

Dear Applicant:

Thank you for your interest in Island Parkside. We hope that you will find our community a place that you will call home.

Enclosed please find the Rental Application and Release & Consent forms to be completed and signed.

As you complete the application packet, please remember to follow these general instructions:

- **ALL** lines and sections must be completed. If the section does not apply to you, please mark it with N/A (not applicable). Do not leave it blank as we will deem the application to be incomplete.
- **NO** Whiteout is to be used. Simply cross out any mistakes and initial beside them.
- **ALL** income and assets must be listed for all household members, regardless of age.

If you have any questions while completing the application and attached forms, please feel free to contact the management office at 978-683-3089, Monday through Friday, between 9:00 a.m. and 5:00 p.m. Thank you again for your interest in our community.

Sincerely,

*The Island Parkside Management Team*

Island Parkside Management Team

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First Realty's 504 Coordinator coordinates First Realty's compliance with all nondiscrimination requirements, including Section 504. Contact the Coordinator with any questions or concerns relating to First Realty Properties: Phone #617-423-7000 / TTY/TRS Relay #711 or 151 Tremont St, PH #1, Boston, MA, 02111.

First Realty Management does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, age, ancestry, marital status, sexual orientation, gender identity, genetic information, veteran/military status, public assistance reciprocity, or any other basis prohibited by law.



**This is an important document. Please contact the management office for free language assistance.**  
 Este es un documento importante. Por favor, póngase en contacto con la oficina de manejo para recibir asistencia lingüística gratis.

**The use of white out, black out, or alterations of original information will void this application. Please answer all questions.**  
*The application will be considered incomplete if all questions are not answered.*

Application may be submitted in person, by mail, email, or fax to: How did you hear about us? \_\_\_\_\_

**Island Parkside**

50 Island Street - Suite 201  
 Lawrence, MA 01840  
 Ph: 978-683-3089 TTY: #711  
 Fax: 978-683-3122  
 Email: islandparkside@firstrealtygmt.com

<b>Reviewed &amp; Accepted by:</b>	<b>Date &amp; Time Received: (must be stamped)</b>

Bedroom size desired:  Studio  One  Two  Three  Four  
 Is the head, co-head or spouse of this household handicapped or disabled?  Yes  No

*The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.*

- Does any household member require alternative ways to communicate with us (e.g., TTY/TRS Relay: #711) during the application process?  YES  NO If yes, please provide a written or verbal explanation.
- Does any household member have an accessibility or reasonable accommodation request that we should be made aware of (e.g. wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance)?  YES  NO If yes, please provide a written or verbal explanation.

Do you receive Federal or State Rental Assistance?  Yes  No If yes, please identify the agency \_\_\_\_\_  
 Approved Unit Size \_\_\_\_\_ Current Approved Voucher Amount \$ \_\_\_\_\_

**This household is listed with \_\_\_\_\_ as Head of Household (First, Middle Initial, Last)**  
 Present address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**HEAD OF HOUSEHOLD (Applicant):**

<b>Full Name</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

**CO-APPLICANT:**

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

**OTHER OCCUPANTS:**

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

Have there been (or do you anticipate) any changes in household composition in the past twelve months?  Yes  No  
 If yes, please explain: \_\_\_\_\_



**Present** Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 How long have you lived there? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Do you have a financial interest in the property?  Yes  No  
 Check utilities paid by you:  Heat  Electricity  Gas  Other \_\_\_\_\_ Average Monthly Cost: \_\_\_\_\_

**Previous** address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Previous** Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 How long did you live there? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Do you have a financial interest in the property?  Yes  No  
 Check utilities paid by you:  Heat  Electricity  Gas  Other \_\_\_\_\_ Average Monthly Cost: \_\_\_\_\_

**EMPLOYMENT DATA for all Household Members:**

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ **Gross** monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ **Gross** monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ **Gross** monthly wage \$ \_\_\_\_\_

**OTHER SOURCES OF INCOME for all Household Members (please list household recipient and GROSS monthly amount being received):**

Income Source	Yes	No	Gross Monthly Amount Received	Household Member(s) Name
Social Security (SS)? (ONLY list SS amount here)			\$	
SSI/SSDI? (ONLY list SSI/SSDI amount here)			\$	
SS State Supplement? (Only list State Supplement amount)			\$	
Pension/Annuity?			\$	
Short Term/Long Term Disability?			\$	
Veterans Benefits?			\$	
Welfare/TANF/Public Assistance			\$	
Adoption Subsidy?			\$	
Do you have a court order to receive Alimony?				
Do you have another agreement to Receive Alimony?				
Do you receive Alimony?			\$	
Do you have a court order to receive Child Support?			\$	
Do you have another agreement to receive Child Support?			\$	
Do you receive Child Support?			\$	
Unemployment or Worker's Compensation?			\$	
Contributions to the Household (Monetary or Not)?			\$	
Net Income from Business?			\$	
Military Pay?			\$	
Other Income?			\$	
Grants, Scholarships or other type of Financial Aid?*			\$	
Are any of the incomes listed above paid through a Debit Card? i.e. SS,SSI- Direct Express Debit Card			\$	



\*The treatment of financial assistance is dependent on whether the student is receiving Section 8 assistance. If the:

- **Student is receiving Section 8 assistance**, all financial assistance received **in excess of tuition and any other required fees and charges** is included in income, unless the student is over the age of 23 with dependent children, or the student is living with his/her parents who are applying for or receiving Section 8 assistance.
- **Student is not receiving Section 8 assistance**, all forms of financial assistance, no matter how it is used, are **excluded** from annual income. It does not matter whether the assistance is paid to the student or directly to the educational institution.

Do you file tax returns?  Yes  No

What was the total household gross income from the **previous** year? \_\_\_\_\_

If this differs from the **current** year, please explain: \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months?  Yes  No

If Yes, please explain: \_\_\_\_\_

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1?  Yes  No

If Yes, please explain: \_\_\_\_\_

**ASSETS for all Household Members:**

**Checking Accounts**

Household Member	Financial Institution	Account Number	Balance

**Savings Accounts**

Household Member	Financial Institution	Account Number	Balance

**Certificates of Deposit, Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance, 401K, Retirement Fund**

Type of Account	Value	Annual Income

**Real Estate Income/Mobile Homes:**

Do you own or have any financial interest in any Real Estate?  Yes  No

Description/Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Balance Due on Mortgage: \_\_\_\_\_

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.?)  Yes  No

If Yes, please explain: \_\_\_\_\_

Other Current Assets (Cash, etc.)?  Yes  No

If Yes, please explain: \_\_\_\_\_

During the past 2 years, have you given away more than \$1000 or disposed of other assets for less than fair market value?

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

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household listed on page 1?  Yes  No If Yes, please explain: \_\_\_\_\_



**MISCELLANEOUS INFORMATION:**

Are you or any member of your household currently using an illegal substance?  Yes  No  
 Have you or any member of your household ever been convicted of a felony?  Yes  No  No Record  
*An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probate may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.*

If yes, describe: \_\_\_\_\_

Are you or any member of your household subject to a state lifetime sex offender registration program in any state?  Yes  No

If yes, describe: \_\_\_\_\_

Have you or any member of your household ever been under eviction from any housing?  Yes  No

If yes, describe: \_\_\_\_\_

Have you or any member of your household ever filed for bankruptcy?  Yes  No

If yes, describe: \_\_\_\_\_

Please provide a complete list of all states in which any household member has resided: \_\_\_\_\_

If the tenant or co-tenant is under the legal age of 18, have you provided proof of emancipation?  Yes  No

The Housing and Economy Recovery Act (HERA) directs the US Department of Housing and Urban Development (HUD), to obtain demographic and economic information on residents residing in Low Income Housing Tax Credit (LIHTC) financed Properties from the tax credit monitoring agent. The data collected must include tenant race and ethnicity. By completing this section, the owner/agent will be able to collect the needed information and provide it to the monitoring agency. There is no penalty for persons who do not complete this portion of the application.

National Origin	Check One
Hispanic	<input type="checkbox"/>
Not of Hispanic Origin	<input type="checkbox"/>

Race	Check One
White	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Other	<input type="checkbox"/>

Check here if you do not wish to supply this information	<input type="checkbox"/>
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***This Section is for Low Income Housing Tax Credit (LIHTC) Purposes***  
**STUDENT STATUS ELIGIBILITY**

Will ALL of the persons in your household be or have been full-time students during five calendar months of the certification year?  Yes  No

**If YES, then is anyone in your household:**

- Married and filing a joint tax return?  Yes  No
- In a job-training program under the Job Training Partnership Act (federal, state or local)?  Yes  No
- Receiving AFDC/TANF?  Yes  No
- A single parent living with his/her minor child and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?  Yes  No
- Previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No

Were any **adult household members (18 years or older)** enrolled in an educational institution within the past 12 months?  
 Yes  No *If yes, identify the household member, last date of enrollment and if they were FT or PT* \_\_\_\_\_

- School Name \_\_\_\_\_

Are any **adult household members (18 years or older)** anticipating on enrolling in an educational institution within the upcoming 12 months?  Yes  No



- *If yes*, identify the household member, last date of enrollment and if they were FT or PT \_\_\_\_\_
- **School Name** \_\_\_\_\_

***This Section is for HOME Program Purposes***

**STUDENT STATUS ELIGIBILITY**

Section 8 assistance will **NOT** be provided to any resident/applicant who meets **ALL** of the criteria listed below:

- Is enrolled as a full-time or part-time student at an institution of higher education.
- Is under 24 years of age.
- Is not married.
- Is not a veteran of the United States Military.
- Does not have a dependent child.
- Is not a person with disabilities, as such term is defined in the United States Housing Act of 1937 and was not receiving Section 8 assistance as of November 30, 2005.
- Is not living with his or her parents who are receiving Section 8.
- Is not individually eligible to receive Section 8 assistance **and** has parents, individually or jointly, who are not income eligible to receive Section 8 assistance.

*For a student under the age of 24 who is not married, not a veteran, does not have a dependent child, is not a person with disabilities and was not receiving Section 8 as of November 30, 2005, is not living with her/her parents who are receiving Section 8 and who is seeking Section 8 assistance, Section 327(a) of the Act sets up a two-part income **eligibility** test. Both parts of this test must be affirmatively met. That is, both the student and the student's parents (the parents individually or jointly) must be income eligible for the student to receive Section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive Section 8 assistance.*

Do any household members listed on page 1 meet ALL of the criteria listed above:      Yes   No

Are any household members, full or part-time students who are applying for rental assistance, separated from their parent(s) or guardian(s)?      Yes   No

Are any household members Independent Students (definition: an orphan, in foster care, ward of the court at age 13, emancipated minor, unaccompanied homeless youth or at risk of being homeless)?      Yes   No

**PLEASE READ - IMPORTANT INFORMATION**

Once applicants are approved through the application screening process, they will be required to sign the Lease and provide a check/money order for the first month's rent.



**CERTIFICATIONS**

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. to any matter within its jurisdiction. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of subsidy and/or lease agreement.

I/We hereby certify that I/We Do Not/Will Not maintain a separate subsidized 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 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 adult applicants, 18 or older, must sign application.

**SIGNATURES (EVERY ADULT (18 years and older) MUST SIGN):**

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Other Adult Family Member	_____ Date
_____ Signature of Other Adult Family Member	_____ Date

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# RESIDENT/APPLICANT RELEASE AND CONSENT

Ref: ©First Realty Mgt. OPS/FF-MA-56/EF-19 (c)/FF-RI-28 – Rev. 05/14/19

I/We, \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **Island Parkside** for purposes of verifying information on my/our apartment rental application and at recertification.

## TYPES OF INFORMATION\*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; student status; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my **eligibility for and continued participation as an applicant or tenant.**

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Previous landlords (including Public Housing Agencies)
- Legal background check
- Obtaining a consumer credit report
- Past and present employers
- Support and alimony providers
- Medical and child care providers
- Veterans Administration
- Welfare agencies
- Social Security Administration
- Retirement systems
- State unemployment agencies
- Banks and other financial institutions
- Educational Institutions

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for fifteen months from the date signed.** I/We understand that I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Co-Resident	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*<sup>1</sup>

\* 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.

<sup>1</sup> Citation: HUD Occupancy Handbook; 4350.3 Rev-1 Change 2; Appendix 6A: Guidance for Development of Individual Consent Forms.

\*\*4350.3 REV-1 Change 2

