

# WELCOME TO HARBORLIGHT COMMUNITY PARTNERS

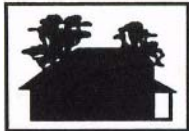
## Instructions for: WHIPPLE RIVERVIEW PLACE

*Enclosed please find the Housing Application you requested. Please note the following:*



One CORI Request Form must be completed by each household member 18 years or older. (Please copy the form as needed.)

**Applications must be completed in full.** Incomplete applications will be returned to the applicant.



If you should move or change your phone number, notification of such change must be in writing and mailed to:

**Harborlight Community Partners,  
PO Box 507, Beverly, MA 01915**



Notification must include the following:

- A - Applicant(s) Name(s) and Social Security Number
- B - Apartment Complex(s) of Application
- C - Approximate Month/Year the Original Application was Submitted
- D - Old Address and Phone Number
- E - New Address and Phone Number

We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.

Applicants will be notified of their status once they are close to the top of the list.

# WHIPPLE RIVERVIEW PLACE

## PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

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DATE OF APPLICATION \_\_\_\_\_

PROPERTY NAME Whipple Riverview Place

Return Completed Application To: Harborlight Community Partners  
PO Box 507  
Beverly, MA 01915  
Phone: (978) 922-1112  
Fax: (978) 922-2874

### APPLICATION FOR ADMISSION

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 Tel: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

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

\_\_\_\_\_

Present Landlord Name: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

#### SIZE OF APARTMENT NEEDED:

1 BR

#### UNIT TYPE REQUESTED:

Wheelchair Adapted Unit  Yes  No

#### FOR OFFICE USE OF ONLY:

\_\_\_\_\_ Market

\_\_\_\_\_ Basic

\_\_\_\_\_ Low

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

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Present Housing Cost Per Month \$ \_\_\_\_\_ Including Utilities? [ ] Yes [ ] No

How long have you lived at present address? \_\_\_\_\_ Years

Do you own any pets? \_\_\_\_\_

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

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**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF. (*Any person not listed will not be allowed to move in.*)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT Yes or No
1)	Head of Household				Yes or No
2)					Yes or No
3)					Yes or No
4)					Yes or No

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**REFERENCES** - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_ How Long: \_\_\_\_\_  
Name of **Previous** Landlord \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_

2) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_ How Long: \_\_\_\_\_  
Name of **Previous** Landlord \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_

3) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_ How Long: \_\_\_\_\_  
Name of **Previous** Landlord \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_

Have you ever been evicted from your home for any reason? If so, please give details:  
\_\_\_\_\_

Have you ever been arrested or convicted of any crime? If so, please give details:  
\_\_\_\_\_

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_ # weeks per year \_\_\_\_)

**EMPLOYMENT INCOME** *(continued)*

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

weekly  bi-weekly  monthly  hourly (# of hours per week \_\_\_\_ # weeks per year \_\_\_\_)

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

weekly  bi-weekly  monthly  hourly (# of hours per week \_\_\_\_ # weeks per year \_\_\_\_)

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

weekly  bi-weekly  monthly  hourly (# of hours per week \_\_\_\_ # weeks per year \_\_\_\_)

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as **Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants.**

Household Member	Type of Income	<u>Gross Earnings</u> (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week/month/year)

**INCOME FROM ASSETS:**

Assets include **Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.**

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**OTHER ASSETS** (*Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.*)

HOUSEHOLD MEMBER	TYPE OF ASSET	VALUE OF ASSET
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In Case of Emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:**

1. Have you been displaced from your home? If so, please explain:

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2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

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3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability?  Yes  No If so, please describe:

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4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

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# APPLICATION VERIFICATION CONSENT FORM

## **INSTRUCTIONS:**

Complete this form for **each non-citizen member** of the household who declared eligible immigration status on the Declaration Sheet. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

## **CONSENT:**

I. \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (a) HUD, as required by HUD; and
  - (b) The INS for purposes of verification of the immigration status of the individual.

## **NOTIFICATION TO APPLICANTS:**

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance, and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence of other information by the INS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if an adult signed for a child. [ ]

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our 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 of information are punishable under applicable State or Federal Law.

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

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

Turtle Creek Apartments 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, or in its programs, activities, functions or services.



**WHIPPLE RIVERVIEW PLACE**  
**27 Green Street**  
**Ipswich, MA 01938**  
**(978) 922-1112**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I, the above-named individual, have authorized Harborlight Community Partners to verify the accuracy of the information which I have provided to them, from the following sources (*specify*);

- Child Care Expenses
- Criminal Activity (CORI)
- Courts
- Family Composition
- Law Enforcement Agency
- Credit Bureau
- Employment
- Self Employment
- Unemployment Compensation
- Pensions
- Annuities
- Social Security
- Supplemental Security Income
- State Welfare Agencies
- State Employment Security Agency
- Workman's Compensation
- Health & Accident Insurance
- Veteran's Benefits
- Federal, State, or Local Benefits
- Banks, Credit Unions
- IRA's, CDs, 401k, 403b
- Interest, Dividends
- Financial Institutions, Brokerages
- Mutual Funds
- Alimony, Child Support
- Other Income - Regular Gifts or Allowances from Another Person
- Commissions, Tips, Bonus
- Landlords, Rental History
- Identity & Marital Status
- Handicapped Assistance Expenses
- Medical Insurance Premiums
- Un-reimbursed Medical Expenses
- School & College Tuition Fees

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Harborlight Community Partners subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Harborlight Community Partners within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

***Signed under the pains and penalties of perjury.***

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Head of Household	Date	Spouse	Date
Other Adult Member	Date	Other Adult Member	Date

# APPLICANT DECLARATION SHEET

**INSTRUCTIONS:** Complete this form, including each member of the household.

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HEAD OF HOUSEHOLD ONLY

Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Alien Registration No.: \_\_\_\_\_

Admission No.: \_\_\_\_\_

if applicable, (11-digit # found on INS Form I-94  
Departure Record)

Nationality: \_\_\_\_\_

(Enter the foreign nation or country to which you  
owe allegiance. This is normally, but not always the  
country of birth.)

Save Verification No.: \_\_\_\_\_

(to be entered by owner if and when received)

## **ENTIRE HOUSEHOLD**

Are you or any member of your household:

- a) A citizen or national of the United States?                       Yes     No
- b) A non-citizen with eligible immigration status? \*                       Yes     No
- c) A non-citizen not claiming eligible immigration status? \*\*                       Yes     No

\* Please be advised that if you answered yes to item b), you will be required to send verification of your eligible immigration status for each member of your household.

\*\* Please be advised that if you answered yes to item c), for any member of your household, you may not be eligible for residency in federally subsidized housing, or you may be eligible for prorated assistance only.

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Signature of Head of Household

Date

**HOME Program  
Eligibility Release Form**

Harborlight Community Partners  
PO Box 507, Beverly, Ma. 01915

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member #1

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4



RESIDENT SCREENING EXPERTS

Request via: RENTG

RG Account #: C7577

CORI Code: TURWA

RG Client Name: Harborlight Properties

RG Client Code: HARCPC

RG Property Name: Turtle Creek

**CORI REQUEST FORM**

RentGrow, Inc. has been certified by the Criminal History Systems Board and may access CORI for the purpose of screening otherwise-qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by CHSB. As an applicant/employee for the position of (INSERT POSITION OR "TENANT") \_\_\_\_\_ at (INSERT CLIENT AGENCY/COMPANY NAME) \_\_\_\_\_, I understand that a criminal record check will be conducted by RentGrow, Inc. and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: \_\_\_\_\_ Applicant/Employee Signature: \_\_\_\_\_

**INFORMATION ON INDIVIDUAL WHOSE CORI IS SOUGHT  
(PLEASE PRINT CLEARLY OR TYPE)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAIDEN NAME OR ALIAS (IF APPLICABLE) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ \*ID Theft Index PIN \_\_\_\_\_  
(Requested but not required) (if applicable)

MOTHER'S MAIDEN NAME \_\_\_\_\_

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVERS LICENSE NUMBER. (INCLUDE STATE OF ISSUE) \_\_\_\_\_  
\*\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT  
ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(SIGNATURE OF CORI AUTHORIZED EMPLOYEE AT PROPERTY LOCATION)

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**Please fax this page to RENTGROW at (800) 819-5182**