

THE CORDOVAN LOFTS

AT HAVERHILL STATION

For Office Use Only:

45 Locust Street, Haverhill, MA 01830 ■ Tel (978) 374-3744 ■ Fax (978) 374-3754 ■ TTY: 711

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. * If something below does not apply to you, please write "N/A".

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Bedroom Size Requested: Loft One BR Two BR Live/Work Space Handicap Accessible

List ALL persons who will occupy the apartment. Please fill in all requested information.

	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Head						
Co-Head						
(3)						
(4)						

Will a pet be part of your family? Yes No Type of Pet: _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) Yes No

If yes, please describe: _____

Present Housing: Do you Own Rent Other

If "other", what is your relationship to the current landlord? _____

Name of **Present** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____



If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____

Your Address when living at this Landlords Address _____

Name of **Previous** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____

Your Address when living at this Landlords Address _____

Current Employment - Head

Employer: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Employment Dates: From _____ To _____ Salary: \$ _____

Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Current Employment - Co-Head

Employer: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Employment Dates: From _____ To _____ Salary: \$ _____

Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Other Income

Monthly Amount

Social Security: _____ \$ _____

Suppl. Soc. Income (SSI): _____ \$ _____

Veteran's Assistance: _____ \$ _____

Pensions: _____ \$ _____

Other Income: _____ \$ _____



Bank References

<u>Name</u>	<u>Bank Address</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit References

<u>Name</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____
_____	_____	_____

Assets

Stocks _____ Bonds _____
Real Estate _____ 401(k)/Retirement Fund _____
Other _____

HOME OCCUPATION INFORMATION FOR LIVE/WORK SPACES

Describe the nature of your home occupation: _____

Indicate if you need a license to operate the business. Yes No

Please attach a copy of the license to this application.

DEMOGRAPHIC INFORMATION (Optional)

These are optional questions, but are important for fair housing purposes.

Please indicate appropriate category.

If you choose not to answer, please write N/A in the space provided. Thank you.

Race of Head of Household # _____

- | | | |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander | 4. Hispanic | 6. Other |



ADDENDUM TO THE APPLICATION FOR HOUSING

Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____

- If so, in what state? _____

- Is the registration requirement a lifetime requirement? _____

CERTIFICATION

I/We certify that all information on this addendum 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 adult applicants, 18 or older, must sign this Addendum to the Application for Housing.

SIGNATURE (S):

_____	_____
(Signature of Resident)	Date
_____	_____
(Signature of Co-Resident)	Date
_____	_____
(Signature of Co-Resident)	Date
_____	_____
(Signature of Management Representative)	Date



In Case of Emergency, Please Contact:

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Home Telephone: () _____ Work Telephone: () _____

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever.

Beacon Residential Management, Agent for The Cordovan at Haverhill Station and Haverhill Lofts, 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.

The above statements are made under the penalties of perjury and all must be verified.

_____ (Signature of Resident)	_____ Date
_____ (Signature of Co-Resident)	_____ Date
_____ (Signature of Co-Resident)	_____ Date
_____ (Signature of Management Representative)	_____ Date



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant:

Community Name: ***The Cordovan at Haverhill Station and Haverhill Lofts***
 45 Locust Street
Address: Haverhill, MA 01830
 Tel: (978) 374-3744 Fax: (978) 374-3754

As managing agents for The Cordovan at Haverhill Station and Haverhill Lofts, we are required to verify the eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

(Signature of Management Representative)

Print Name

Date

Release by Applicants/Residents

I hereby authorize you to furnish all requested information.

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name



Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- a ***change or waiver in the rules or policies*** of the development to afford equal access and full enjoyment of your unit, the common facilities or to participate in special programs located on the community;
- a ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your unit or use of the facilities located on the community; or
- a ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions as to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange ***and*** this request will provide you with fuller use of your unit or the common facilities of community, then we will try to fulfill your request.

You may make this request in writing using a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g. a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with groups that can assist you. If you need more information about our procedures, we will be glad to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require more time, we will notify you and explain the reason for the delay. We will let you know if we require more information or if we would like to propose an alternative solution which has an outcome equal to the accommodation requested.

If we turn down your accommodation request, we will provide a reason, and you will have an opportunity within ten (10) working days to provide additional information before we consider the matter closed.

You can obtain a Reasonable Accommodation Request Form at the site office. If you are disabled and have any comments on your experiences at the community, you can contact the Property Manager who will make arrangements for you to be approached to discuss your experience.

Applicant/Resident Signature

