

## **SPRING GATE APARTMENTS**

### **RENT SCHEDULE - Effective August 1, 2009**

	<b>Rent Range</b>	<b>Minimum Income Required</b>	
		<b>@ 30%</b>	<b>@ 35%</b>
One Bedroom	\$907 - \$987	\$36,280	\$31,097
Two Bedroom	\$1,036 - \$1,127	\$41,440	\$35,520
Three Bedroom	\$1,267 - \$1,379	\$50,680	\$41,927

### **MAXIMUM INCOME LEVELS**

<b>No. of People in Household</b>	<b>Max. Household Income Effective 3/19/2009</b>
1	\$37,860
2	\$43,320
3	\$48,720
4	\$54,120
5	\$58,440
6	\$62,760
7	\$67,080

Please Note: These rates are provided for general information only and are subject to change without notice.

Received \_\_\_\_\_ By \_\_\_\_\_  
BR size \_\_\_\_\_ List \_\_\_\_\_

Spring Gate Apartments  
52 Hannah Way  
Rockland, MA 02370  
Tel: (781) 871-2323 \* TDD: (800) 439-2370 \* Fax: (781) 871-7334

Management will provide help in reviewing this application. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

### PRELIMINARY RENTAL APPLICATION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

APPLICANT: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Present Address: \_\_\_\_\_  
street city state zip

Landlord/Management Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord/Address: \_\_\_\_\_  
street city state zip

Monthly rent: \$ \_\_\_\_\_ Ave. monthly utility bills: (except telephone) \$ \_\_\_\_\_

Length of Residence: \_\_\_\_\_ Own Home? Yes ☐ No ☐

What are the reasons for moving? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
street city state zip

Landlord/Address: \_\_\_\_\_  
street city state zip

Monthly rent: \$ \_\_\_\_\_ Ave. monthly utility bills: (except telephone) \$ \_\_\_\_\_

Length of Residence: \_\_\_\_\_ Own Home? Yes ☐ No ☐

What are the reasons for moving? \_\_\_\_\_

We require at least 7 years of rental history -- use additional pages if needed

Do you own a pet? Yes ☐ No ☐

How did you hear about Spring Gate? \_\_\_\_\_

Family Composition: List all those who will occupy the apartment - INCLUDE YOURSELF AS HEAD.  
Full Name of Each Person Relationship Birthdate/Sex Social Security Number

1. \_\_\_\_\_ Head of Household
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Are all household members full-time students? Yes ☐ No ☐

Please indicate the income received and assets held by each member of your household. List each member according to the corresponding order above.

Sources of Income: List all income, such as Employment, Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Member #	Earnings Before Taxes	Source of Income	Address	Amount/Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Income from Assets: Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings, and Cash Value of any Whole Life Insurance Policy(ies).

Member #	Earnings Before Taxes	Type of Asset	Gross
			per _____
			per _____
			per _____
			per _____
			per _____

**For Priority Consideration:**

1. Have you or are you being displaced from your home? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ voluntary ☐ involuntary (circle one)

2. Has your present apartment been condemned for health code violations within the past 90 days?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you or any member of your household suffered actual or threats of physical violence (that has been reported) by a spouse or other member of the household within the past 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please provide details:

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

\_\_\_\_\_ American Indian/Native American. \_\_\_\_\_ Asian or Pacific Islander.

\_\_\_\_\_ Black (not of Hispanic Origin). \_\_\_\_\_ Hispanic. \_\_\_\_\_ White (not of Hispanic Origin).

Have you ever been convicted of any crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

Do you have a subsidy certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested. (I/We certify that I/we understand that false statements or information are punishable under applicable State or Federal Law, and may be grounds for rejection.

I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the penalties and pains of perjury.

Head of Household/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FHRC Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, activities, functions or services.