



FRANKLIN COUNTY REGIONAL HOUSING & REDEVELOPMENT AUTHORITY

241 Millers Falls Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

APPLICATION FOR AFFORDABLE HOUSING

Please read the descriptions of the following housing developments and check the PROPERTIES and appropriate BEDROOM size. Other requirements may apply.

Requirements may include, however, are not limited to household size, Area Medium Income (AMI) as well as the availability of Project Based Vouchers (PBV; MRVP and CBH) to eligible applicants. All self-pay units qualify within Section 8 Payment Standard guidelines. (AMI) Limits 30%, 50%, 60%, 80% are published by HUD. (huduser.gov)

****Application MUST be completed in full. Please write N/A if not applicable. Incomplete applications will NOT be processed. ****

Ashfield House- 369 Main St, Ashfield, MA

The Ashfield House is an historic, eighteen unit, four story building consisting of one, two, and three-bedroom units. Upper-story units are accessible by stairs. *Public transportation is limited*

One Bedroom **Two Bedroom** **Three Bedroom**

Some units have PBV attached (Separate application required for Project Based Vouchers)

Crocker Cutlery Apartments-Avenue A and Third Street, Turners Falls, MA

The Crocker Cutlery development is located in historic Crocker Bank property and The Cutlery Block which consists of restored two-story row houses on Third Street

One Bedroom **Two Bedroom**

No PBV attached to units. Section 8, MVRP other vouchers are welcome

Prospect and Grove-Orange, MA

The Prospect Street building contains three units subsidized through PBV. Must be at or below 50% AMI.

The Grove Street building contains affordable units rented at market rates. No income limits.

Two Bedroom **Three Bedroom** **Four Bedroom**

Some units have PBV attached. (Separate application for Project Based Vouchers)

Simon Smikes House – Whately, Ma- Income less than or equal to 80% of AMI

Two one-bedroom units for income-eligible residents who are elderly (60 years of age or older) or disabled. The units include full kitchens and baths and laundry hooks ups.

One Bedroom

Wisdom Way Solar Village-Greenfield, MA- Need to qualify for both (CBH) and Section 8 PBV

Units located in a complex comprised of duplexes. Both are energy efficient, accessible one-story dwellings designed for persons with physical disabilities.

Two Bedroom

Applicants are placed in order of date and time received



A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt# City State Zip

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Are you or anyone in your household in need of a wheelchair/handicapped accessible unit?
 Yes No

Do you currently receive, or do you have, a Section 8 or MRVP mobile voucher or certificate?
(This question is asked for the sole purpose of determining ability to pay rent.)
 Yes No

If "Yes" please list administering agency: _____

If you answered "No" to the previous question, are you interested in applying for a project-based rental assisted unit at this development? If you select "Yes," HRA staff will determine whether you are eligible for this subsidy. Yes No

(Optional) To assist us with fulfilling affirmative marketing requirements, please indicate your household race and ethnic classification.

Household race:

- Caucasian African American/Black Asian/Pacific Islander/Native Hawaiian
 Native American/Alaskan Native

Ethnic classification: Hispanic/Latino Not Hispanic/Latino

Do you currently rent or own? (check one) Rent Own

Amount of current monthly rental or mortgage payment: \$ _____

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you: \$ _____



B. HOUSEHOLD COMPOSITION						
	Name	Relationship to Head	Birth Date	Age (optional)	Social Security Number	Student (Y/N)
1. Head						
2. Co-Head						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? Yes No

Have there been any changes in household composition in the last twelve months?

Yes No **If Yes**, explain: _____

Do you anticipate any changes in household composition in the next twelve months?

Yes No **If Yes**, explain: _____

Is there someone not listed above who would normally be living with the household?

Yes No **If Yes**, explain: _____

Will all the persons in the household be or have been full-time students during five (5) calendar months this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

If Yes, answer all of the following questions:

- Are any full-time student(s) married and filing a joint tax return? Yes No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training partnership Act? Yes No
- Are any full-time student(s) a TANF or Title IV recipient? Yes No
- Are any fully-time students a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose child(ren) are not Dependents of anyone other than a parent? Yes No
- Is any full-time student a person who was previously under the care of placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No



C. INCOME

List **ALL** sources of income as requested below. If a section doesn't apply, cross out and write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	MA State Supplemental Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (19 & Over only)	\$
	Annuities (list sources)	\$
	IRA Periodic Withdrawals	(amount of draws) \$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held	
	How long employed:	
	Self-Business Net Income	\$
	Business Name:	
	Percent of Ownership	
	How long in business:	
	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME	Total of the monthly amounts listed above, X12	\$
TOTAL GROSS ANNUAL INCOME PREVIOUS YEAR	\$	
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household legally entitled to receive income assistance from any other sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 3 etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the income currently received or anticipated in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, please explain:		



D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit (CDs)	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Current Surrender Value \$		
Life Insurance Policy	#	Current Surrender Value \$		
IRAs, Annuities, Pension Accounts	#	Financial Institution	Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Real Estate Property: Do you own any property?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you disposed of any other assets or property in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of disposition:		Amount disposed: \$		



E. ADDITIONAL INFORMATION (all questions must be answered)		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Will you accept an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. REFERENCE INFORMATION (must be completed)		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How long?	
Prior Landlord (History must include at least 5 years)	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How long?	
Personal References: Cannot be immediate family members, but may be friends, neighbors, etc.		
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Emergency Contact:		
In case of emergency notify:		
Address:		
Relationship:		Phone #

G. PET INFORMATION (if applicable)	
Do you have a pet(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many? _____
Please describe _____	
If you have a service animal, a reasonable accommodation request will be required	



Application Certification
PLEASE READ AND INITIAL THE FOLLOWING ITEMS
(FAILURE TO FILL OUT THIS FORM WILL RESULT IN AN INCOMPLETE APPLICATION):

- I/ we understand 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 THE APPLICATION.
- I/We hereby give full permission for the Owner, acting through its Management Agent, to obtain credit history, previous or current landlords, criminal history, housing court information, and verification information that may be released to appropriate Federal, State, or local agencies. 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 understand that the above information is being collected to determine my/our eligibility.
- I/We have read and understand the following: Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing.
- 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.
- I/We certify that all income and current assets have been included in this application. I/We understand that income and/or assets not disclosed could result in application denial.

Your signature(s) below gives consent to the Franklin County Regional Housing and Redevelopment Authority, or its Designee to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant (if any).

CERTIFICATION

I/we hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent only 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.

SIGNATURE (S):

Applicant Signature

Date

Co- Applicant Signature

Date

Please return by mail or drop off at: FCRHRA-241 Millers Falls Road; Turners Falls, MA 01376



