HK HallKeen

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THIS IS A PRELIMINARY APPLICATION FOR THE WAITLIST
When selected, applicants will go through a secondary screening process, which may include checks on criminal history (CORI), income, credit, etc.
ADDITIONAL DOCUMENTATION WILL BE REQUIRED.

Application Date: _____

Property Name:	**River Lofts**
Address:	**250 Water St.**
City, State, Zip:	**Williamstown, MA 01267**
Telephone Number:	781-915-3060
TDD#:	**Call 7-1-1**
Email Address:	**RiverLoftsLottery@hallkeen.com**

Return Completed Application To:

River Lofts
C/O HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104

APPLICATION FOR ADMISSION

Note: ***Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A".*** **Failure to do so will result in processing delays or rejection of your application**. If you need help completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address:

_____ _____
Street Apt. #

_____ _____
City, State Zip Code

Mailing Address:

_____ _____
Name Telephone

_____ _____
Street Apt. #

_____ _____
City, State Zip Code

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐American Indian/Alaskan Native ☐Asian ☐Other (not white or Hispanic)
☐Black or African American (not of Hispanic origin) ☐Native Hawaiian or Pacific Islander
☐White (not of Hispanic origin)

ETHNICITY
☐ Hispanic or Latino ☐ Non-Hispanic or Latino

PREFERRED APARTMENT SIZE: *1ST Choice* **PREFERRED APARTMENT SIZE**: *2nd Choice*

☐1 BR ☐ 2 BR ☐ 3 BR ☐1 BR ☐ 2 BR ☐ 3 BR

ADDITIONAL INFORMATION:

- Do you currently have permanent mobile rental assistance? ***You must select one option***:

☐ I do not have mobile rental assistance

☐ I have the following rental assistance:
☐ MRVP ☐ AHVP ☐ VASH or similar ☐ HCVP or similar Mobile Section 8 Voucher
Which agency or local housing authority administers your assistance? _____

- Are you requesting a Hearing/Visual Adapted Unit? ☐Yes ☐No

- Are you requesting a Mobility Adapted Unit? ☐Yes ☐No

- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you? ☐Yes ☐ No
If yes, please explain/provide details: _____

- Do you or a member of your household consider yourself to be homeless or at-risk of being homeless? *(See next page for definition of Homelessness.)* ☐Yes ☐ No
If yes, please explain/provide details: _____
You must submit proof with this application *such as a letter from a shelter or an eviction notice from a landlord.*

- Do you currently live in Williamstown, MA? ☐Yes ☐ No
If yes, which household member(s) does this apply to? _____?
You must submit proof with this application *such as a utility bill indicating you name and current address, a current lease, etc.*

- Do you currently work in Williamstown, MA? ☐Yes ☐ No
If yes, which household member(s) does this apply to? _____?
You must submit proof with this application *such as a copy of your pay-stub.*

- Does any member of the household attend school in Williamstown, MA? ☐ Yes ☐No
You must submit proof with this application *such as a copy of a current report card.*

Homelessness or At-risk of homelessness and/or homeless is defined as:

- *Persons living in places not meant for human habitation*
- *in an emergency shelter*
- *in transitional housing*
- *persons who ordinarily sleep on the street or in emergency transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution*
- *person being evicted - for reasons not in their control - within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*
- *being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*

FAMILY COMPOSITION: List all who will occupy the apartment.
YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (check one)
1_____	Head of Household	_____	____	_____	☐Yes ☐ No
2_____	_____	_____	____	_____	☐Yes ☐ No
3_____	_____	_____	____	_____	☐Yes ☐ No
4_____	_____	_____	____	_____	☐Yes ☐ No
5_____	_____	_____	____	_____	☐Yes ☐ No

- Have you ever been evicted from your home for any reason? ☐Yes ☐ No

An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.

- Do You Own Any Pets? ☐Yes ☐ No

If yes, what type: _____ Weight: _____

EMPLOYMENT:

IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? ☐Yes ☐ No

If yes, please indicate the income received by each member of your household. List each member by the corresponding number from Page 2.

Member #_____
Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary
☐ If hourly, rate per hour: $ ______/hr. _____hrs. per wk. # of wks. per year _______
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? _________
Gross Earnings *(Before Taxes):* $___________☐Weekly ☐Bi-weekly ☐Monthly ☐ Annually

Member #_____
Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary
☐ If hourly, rate per hour: $ ______/hr. _____hrs. per wk. # of wks. per year _______
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? _________
Gross Earnings *(Before Taxes):* $___________☐Weekly ☐Bi-weekly ☐Monthly ☐ Annually

Member #_____
Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary
☐ If hourly, rate per hour: $ ______/hr. _____hrs. per wk. # of wks. per year _______
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? _________
Gross Earnings *(Before Taxes):* $___________☐Weekly ☐Bi-weekly ☐Monthly ☐ Annually

Member #_____
Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary
☐ If hourly, rate per hour: $ ______/hr. _____hrs. per wk. # of wks. per year _______
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? _________
Gross Earnings *(Before Taxes):* $___________☐Weekly ☐Bi-weekly ☐Monthly ☐ Annually

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Self-employment (including Ride Share, Uber, Lyft, Door Dash) Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants*)?
☐Yes ☐No If yes, list below by household member and income type:

Household Member	Type of Income	Gross Earnings (Before Taxes)
____________________	_______________________	$__________per______________ (week, month, year)
____________________	_______________________	$__________per______________ (week, month, year)
____________________	_______________________	$__________per______________ (week, month, year)
____________________	_______________________	$__________per______________ (week, month, year)

LIST ALL ASSETS
(Assets include Checking Accounts, Savings Accounts, Venmo, Cash App, Direct Express Cards, EBT, DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds)

Member #_____
Type of Account: _____ Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: $ ___

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Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: $ ___

Member #_____
Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: $ ___

Member #_____
Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: $ ___

Member #_____
Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: $ ___

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc?
☐Yes ☐No If yes, list below:

Household Member	Type of Asset	Value of Asset
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

HAS ANY HOUSEHOLD MEMBER DISPOSED OR GIVEN AWAY ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST TWO YEARS?
☐Yes ☐No If yes, list below:

Household Member	Type of Asset	Value of Asset
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

ADDITIONAL INFORMATION:

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).

Will ***all*** of the persons in the household be or have been full-time students during five calendar months of 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 THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? ☐Yes ☐No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐Yes ☐No

Are any full-time student(s) an AFDC or a title IV recipient? ☐Yes ☐No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? ☐Yes ☐No

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

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Conflicts Prohibited

Causeway Development and HallKeen as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either HallKeen (when acting as the Agent).

This policy addresses HOME Rule at 24 CFR Part 92.356 provisions to provide guidelines and prevent conflict of interest when conducting management activities at properties with HOME funds. These provisions apply to any individual or any member of an individual's immediate family who may have decision making functions or responsibilities at properties with HOME funds.

POLICY

Management must implement the necessary procedures to ensure that no HOME assisted affordable housing units are leased to any individual or any member of an individual's immediate family including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, who is an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of a project assisted with HOME funds whether private for profit or non-profit.

Are any members of your household related, employed, acting as agent, developer or sponsor of either **Causeway Development** or HallKeen? ☐Yes ☐No

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or 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.

Signed under the pains and penalties of perjury:

Head of Household/Applicant	Date	Co-Applicant	Date
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Professionally Managed by: HallKeen
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

_____

I, the above-named individual, have authorized HallKeen to verify the accuracy of the information which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self-Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury.

Head of Household	**Date**	**Spouse**	**Date**
Other Adult Member	**Date**	**Other Adult Member**	**Date**

To: HallKeen

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at **River Lofts,** I, Applicant, do represent all information in this application to be true and accurate and that owner/manager employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, 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 them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign:

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation.**

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and

if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen
1400 Providence Highway, Suite 1000
Norwood, MA
(781) 762-4800