

## Fitchburg Affordable Housing Corporation

195 Kimball Street  
Fitchburg, MA 01420  
Tel. (978) 342-9561

For Office Use Only Date Recv'd: _____ Time Recv'd: _____
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### FAHC Apartment Application

*Neither the Twin Cities Community Development Corporation nor Fitchburg Affordable Housing Corporation discriminates on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, marital/familial status or physical or mental disability. If it is necessary for us to communicate with you in a special format, please let us know.*

#### I: General Information

Please Print

**Application for:** \_\_\_\_\_ **2 BDRM** \_\_\_\_\_ **3 BDRM** Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Spouse or Equivalent: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Do you have a vehicle?

If so, what is the year, make & model? \_\_\_\_\_

\_\_\_\_\_ Do you have any pets?

If so, what kind? \_\_\_\_\_

Does anyone in the household have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do need a wheelchair \_\_\_\_\_? Or do you have other needs? \_\_\_\_\_ Please explain any other needs or any special modifications you require to your apartment on another sheet of paper.

#### II: Household Information

Please complete the following, starting with you, listing all other persons who will live within the apartment.

Name	Date of Birth	SSN#	Sex	Relationship
				Head of Household

Do you anticipate any additions or deletions to this household in the next twelve months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

#### III: Housing History

Please list all locations where you have lived to the past **five years**. Attach additional sheets of paper if necessary.

	Present Landlord (1)	Previous Landlord (2)	Previous Landlord (3)
Landlord's Name			
Landlord's Address			
Landlord's Phone			
Apartment Address	<b>LISTED ABOVE</b>		
Monthly Rent	\$	\$	\$
Move In / Move Out Date			
Reason for Moving			

**Fitchburg Affordable Housing Corporation**

Our Housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

**IV: SOURCE OF INCOME** (fill in appropriate monthly amount)

Person who Receives this Income

*Social Security* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_  
*Social Security* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*SSI Benefits* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_  
*SSI Benefits* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*Pension (1)* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_  
*Pension (2)* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*Veterans Benefits* Monthly Amount \$ \_\_\_\_\_ Claim # \_\_\_\_\_

*Unemployment Comp* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*TAFDC (1)* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*TAFDC (2)* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*TAFDC (3)* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*Wages* Gross Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

Employer: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Hours Work Weekly: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

*Wages* Gross Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

Employer: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Hours Work Weekly: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

*Full Time Student Income* (Only Full Time Students 18 & over)

Gross Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

*Alimony* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

Source: \_\_\_\_\_  
Address: \_\_\_\_\_

*Child Support* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

Source: \_\_\_\_\_  
Address: \_\_\_\_\_

*Child Support* Monthly Amount \$ \_\_\_\_\_ Name \_\_\_\_\_

Source: \_\_\_\_\_  
Address: \_\_\_\_\_

**Total Gross Monthly Income for Household:** \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next twelve months: If yes, explain \_\_\_\_\_

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**V: ASSETS**

List all checking and/or savings accounts, IRA's and Certificates of deposit below:

<i>Family Member</i>	<i>Type of Account</i>	<i>Bank Name</i>	<i>Current Balance</i>

**VI: REFERENCES**

CREDIT REFERENCES (please list two):

REF #1	REF #2
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Acct #:</i>	<i>Acct #:</i>
<i>Phone:</i>	<i>Phone:</i>

PERSONAL REFERENCES (please list two who are not related to you):

REF #1	REF #2
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Phone:</i>	<i>Phone:</i>

**VII: ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?      Yes      No

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony?  
 Yes      No. If yes, please describe \_\_\_\_\_

Have you ever filed for bankruptcy?      Yes      No. If yes, describe \_\_\_\_\_

Have you ever applied for a Rental Assistance Program? Yes      No. If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been evicted or violated your lease?      Yes      No. If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

How did you hear of these rental units? \_\_\_\_\_

Please list a person we could contact to leave a message for you if we are unable to contact you:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there any additional information you would like us to know about your situation? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Fitchburg Affordable Housing Corporation

Race/National Origin

*Please Note: Completion of this section is optional.*

*The Federal Government requires that we obtain the following information in order to monitor the owner'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.*

White/Non Minority     
  American Indian/Native American     
  Black  
 Hispanic     
  Asian     
  Other     
  I do not wish to furnish the above information

**Applicant's Certification:** Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge. **WARNING:** Section 1001 of the Title 1B of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby authorize the Fitchburg Affordable Housing Corporation and its staff to request a credit report and/or contact any agencies, offices, police department, rental history, arrests and or conviction records) or materials, which are deemed necessary to complete my application for housing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Notice to Applicants: This is a privately development built under the National Housing Act. Eligibility is for families whose gross income as defined by the Internal Revenue Service does not exceed the maximum income limitations established by the Federal Housing Administration for this development. A family means: a) two or more persons related by blood, marriage, or operation of law, b) a handicapped person whose physical impairment is of such nature that his/her ability to live independently could be improved by more suitable housing conditions, c) a single person 62 years or older. Please inquire for eligibility information as related to your application.*

**Every effort will be made to carry out the provision and fulfill the objectives of the fair housing act of 1988 and the HUD regulations implementing section 504 of the rehab act of 1973.**

### For Office Use Only

Adj. annual Income:	\$
Max Income permitted for size of household:	\$
Monthly Income:	\$
Apartment Rent:	\$
% of Income for Rent:	%
Application Approved/Denied:	
NOTES:	

