

APPLICATION FOR ADMISSION

Check One: LOMBARD FARM KIMBER WOOD CANAL BLUFFS

C/O MB Management Company, 2321 Meetinghouse Way, West Barnstable, MA 02668 Phone: (508) 362-2386

Applicant Name:	Application #:
Current Address:	Work Phone:
City, State & Zip Code:	Home Phone:
Apartment Size Desired:	Wheelchair Adapted Required:
Hearing or Visual Adapted Required:	

PERSONAL INFORMATION: List Head of Household and others who will occupy apartment.

Full Name	Soc. Sec. # Or Alien Regis. #	Date of Birth	Age	Place of Birth	Sex	Relationship

Will any household members live anywhere except your apartment?	Yes _____ No _____
Are there any other persons who will live in your apartment on a less than full-time basis?	Yes _____ No _____
Have you or any other member of your household ever used any name(s) or Social Security Number(s) other than the one you are currently using? If yes, please explain:	Yes _____ No _____
Does anyone live with you now who is not listed above? If yes, please explain:	Yes _____ No _____
Have there been any changes in household composition in the last twelve months?	Yes _____ No _____
Do you expect a change in your household composition in the next twelve months? If yes, please explain:	Yes _____ No _____

HOUSING INFORMATION: Beginning with current address, list all landlords for past FIVE (5) years.

Current Address:	Phone Number:
Landlord's or Manager's Name:	Phone Number:
Landlord's or Manager's Address:	
Occupancy From:	(Month/Year) To: (Month/Year)
Current Monthly Rent:	Current Monthly Utility Costs:

Prior Address:		Phone Number:
Landlord's or Manager's Name:		Phone Number:
Landlord's or Manager's Address:		
Occupancy From:	(Month/Year) To:	(Month/Year)
Monthly Rent:	Monthly Utility Costs:	

Prior Address:		Phone Number:
Landlord's or Manager's Name:		Phone Number:
Landlord's or Manager's Address:		
Occupancy From:	(Month/Year) To:	(Month/Year)
Monthly Rent:	Monthly Utility Costs:	

BANKING INFORMATION: List all bank accounts held by household members (including minors), such as checking, money market, savings, certificates of deposit, trust funds, IRA's, Christmas Clubs, etc. (List additional information on back of application).

Household Member	Name of Bank	Type of Account	Account #	Balance

OTHER ASSETS: List all other assets of any household member, whether owned solely or jointly with a person who is not a member of the household, such as real estate, owned rental property, loans or mortgages held against others, cash savings on hand, money in safety deposit boxes, credit union, stocks, bonds, mutual funds, savings bonds, IRA's, Keoghs, profit sharing, whole life insurance policies, jewelry or antiques held as investments, etc

Household Member	Type of Asset	Contact Name & Address	Value	Annual Income Received

REAL ESTATE PROPERTY:	
Do you own investment property? If yes, what is the current appraised value?	Yes _____ No _____
Do you own any property? If yes, please indicate the type of property, location of property, and the appraised market value:	Yes _____ No _____
Mortgage or outstanding loan balance due:	\$ _____
Amount of annual insurance premium:	\$ _____
Amount of most recent tax bill:	\$ _____

Have any assets been disposed of for less than fair market value within the last two years?	Yes ___ No ___		
Has any household member sold any real estate in the last two years?	Yes ___ No ___		
Does any household member have an interest in any real estate, boat or mobile home?	Yes ___ No ___		
If yes to any of these questions, please provide the following information:			
Asset	Date Disposed Of	Sale Price	Annual Income from Asset

<u>EMPLOYMENT INCOME:</u> List all household members who are employed.			
Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income

<u>ADDITIONAL INCOME:</u> List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.			
Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income

<u>ALIMONY & CHILD SUPPORT</u>	
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$	Yes _____ No _____

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income

Will any of the persons in the household be or have been students attending first grade or higher during any five calendar months of this year or last year? If yes, please list these household members:	Yes _____ No _____
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OTHER INFORMATION: As part of the applicant screening process for housing, we require drug and criminal background and sex offender registration information about all adult household members. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents. The Owner, acting through its Management Agent, will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

If answering yes to any of the following questions, please provide information regarding household member, when occurred, and details.	
Have you or any household member been convicted of a felony? If yes, list dates and crimes, locations, jail/prison time served, probation or parole status.	Yes _____ No _____
Have you been evicted from an apartment or home? If yes, please provide address, date and reason for eviction.	Yes _____ No _____
Have you or any member of your household ever been convicted of drug-related criminal activity? If yes, describe:	Yes _____ No _____
Have you or any member of your household ever been convicted of violent criminal activity? If yes, describe:	Yes _____ No _____
Are you or any member of your household a current illegal user of or addicted to a controlled substance? If yes, describe:	Yes _____ No _____
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, describe:	Yes _____ No _____
Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? If yes, describe:	Yes _____ No _____
Have you or any member of your household ever been on parole or are now on parole? If yes, describe:	Yes _____ No _____
Have you or any member of your household currently or in the past used illegal drugs? If yes, describe:	Yes _____ No _____
Are you or any member of your household subject to registration under a State sex offender registration program?	Yes _____ No _____
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:	Yes _____ No _____

OTHER INFO:	
List year and model of all cars in your household:	
Do you have a waterbed?	If yes, list waterbed insurance company:
Do you have a pet?	If yes, height: weight:
Pet Description:	

PREFERENCES:

Are you homeless due to natural forces? _____

Are you homeless due to public action (urban renewal)? _____

Are you homeless due to public action (sanitary code)? _____

Are you involuntarily displaced due to domestic violence? _____

Are you a current resident of Barnstable? _____

Do you have an immediate family member (grandparent, parent, child or sibling) living in Barnstable? _____

Are you a municipal employee of Barnstable? _____

Are you employed by a local, Barnstable business? _____

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION WILL BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED ON THIS APPLICATION.

I/We _____ hereby give full permission for the Owner, acting through its Management Agent, to obtain credit history, landlord references, criminal history, housing court information and any other information that may be needed to process your application. Information may also be obtained directly from the sources provided on my application. I/We warrant and represent that all statements herein are true and complete. I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

I/We hereby certify that we have received a notice from the Management Agent describing the Right to Reasonable Accommodations for persons with disabilities.

Please be informed all apartments at this property are rented to individuals without regard to race, color, religion, sex, handicap, familial status, natural origin or sexual orientation and the Owner, acting through its Management Agent, practices Equal Housing Opportunity.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE/CO-HEAD

DATE

SIGNATURE OF PROPERTY REPRESENTATIVE

DATE

