 (800) 685-1111

## Civil Records/Criminal Records/Registry Scorex™

First Advantage SafeRent, Inc., Attn: Consumer Relations, 7300 Westmore Rd, Rockville, MD 20850-5223 (888) 333-2413

CrimCheck™ America, Inc., Attn: Consumer Relations, 7300 Westmore Rd, Rockville, MD 20850-5223

(888) 333-2413

ACE/First Advantage SafeRent, Inc., Attn: Consumer Relations, 7300 Westmore Rd, Rockville, MD

20850-5223 (888) 333-2413

## Other

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your application was denied for the following reason(s):

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL AND STATE LAW WITH RESPECT TO YOUR CONSUMER REPORT. YOU HAVE THE RIGHT TO A DISCLOSURE OF THE INFORMATION IN YOUR CONSUMER FILE FROM ANY OF THE AGENCIES MARKED ABOVE OR FROM ANY OTHER CONSUMER REPORTING AGENCY THAT COMPILES AND MAINTAINS FILES ON CONSUMERS ON A NATIONWIDE BASIS IF YOU MAKE A WRITTEN REQUEST TO THEM AND UPON YOUR PROPER IDENTIFICATION WITHIN 60 DAYS OF RECEIVING THIS DENIAL. YOU ARE ENTITLED TO A FREE COPY OF YOUR REPORT. YOU HAVE THE RIGHT TO DIRECTLY DISPUTE WITH THE CONSUMER REPORTING AGENCY THE ACCURACY AND COMPLETENESS OF ANY INFORMATION FURNISHED BY THAT AGENCY AND TO PROVIDE A CONSUMER STATEMENT DESCRIBING YOUR POSITION IF YOU DISPUTE THE INFORMATION IN YOUR CONSUMER FILE. IF YOU BELIEVE THE INFORMATION IN YOUR CONSUMER FILE IS INACCURATE OR INCOMPLETE, YOU MAY CALL THE CONSUMER REPORTING AGENCIES AT THEIR TOLL FREE NUMBER LISTED ABOVE, OR WRITE THEM AT THE LISTED ADDRESS.

For Massachusetts residents only, the following statement of rights applies:

You have the right to obtain a free coy of your credit report within sixty days from the consumer credit reporting agency which has been identified in this notice. The consumer credit reporting agency must provide someone to help you interpret the information on your credit report. Each calendar year you are entitled to receive, upon request, one free consumer report.

You have the right to dispute inaccurate information by contacting the consumer credit reporting agency directly. If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of your information in your file, the agency must then, within thirty business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a statement to the consumer credit reporting agency, to be kept in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information in a report it issues about you.

On Behalf Of Olympia Amherst Limited Partnership, owner

Date:

**Attachment D**

**HAP, Inc.**

**Property Management Division**

**Olympia Oaks: Language Access Plan**

1. **Introduction**

The Property Management Division of HAP, Inc. is committed to ensuring equal access to the various federally assisted rental properties it manages, regardless of primary language spoken. Title VI and Executive Order 13166 require recipients of federal financial assistance to take reasonable steps to ensure meaningful access to their programs and services by Limited English Proficient (LEP) persons. Persons who do not speak English as their primary language and who have a limited ability to read, write speak or understand English can be considered LEP persons.

This Plan is applicable to all rental units managed by HAP which have benefitted from covered federal financial assistance.

On January 22, 2007, the U.S. Department of Housing and Urban Development (HUD) issued Final Guidance to recipients of HUD funding concerning compliance with the Title VI prohibition against national origin discrimination affecting LEP persons. HUD’s Final Guidance defines a four-factor self assessment method which assists entities receiving HUD funds in determining the extent of their obligations to provide LEP services.

HAP manages a variety of types of property in a variety of geographic settings, urban, suburban and rural. As the specifics of each rental property managed by HAP vary, so too will the appropriate measures for each property. This Plan provides the general outline for the self-assessment to be conducted for each rental property.

1. **Goals of the Language Access Plan**

The goals of the Language Access Plan are:

* To ensure meaningful access by all eligible individuals regardless of primary language spoken to rental properties managed by HAP which have received federal financial assistance.
* To ensure that all LEP individuals are made aware that HAP, subject to funding availability, will provide or facilitate free oral interpretation services to facilitate their contacts with the Property Management Division.
* To provide written translations of vital documents to LEP individuals in accordance with HUD’s “safe harbor” guidelines.
* To ensure that Property Management Division staff are aware of available language assistance services and who these services may be used when serving LEP individuals.

1. **LEP Individuals Who Need Language Assistance**

The Property Management Division must provide reasonable language access to two distinct groups: a) potential applicants; and b) tenants. Each group will be separately analyzed to determine the extent of the LEP population and the languages spoken. Then the safe harbor guidelines (set forth below) will be applied separately to each of the two groups to determine the appropriate level of written language access services.

* In terms of the applicant pool, HAP will look to determine the number of residents over the age of eighteen in the marketing outreach area who speak a language other than English, and of those the number who speak English “not well” or “not at all”. The Property Management Division will determine the specific marketing outreach area for each rental property. HAP will also look to determine what languages the LEP population speaks. Census data, to the extent available, will be used in these determinations. Unfortunately, Census data is not readily available on a county or community-wide basis indicating the primary language of LEP individuals. Therefore, Census data will be supplemented by other available data, such as HAP’s actual experience with the eligible service population.
* In terms of the tenant population, HAP will obtain information on the English proficiency and primary language of the actual tenant population in each rental property. A notation will be made in the file of tenant households with limited English proficiency, together with information concerning the primary language of the adult household members.

Most of the properties managed by HAP are in Hampden and Hampshire counties. While further analysis of each property is necessary, as described above, HAP has also looked in general at the population its rental properties serve to determine whether to seek bilingual staff.

The service area for this project is best described as Hampshire County. Some applicants will come from the surrounding counties, but many if not most will come from the Town of Amherst.

The 2000 Census indicates the following:

* In Hampshire County, of the 2000 population who spoke English “less than very well”, 767 people or .51 % of all Hampshire County residents were Spanish speakers. In addition, of this same limited English proficiency population, 2067 or 1.4% spoke other Indo-European languages, 1671 or 1.1% spoke Asian languages, and 33 spoke other languages. This was based on a total population of 4,538 with LEP age 5 or older.
* In Hampden County, of the 2000 population who spoke English “less than very well”, 23,693 people or 5.6 % of all Hampden County residents were Spanish speakers. In addition, of this same limited English proficiency population, 13,241 or 3.1% spoke other Indo-European languages, and 2,550 or .6% spoke Asian languages. This was based on a total population of 39,943 with LEP age 5 or older.
* In Franklin County, of the 2000 population who spoke English “less than very well”, 385 people or .6 % of all Franklin County residents were Spanish speakers. In addition, of this same limited English proficiency population, 753 or 1.1% spoke other Indo-European languages, and 226 or .3% spoke Asian languages. This was based on a total population of 1393 with LEP age 5 or older.

Because the properties managed by HAP are available only to those of low income (generally 60% of median income or less), the above numbers need to be adjusted downward significantly to reflect the size of the *eligible* applicant population. In addition, the numbers need to be adjusted downward to reflect a market area that is generally less than county-wide. The resulting figures should be compared with HUD’s Safe Harbor Guidelines, below, to determine the recommended written language assistance:

|  |  |
| --- | --- |
| **Size of Language Group** | **Recommended Provision of Written Language Assistance** |
|  |  |
| 1,000 or more in the eligible population in the market area or among current beneficiaries | Translate vital documents |
| More than 5% of the eligible population or beneficiaries and more than 50 in number | Translate vital documents |
| More than 5% of the eligible population or beneficiaries and more than 50 in number | Translate written notice of right to receive free oral interpretation of documents |
| 5% or less of the eligible population or beneficiaries and less than 1,000 in number | No written translation is required |

1. **Types of Assistance Needed by LEP Persons**

Properties are generally advertised in writing, either through print advertising or through flyers. These outreach materials reach the broadest audience. A self-selecting, and much smaller, group interacts with the Property Management staff to inquire about apartments. That contact is generally over the phone or in person. Finally, an even smaller subset actually submits an application, which is generally required to be in writing. Follow-up interactions may be in writing, by phone, or in person.

Once selected as a tenant, the individual must sign a lease and associated occupancy documents. There is periodic interaction concerning recertifications, maintenance requests and, if things go awry, potential termination of the tenancy. This involves a mix of oral (in-person or phone) and written communications. The occupancy documents, recertification documents, and documents concerning termination of tenancy can all be considered vital documents.

1. **Language Assistance Services to be Provided**
2. Identification of LEP Persons

Because affordable housing is an extremely valuable benefit, efforts will be made to provide appropriate oral interpretation to make the application process accessible to LEP individuals.

The central Property Management office, as well as each site office, will be equipped with “I Speak Cards” to help determine the appropriate language assistance which is needed for people who appear in person.

All potential applicants will be provided a central office number to call for application information. The receptionist, who is bilingual in English and Spanish, also has access to other HAP staff who speak Russian, French and Greek, as well as to a local non-profit which can provide Vietnamese translation.

When an individual becomes a tenant, note is made of the primary language of that individual.

1. Types of Language Assistance Measures

* Oral Interpretation – Staff: As indicated in Section III above, HAP has taken into consideration the LEP groups in its overall market area in staffing its Property Management Department. Census data and our experience both clearly indicate that the largest segment of the relevant LEP population speaks Spanish as its primary language. In recognition of that, a number of Property Management Department staff are bilingual in Spanish and English. Importantly, the receptionist speaks Spanish. Recertification specialists and maintenance personnel are also bilingual. Among the other languages spoken by other HAP staff are Russian, French, and Greek.
* Oral Interpretation – Non-Profit Assistance: HAP has made arrangements with the local Vietnamese Civic Association to provide oral translation services for those whose primary language is Vietnamese.
* Oral Interpretation – Telephone Support: Subject to budgetary constraints, HAP will use the services of a professional telephone interpretation service in limited instances where there are no viable alternatives.
* Written translation: As indicated above, outreach efforts reach the broadest number of LEP individuals. Advertising flyers are generally prepared as two-sided documents, in both English and Spanish. Newspaper advertisements generally indicate, in Spanish, that HAP staff members speak Spanish. Where groups known to serve segments of the LEP population exist, efforts are made to provide outreach information to those groups. Generally, given the size of the eligible LEP population, we do not consider these advertisements to be vital documents. Nonetheless, we do provide some written translation, as indicated above.

While the occupancy, recertification, and termination documents are ‘vital documents’, the numbers of beneficiaries (i.e. tenants) do not require translation under HUD’s Safe Harbor Guidelines. The lease in each property is different, though lengthy in each instance, reflecting differences in the funding sources, type of property and eligible population. Thus each property has a different, long lease which would be cost-prohibitive to translate. Most shorter written communications to tenants, however, are frequently sent in both English and Spanish if the property contains Spanish-speaking individuals. Because of the number of Spanish-speaking staff in the Department, this level of written translation is generally feasible. Oral translations of these documents will be provided upon request.

C.Supplement to Language Access Plan for Olympia Oaks

Although residents could come from all parts of Hampshire and the nearby counties, 70% of the units in the project will be reserved for households who live or work in Amherst. The following information is relevant to determining the language needs, and accordingly the appropriate language services, for management of Olympia Oaks:

* In Amherst in 2000, 20.7% of the Town’s population, of just over 7,200 people, defined themselves as minorities. Of this subset, 7% speak Asian and Pacific Island languages, 6.3% speak Spanish, and another 5.5% speak other Indo-European languages.
* The Amherst Public School System’s English Language Education Program states, “In our elementary schools, there are a large number of Cambodian, Korean, Mandarin, and Spanish-speaking English Language Learners”.
* According to the 2006-2008 Census Demographic Profile, several languages are spoken at home by families who live in Amherst. Of the 16,074 residents age 18+, 5.7% (920 people) speak Spanish, 1.7% (275 people) speak Chinese, and 1% (165 people) speak French, including Patois and Creole.

Conclusion:

The primary market area for the project is the Town of Amherst and the surrounding counties: Hampshire, Franklin, and Hampden Counties. The largest LEP group, based on census data, would appear to be Spanish-speakers. HAP’s Language Access Plan should be sufficient, for Spanish-speakers, to address the needs of Olympia Oaks.

In addition, for outreach and marketing, HAP may work to identify groups who can translate from English into Chinese some of our marketing materials and forms. We will work, as well, to identify translators who may be available within the Town to translate for Chinese-speaking applicants who do not speak English.

**Attachment E**

Sample ad

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**Affordable Living in Amherst**

Located at 85 Olympia Drive in Amherst, MA, just off East Pleasant Street, Olympia Oaks is a newly constructed affordable rental apartment development. The 42 unit Olympia Oaks development has a mix of one-bedroom, two-bedroom and three-bedroom apartments, in townhouses and triplexes around a pedestrian common green and playground. Olympia Oaks abuts Town conservation woodlands and nature trails. Units are available for households under 60% of Area Median Income (approx. $49,140 for a four-person household), with tenant rents under $878 for a one-bedroom, $1,048 for a two-bedroom and $1,205 for a three-bedroom apartment.

Contact HAPHousing at (413) 233-1705 or visit

**www.HAPHousing.org**

AMENITIES

|  |  |
| --- | --- |
| * Heat, hot water included in rent * On-site parking * Laundry facilities on site * Community building with community room * 3 fully handicapped-accessible apartments with accessible kitchens & bathrooms for wheelchair bound persons | * 3 apartments equipped for the hearing impaired * All apartments non-smoking * Near Wildwood Elementary School and downtown Amherst shopping * Nearby PVTA bus stops |

Initial occupancy will be determined by a lottery from qualified applications. **To be included in the initial lottery, applications must be received by HAPHousing by \_\_\_\_\_\_\_\_\_\_\_, 2014**

 

