

Appleton Corporation

Dear Prospective Resident:

If you are disabled or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, or prior resident history is *grounds for rejection*. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

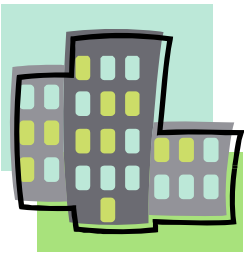
Answers to questions on your application concerning disability status are optional. But please note that families with disabled members may be entitled to *1) certain deductions from income that affects rent or 2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to disability, we may need to verify that you or a family member is disabled. We do not need to know the nature, extent, or current condition of the disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

**Applies to the Section 8 apartments only*





Cottage Square Apartments

15 Cottage Street
 Easthampton, MA 01027
 Telephone: (413) 203-1382
 Fax: (413) 203-5465
 Email: acottagesquare@oconnells.com

Professionally Managed By:



800 Kelly Way
 Holyoke, MA 01040

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

THIS IS AN IMPORTANT DOCUMENT. THE AGENT WILL PROVIDE HELP IN REVIEWING OR INTERPRETING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS. IF YOU REQUIRE ASSISTANCE, PLEASE CALL OR EMAIL.

Please print clearly and fill in all sections completely. Failure to do so will result in processing delays or rejection of your application.

First Name	MI	Last Name	Social Security Number	Date of Birth	Relationship to Head of Household (Co-Head, Spouse, Dependent, Other, Live-In Aid, Foster, None of the Above)	Sex Response Optional	FT or PT Student (Yes or No)
			- -	/ /	Head of Household		Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No
			- -	/ /			Yes No

Present Address:			Email Address:		
City:	State:	Zip Code:	Best Telephone Number to Contact You: () -		
Mailing Address (if different):					
City:	State:	Zip Code:			

Note: Upon request to the Property Manager, you have the right to receive a Tenant Selection Plan which details the tenant application process, including eligibility and screening requirements, for occupancy in the property.

2. APARTMENT SIZE AND REASONABLE ACCOMMODATIONS

Do you RENT or OWN (circle one)	Amount of current monthly rent or mortgage payment: \$	Approximate cost of monthly utilities paid by you: \$	Do you have a housing voucher? YES or NO
Size of Apartment Needed: [] 1 Bedroom [] 2 Bedrooms [] 3 Bedrooms			
Wheelchair Adapted Unit [] Yes [] No	Visual Adapted Unit [] Yes [] No		
Hearing Adapted Unit [] 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? [] Yes [] No If yes, please explain. _____			



3. HOUSEHOLD COMPOSTION

1. Have there been any changes in household composition in the last twelve (12) months? Yes No
If yes, explain: _____
 2. Do you anticipate any changes in household composition in the next twelve (12) months? Yes No
If yes, explain: _____
 3. Is there someone not listed above who would normally be living with the household? Yes No
If yes, explain: _____
 4. Will any of the persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution? Yes No
- IF YOU ANSWERED YES TO QUESTION #4, ANSWER THE FOLLOWING QUESTIONS:**
- 4a. Are any full-time student(s) married and filing a joint tax return? Yes No
 - 4b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No
 - 4c. Are any full-time student(s) a TANF or a Title IV recipient? Yes No
 - 4d. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return whose children are not dependents of anyone other than a parent? Yes No
 - 4e. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

4. INCOME INFORMATION

Please fill in all sources of income received by each member of your household. If you do not have income from a particular source listed below please fill in "N/A" in the Gross Monthly Amount box next to that source.

Household Member Name	Source of Income	Gross Monthly
	Social Security	\$ _____ per month
	SSI/We / SSP Benefits	\$ _____ per month
	Pension (List Sources:)	\$ _____ per month
	Veteran's Benefit (Claim #:)	\$ _____ per month
	Unemployment Compensation	\$ _____ per month
	Public Assistance (Title IV, TANF, etc.)	\$ _____ per month
	Settlement from Workers Compensation or an Insurance Claim	\$ _____ per month
	Contributions to the Household from outside the Household (monetary or not)	\$ _____ per month
	Full-Time Student Income (18 & Over Only)	\$ _____ per month
	Financial Aid (excluding loans)	\$ _____ per month
	Annuities (List Sources:)	\$ _____ per month
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$ _____ per month
	Scheduled payments from Investments	\$ _____ per month

1. Are you receiving dual entitlement benefits from Social Security? Yes No Benefit Claim #: _____
2. Does any household member receive periodic payments from a retirement account, pension, IRA, Annuity, Investment? Yes No
If you answered yes to #1 or #2 please list this income above.

Employment

Household Member Name	Employment Amount	\$ _____ per week
	Employer's Name:	
	Employer's Address:	
	Employer's Phone & Fax #:	Start Date:

Employment

Household Member Name	Employment Amount	\$ _____ per week
	Employer's Name:	
	Employer's Address:	
	Employer's Phone & Fax #:	Start Date:

Employment

Household Member Name	Employment Amount	\$ _____ per week
	Employer's Name:	
	Employer's Address:	
	Employer's Phone & Fax #:	Start Date:



4. INCOME INFORMATION (Continued)

Alimony

Household Member Name	Are you legally entitled to receive Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive:	\$ _____ per month
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ _____ per moth

Child Support

Household Member Name	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive:	\$ _____ per month
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ _____ per month

Other Income (List any other sources of income you have below)

	\$ _____ per
	\$ _____ per

Total Gross Annual Income (Current Year)?	\$ _____
Total Gross Annual Income for the previous year?	\$ _____
1. Do you anticipate any changes in income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any member of the household legally entitled to receive additional income assistance not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to questions 1 to 3 above, please explain:

5. ASSET INFORMATION

Please list all of your assets. You may duplicate this page if additional space is needed. If a section does not apply, please fill in "**N/A**" in the Balance \$ section next to the item that did not apply.

Checking Account	#:	Bank:	Balance \$
	#:	Bank:	Balance \$
Savings Account	#:	Bank:	Balance \$
	#:	Bank:	Balance \$
Certificates of Deposit (CD)	#:	Bank:	Balance \$
	#:	Bank:	Balance \$
Money Market Accounts	#:	Bank:	Balance \$
Trust Account	#:	Bank:	Balance \$
Savings Bonds	#:	Maturity Date:	Value \$
Life Insurance Policy	#:	Held at:	Value \$
Mutual Funds	Name:	# of Shares	Dividend Paid \$ Value \$
Stocks	Name:	# of Shares	Dividend Paid \$ Value \$
Bonds	Name:	# of Shares	Dividend Paid \$ Value \$
Investment Property			Appraised Value \$

Real Estate Property:	Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , type of property:		
Location of the property:		Appraised Market Value \$
Mortgage or outstanding loan balance due: \$	Amount of annual insurance premium: \$	Amount of most recent tax bill: \$

Do you or any member of the household have an asset owned jointly with a person who is NOT a member of the household as listed on page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of the household sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of the household sold/disposed of any other assets in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of the household have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



6. REFERENCE INFORMATION

Provide the full name and address of Landlords or Officials at the places you have lived over the last five years or past two residences, whichever is more inclusive. You may copy this page if additional room is needed.

Current Landlord Information	Current Landlord Name:			
	Current Landlord Address:			
	Current Landlord Telephone #:		Fax #:	
	Present Monthly Rent: \$		Fuel & Electric Cost per Month: \$	
	Move In Date: / /	Reason for Moving:		

Prior Landlord Information	Prior Landlord Name:			
	Prior Landlord Address:			
	Prior Landlord Telephone #:		Fax #:	
	Monthly Rent: \$		Fuel & Electric Cost per Month: \$	
	Move In Date: / /		Move Out Date: / /	
	Reason for Moving:			

7. ADDITIONAL INFORMATION

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?
 Yes No If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____
2. List all states where the applicant and members of the applicant's household have resided: _____
3. How did you hear about this housing development? _____
4. Briefly describe your reason for applying: _____
5. Do you have a pet? [] Yes [] No If so, how many pets? _____ What type of pet? _____ Size? _____
6. Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.) Yes No

Application Certification

I/We understand that this form is not an offer of housing. Based on this form, I/we understand that I/we should not make any plans to move or end my present tenancy. I/We certify that we will not maintain a separate rental unit in another location. I/We further certify that this will be our permanent residence. I/We understand that 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 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 the application.

Signed under the pains and penalties of perjury.

Signature of the Head of Household	Date	Signature of Co-Applicant	Date
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Signature of the Head of Household	Date	Signature of Co-Applicant	Date
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Appleton Corporation, acting as management agent for the Property does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.



Appleton Corporation

Notice of Right To Reasonable Accommodation

(RA-8)

Appleton Corporation and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

Under applicable state and federal laws, Appleton and the property provide “reasonable accommodations” to residents, applicants and household members who are disabled.

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”, does not require a fundamental change in the nature of the program, and is not structurally infeasible**), we will try to make the changes you request.

You can get a Request for Reasonable Accommodation form **from the Property Manager or by calling (413) 540-2741**. If you need help filling out a Reasonable Accommodation Request Form or if you want to give us your request in some other way contact the Property Manager or Reasonable Accommodation 504 / ADA Coordinator, Donna Coyle, at (413) 540-2741.

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy. They must be able to: pay rent, care for their apartment, report required information to management, avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

Resident Signature



Date

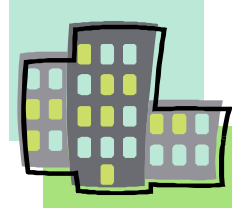
(Revised 8/1/2013)



Professionally Marketed and Managed by:



**57 Suffolk Street
Holyoke, MA 01040
Telephone: (413) 536-8048
Fax: (413) 534-8344**



**Cottage Square Apartments
15 Cottage Street
Easthampton, MA 01027**

SMOKE-FREE COMMUNITY

Dear Applicant:

Please be advised that the property you are applying for has adopted a Healthy Air Policy. This policy prohibits smoking in any interior or exterior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, elevators, ***within all living units***, and anywhere on the exterior of the property including the grounds, entry ways, windows, porches, balconies and patios. The policy applies to all residents, guests, visitors, service personnel and employees.

The term "smoking" means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

We hope this policy will help everyone breathe easier and live healthier. If you agree to this policy and would like to apply to be placed on the properties waitlist this letter must be signed, dated and returned to the property with your application.

Sincerely,

Property Manager

By signing below I acknowledge that I have been informed of the rules regarding smoking. I further agree that if approved as a resident that I will follow all terms of the House Rules including not smoking anywhere inside or outside the property.

Head of Household (Please Print Clearly)

Head of Household Signature

Date

