

# *Program Application*

## **Residences at Union Place**

Affordable Housing  
Franklin, MA

**YOU MUST FIRST FILL OUT A LEASE APPLICATION AT THE LEASING OFFICE BEFORE COMPLETING THIS PROGRAM APPLICATION.**

**MAXIMUM Household Income Limits:** \$46,300 (1 person), \$52,950 (2 people), \$59,550 (3 people), and \$66,150 (4 people)

**Rents** are \$950 (1 BR) and \$1,175 (2 BR) and DO NOT include utilities.

Please read the Information Packet for more details.

### **Directions:**

This application consists of three sections:

- 1) The Program Application
- 2) The Required Forms and Documentation Workbook
- 3) Additional Forms (*if applicable*)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

You must include all income and asset documentation with this application.

You must include all *applicable* forms from Section 3.

**Drop off all applications to Residences at Union Place Leasing Office.**

For Questions call (617) 782 6900 and leave a message.

# **Section 1**

## **The Program Application**

## Residences at Union Place Program Application

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (if available) \_\_\_\_\_

Date you are looking to move in by \_\_\_\_\_

Number in Household (please circle):    1       2       3       4

Unit size(s) for which you are applying (please circle):

1-Bedroom                      2-Bedroom

### HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

Disabled-Accessible Unit Question (please check one)	YES	NO
1. Are you, or any member of your household, in need of an accessible unit? ( This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing) <i>Verification of need of an accessible unit must be provided in the form of a doctor's note or equivalent if applicant is selected to rent one of the affordable accessible units.</i>		

## PREFERENCE INFORMATION

You are requested to complete the following optional section in order to assist in determining preference. (please check the box that applies):

	APPLICANT	CO-APPLICANT	DEPENDENT
<b>Black</b>			
<b>Hispanic</b>			
<b>Cape Verdean</b>			
<b>Asian/Pacific Islander</b>			
<b>Eskimo/Aleut</b>			
<b>Native American</b>			
<b>White/Non-Minority</b>			

### Instructions for Completing the Following Income Table

- Please note that the Income Table is two pages long. Income from Social Security, Pension, interest etc. is all on the second page of the table.
- List ALL sources of income as requested below for ALL household members over 18 years old.
- List the Gross income for *both* 2008 and the anticipated gross income for 2009.
- EVERY AND ANY job that you have a 2008 W-2, 2008 1099 or have received income from since January 1<sup>st</sup>, 2008 must be listed.
- For self-employed applicants- include the employer, contract or job name in the space provided.
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/mo*) in the space provided under "Source of Income". Then provide the appropriate amount under "Total Gross for 2008" and the "Anticipated Gross Amount for 2009" (*ex: \$1,200*).

Household Member Name	Source of Income	Total Gross Income for 2008	Anticipated Gross Income for entire 2009
Jane Smith	Child Support/Alimony \$100/wk	\$5,200	\$5,200

- "Interest Income" refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- If you worked a job in 2008 and no longer work there, write NA for "Anticipated Gross Amount for 2009" on the line for that particular job.
- If you just started a job in 2009, write NA under "Total Gross for 2008" on the line for that particular job.
- **For any section that doesn't apply, cross out or write NA.**

**In Section 2 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.**

# INCOME

Household Member Name	Source of Income	Total Gross Income for 2008	Anticipated Gross Income for entire 2009
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Employer (name)		
	Self-Employed (source name)		
	Self-Employed (source name)		
	Self-Employed (source name)		
	Self-Employed (source name)		
	Child Support/Alimony		
	Child Support/Alimony		
	Periodic payments from family/friends <i>(i.e. rental assistance, monthly allowances etc)</i>		
	Periodic payments from family/friends <i>(i.e. rental assistance, monthly allowances etc)</i>		
	Other Income (name/source)		
	Other Income (name/source)		

Household Member Name	Source of Income	Total Gross Income for 2008	Anticipated Gross Income for entire 2009
	Social Security		
	Social Security		
	Social Security		
	Social Security		
	SSDI		
	SSDI		
	Unemployment Compensation		
	Workman's Compensation		
	Severance Pay		
	Pension (list source)		
	Pension (list source)		
	Retirement Funds		
	Title IV/TANF		
	Full-Time Student Income (18 & Over Only)		
	Full-Time Student Income (18 & Over Only)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
<b>TOTALS</b>	Please calculate your 2008 Total Gross Income and your Anticipated Gross Income for the entire 2009 Calendar Year		

(Box 1) (Box 2)

ADDITIONAL INCOME QUESTIONS (please check one)	YES	NO
<p>1. Are either of the amounts written in <i>(Box 1)</i> or <i>(Box 2)</i> at the end of the above Income Table <b><i>greater than the Allowable Income Limits</i></b> for a household of your size as specified on the cover page of this application?</p>		
<p>If YES, please explain why you think your household is still eligible for an affordable unit:</p>		

## ASSETS

If a section doesn't apply, cross out or write NA. You will need to submit detailed bank/balance statements for EVERY ASSET listed here.

Checking Accounts	Name on Account	Bank	Amount	
			Balance	\$
			Balance	\$
			Balance	\$
Savings Accounts			Balance	\$
			Balance	\$
			Balance	\$
Trust Account			Balance	\$
Certificates (or CDs)			Balance	\$
			Balance	\$
			Balance	\$
			Balance	\$
Savings Bonds	Maturity Date:		Value	\$
	Maturity Date:		Value	\$
401k, IRA, Retirement Accounts	Company Name:		Value	\$
	Company Name:		Value	\$
	Company Name:		Value	\$
	Company Name:		Value	\$
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value	\$

## REAL ESTATE

Do you, or anyone on this application, own any property or have owned property since January 1, 2006?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

# **Section 2**

## **The Required Forms and Documentation Worksheet**

Please answer each of the following 15 questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

**Every time you answer “YES”, you MUST submit the requested documentation.**

**If you have not filed your 2008 taxes, you must ALSO provide all tax documentation from 2007 (1040s, 1099s, W-2s etc.)**

Only send copies of income/asset documentation.  
We do not want originals.

## Income Questions

- 1.** Did you list any sources of Income on page 6 of this application?  
(ie: Social Security, SSDI, Pensions, Unemployment, Public Assistance, TANF, Veteran's Benefits, Retirement, Student Income, Interest Income etc.)

YES

NO



# of sources

How many sources of Income did you list on page 5?

Go to question #2

For **every** source of income listed, regardless of the amount of income received (even just \$1), you need to:

- Attach copies of your most recent statements from the source of income.
- Attach copies of any 2008 1099s from the source of income (if received).

*If you do not receive statements* (i.e. the amounts are direct deposited), please submit 3 months checking account statements and highlight the appropriate deposits.

ATTACHED

Example of a blank 1099:

9595		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		CMB No. 1545-0115	
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Pensions	\$	<b>2006</b> Miscellaneous Income Form 1099-MISC	
		2 Royalties	\$		
		3 Other income	\$		
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	\$	<b>Copy A</b> For Internal Revenue Service Center File with Form 1098.	
RECIPIENT'S name		5 Fishing boat proceeds	\$		
Street address (including apt. no.)		6 Medical and health care payments	\$	For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
City, state, and ZIP code		7 Nonemployee compensation	\$		
Account number (see instructions)		8 Substitute payments in lieu of dividends or interest	\$		
2nd TIN not <input type="checkbox"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$		
15a Section 409A deferrals	15b Section 409A income	10 Crop insurance proceeds	\$	11 12	
\$	\$	13 Excess golden parachute payments	\$		
		14 Gross proceeds paid to an attorney	\$	16 State income:	
		16 State tax withheld	\$		
		17 State/Payer's state no.	\$		
		18 State income:	\$		

Form 1099-MISC 41-0852411 Department of the Treasury - Internal Revenue Service  
Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

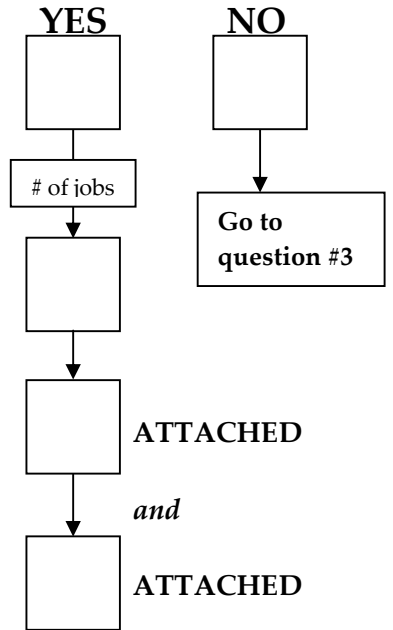
## Current Employment Questions

2. Is anyone in your household currently employed?  
(NOT including self-employment)

How many of the jobs on page 6 of the Program Application are currently being worked? (NOT including self-employment)

For **every** job listed here you need attach BOTH:

- a) Copies of the 5 most recent pay-stubs  
(If you do not receive pay-stubs you will need to attach a note from the employer on company letterhead stating a Year To Date amount)
- b) Attach copies of your 2008 W-2  
(if a job was started after January 1, 2009, write NA)



Example of a pay-stub:

Employee Name		SS#	Period End	Check Date	Check No.	Check Amount	
Bbbbbb,Bbbbb B		111-66-7777	10/23/99	11/03/99	208	*****515.40	
Description	Hours	Rate of Pay	Earnings	Deductions	Current	Y-T-D	Leave Balance
Reg Pay	6.00	13.65	81.90	Fed Tax	66.39	1,830.67	
Vacation	28.00	13.65	382.20	FICA SS	40.32	985.59	
Ben Bank	1.00	90.08	90.08	FICA Med	9.43	230.50	VACATION 41.24
Misc	7.00	13.65	95.55	PA ST TX	18.19	445.06	
				Swat Tax	.00	10.00	
Description	Current	Y-T-D					
GROSS PAY	649.73	15,895.44					
TOTAL DEDUCTIONS	134.33						
NET PAY	515.40						

SWARTHMORE COLLEGE - Swarthmore, PA. 19081

Example of a blank W-2 (these are provided by your employer for your taxes):

a Control number		22222	Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0048	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Employer's social security number			9 Advance EIC payment		10 Dependent care benefits	
e Employer's first name and initial		Last name	11 Non-qualified plans		12a See instructions for box 12	
			13 State income tax		12b	
			14 Other		12c	
					12d	
f Employer's address and ZIP code			15 State income tax		16 Local income tax	
			17 State income tax		18 Local income tax	
			19 Local income tax		20 Locally named	

Form **W-2** Wage and Tax Statement **2006** Department of the Treasury—Internal Revenue Service  
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Cal. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

## Past Employment Questions

- 3.** Did anyone in your household leave a job between **January 1, 2008 and December 31, 2008?**

How many of the jobs on page 6 of the Program Application were left at some point in the 2008 calendar year?

For **each** job listed here, regardless of the amount of income received, you need to attach **one** of the following:

- a) Attach a copy of the last pay-stub from 2008 along with the matching 2008 W-2. The YTD amount on the pay-stub must match the wages shown on the W-2.

OR

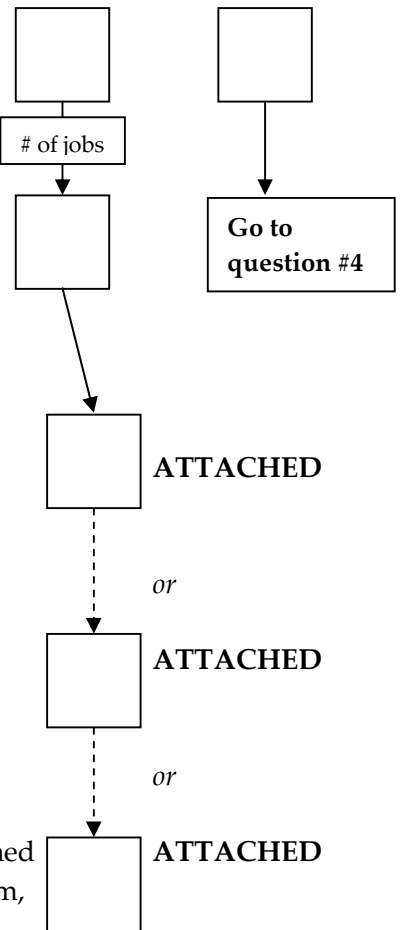
- b) Attach a letter from the employer on company letterhead Verifying your last day of employment in 2008

OR

- c) Complete the "Verification of Terminated Employment" attached on the back of this application. Once we have received the form, we will send this form to the previous employer. Verification normally takes an additional 1-2 weeks. Employers may not send these forms back- in which case, you will need to submit 3a or 3b (from above). If you choose to use the attached form, **only fill in the top section! The bottom section must be completed and signed by an authorized company official.**

**YES**

**NO**



**Past Employment Questions (continued)**

**4.** Has anyone in your household left a job since January 1, 2009?

How many of the jobs on page 6 of the Program Application were left at some point in the 2009 calendar year?

For **each** job listed here, regardless of the amount of income received, you need to attach all the documentation listed in **one** of the groups below.

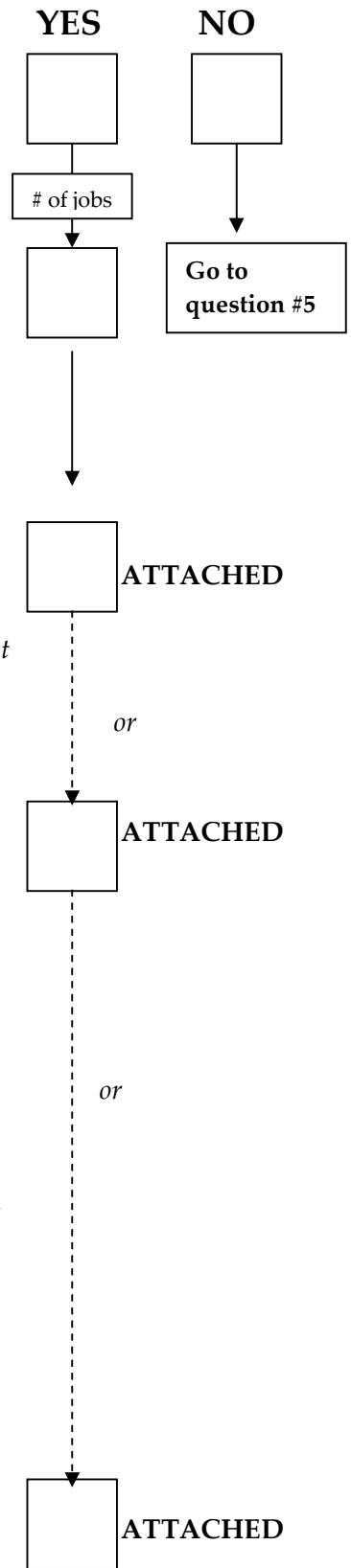
a) Attach a copy of the last pay-stub from 2009, a letter from employer on company letterhead stating your date of departure, AND your 2008 W-2. *(If you started the job this year, you will not be able to submit a 2008 W-2. In lieu of a 2008 W-2, have the statement from your employer include the date you started the job this year)*

OR

b) Attach a letter from the employer on company letterhead verifying your last day of employment in 2009 and your total gross wages for 2009 AND attach your 2008 W-2. *(If you started the job this year, you will not be able to submit A 2008 W-2. In lieu of a 2008 W-2, have the statement from your employer include the date you started the job this year)*

OR

c) Attach your 2008 W-2 (unless you started the job this year) AND Complete the "Verification of Terminated Employment" attached on the back of this application. Once we have received the form, we will send this form to the previous employer. Verification normally takes an additional 1-2 weeks. Employers may not send these forms back in which case, you will need to submit 4a or 4b. If you choose to use the attached form, **only fill in the top section! The bottom section must be completed and signed by an authorized company official.**



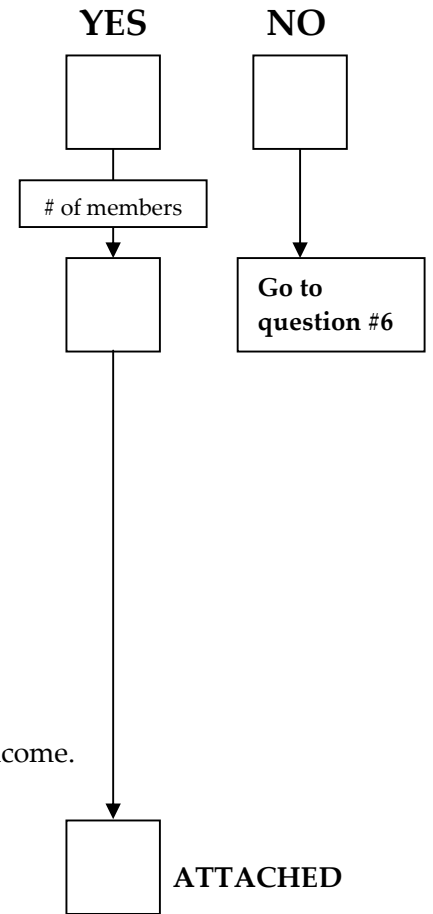
## Self-Employment Questions

**5.** Is anyone in your household currently self-employed?

How many household members are self-employed?

For each self-employed job, complete the attached "Self-Employment Income Affidavit" in the back of this application. Be sure to include (all that apply):

- a) Copies of all 2008 1099s
- b) A Copy of Schedule C of your 2008 1040s
- c) Copies of current financial statements,
- d) Accountant's statements of Net Business Income
- e) Copies of income receipts
- f) Any other documentation you can provide to corroborate income.

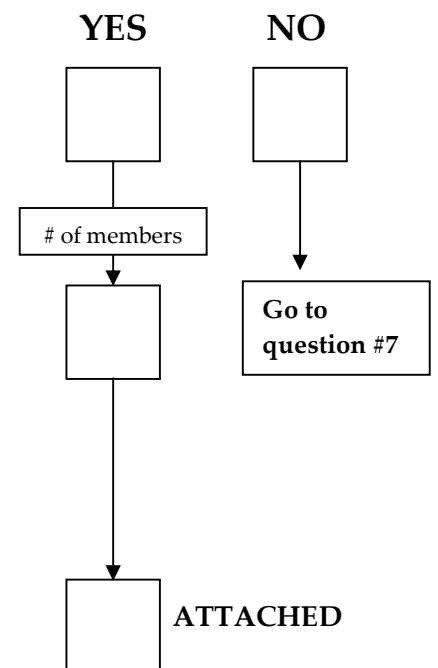


## Household Members with No Income

**6.** Are there any household member over 18 years old that are claiming to currently make zero income?

How many household members over 18 years old are claiming to currently make zero income?

For each one of these household members, complete the "Certification of Zero Income" form attached in the back of this application.



## Child Support/Alimony Questions

7. Are you currently receiving child support or alimony OR are you *legally* entitled to receive child support or alimony?

If you answered YES *and* you are receiving the amount you are entitled to receive, you will need to attach **one** of the following:

- a) A copy of your divorce decree or settlement agreement

OR

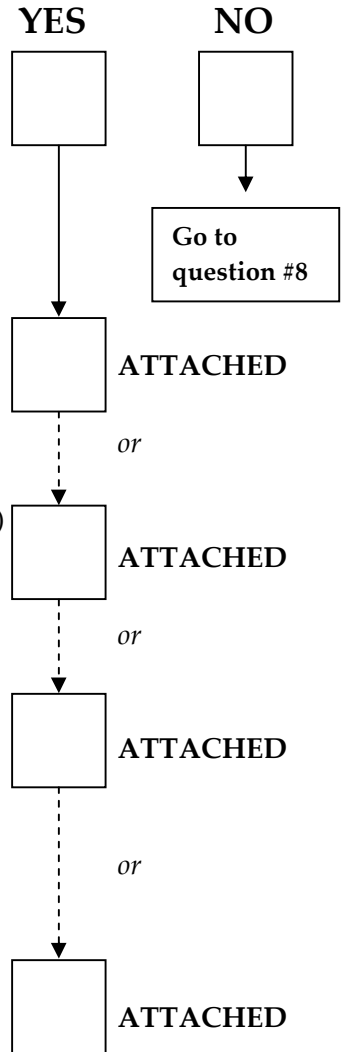
- b) A statement of payments from the Department of Revenue (DOR) *(if they have your payments on record)*

OR

- c) 3 detailed checking account statements that show Child Support/Alimony deposits

If you answered YES *but* you are NOT receiving the amount you are entitled to receive, you will need to attach:

- d) A copy of your divorce decree, proof a legal claim filed against the person that owes you money and, if applicable, statements from the DOR showing payments made *(If you do not show proof of a legal claim, it will be assumed you are receiving the full amount entitled when determining your eligibility)*

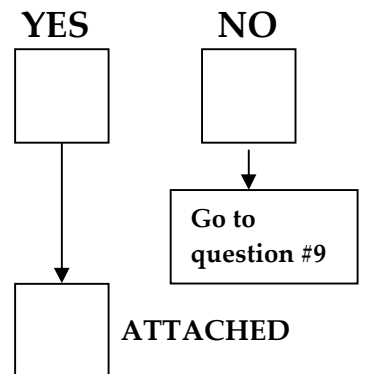


## Divorce/Separation Questions

8. Have you been divorced/separated since January 1<sup>st</sup>, 2007 or are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

- a) A copy of your divorce decree/separation agreement OR Proof that you have filed for divorce/separation.



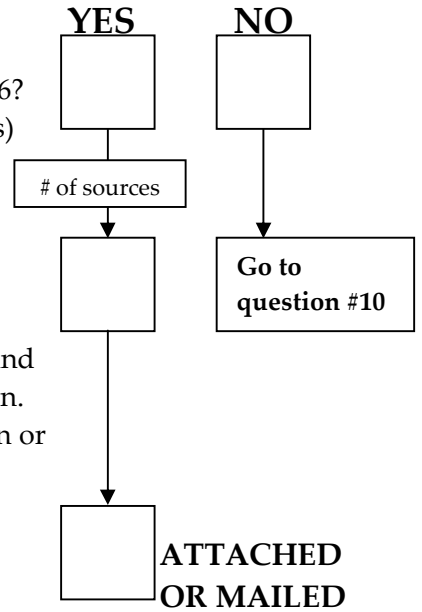
*If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application.*

## Periodic Payment Questions

- 9.** Did you list any sources under "Periodic Payments" on page 6? (i.e. **rental assistance from family members** or recurring gifts)

How many sources did you list?

Please have your Contributor complete the "Recurring Gifts and Contributions Verification" form in the back of this application. You can either attach the completed form with this application or have your Contributor mail it in.

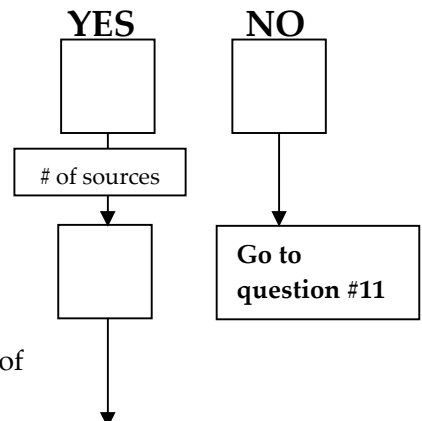


## "Other Income" Questions

- 10.** Did you list any sources under "Other Income" on page 6 of Section 1?

How many sources did you list?

Please provide all necessary information to verify this source of Income and describe the source here:



## Asset Questions

- 11.** How many different Assets did you list on page 8?  
(This includes Checking Accounts, Savings Accounts, Stocks, Bonds etc.)

# of Assets

For **every** asset listed, REGARDLESS of the amount of money in the account (even just \$1), you need to:

- Attach copies of any of your most recent statements from the source of income (for checking accounts, attach 3 detailed statements)
- Attach any copies of 2008 1099s or end-of-year statements you may have received from the asset source.




ATTACHED

## Real Estate Questions

- 12.** Do you currently own a home or property?  
(Property must be sold prior to move-in)

YES

NO

# of properties

How many different properties/homes do you currently own?

Go to  
question #13

### For property that will be sold prior to move-in:

- Attach a copy of a broker's opinion of the property (or a P&S Agreement)
- Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

### For property you will lose through a divorce:

- Attach legal divorce or separation documentation showing that you will no longer be on the mortgage or deed to your house.

A note from your lawyer is not a sufficient replacement for the above.

### For property that will be lost through foreclosure:

- Attach your notice of foreclosure along with the date on which the home will be foreclosed.
- Attach statements from your lender showing your delinquent payments

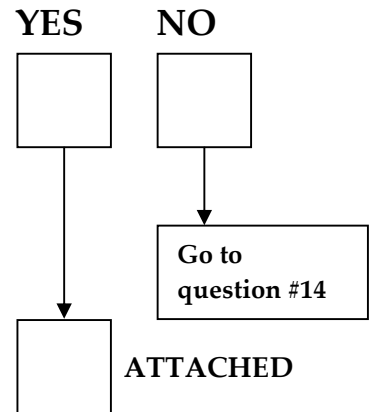
ATTACHED

### Section 8 Questions

- 13.** Are you a Section 8 certificate holder or holder of a housing voucher from a subsidized housing program?  
(This development DOES accept housing vouchers)

If YES, please do **one** of the following:

- a) Attach a copy of your Section 8 Voucher  
(You can get this from your local Housing Authority)

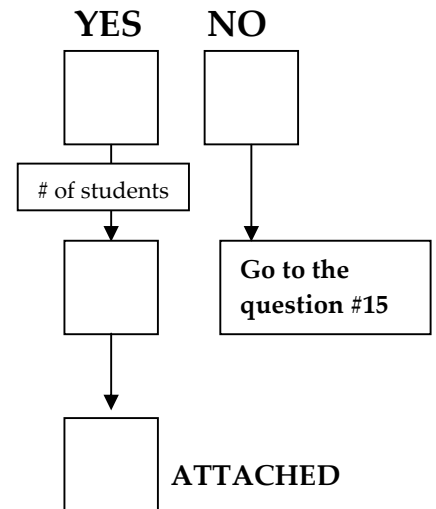


### Households with Students

- 14.** Are any household members over 18 years old currently students or have been students in the past 12 months?

How many?

For each student you need to attach **School Transcripts** for the past 12 months.



# 1040 Tax Transcript Questions

**15A.** How many household members either filed their 2008 Taxes or were listed as dependents on someone's 2008 Taxes?

Please submit copies of all 2008 **1040 Transcripts** for all the members referenced in 15A. Do NOT send in a copy filled out by hand. If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy immediately.

# of members

ATTACHED

**15B.** How many household members did NOT file taxes in 2007 or 2008?

**(15A + 15B must equal your total amount of household members)**

For each household member referenced in 15B, you must get a Statement from the IRS showing "NO RECORD" of filing. Please call (800) 829-1040 to request a statement. We understand that many people with fixed or low incomes do not file. This is not a problem but they need to provide proof. Only if an applicant has not filed for approx. 5+ years, will the IRS not be able to provide a statement.

# of members

ATTACHED

*Example of a blank 1040. All numbers on completed transcripts must be computer generated. Do not send in the form you filled out by hand!*

1040		Department of the Treasury—Internal Revenue Service		U.S. Individual Income Tax Return		2005		OMB No. 1545-0047	
For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending							
<b>Label</b> See instructions on page 18. Use the IRS label. Otherwise, please print or type.	Your first name and initial	Last name	Your social security number						
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number						
Home address (number and street). If you have a P.O. box, see page 10.		Apt. no.	You must enter your SSN(s) above.						
City, town or post office, state, and ZIP code. If you have a foreign address, see page 10.		<input type="checkbox"/> <b>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)</b>		<input type="checkbox"/> You		<input type="checkbox"/> Spouse			
<b>Filing Status</b>		<input type="checkbox"/> 1 Single		<input type="checkbox"/> 4 Head of household (with qualifying person). See page 17. If the qualifying person is a child but not your dependent, enter the child's name here.		<input type="checkbox"/> 5 Qualifying widow(er) with dependent child (see page 17)			
<input type="checkbox"/> 2 Married filing jointly (even if only one had income)		<input type="checkbox"/> 3 Married filing separately. Enter spouse's SSN above and full name here.		<input type="checkbox"/> 6		<input type="checkbox"/> 7			
<b>Exemptions</b>		<input type="checkbox"/> 8a Yourself. If someone can claim you as a dependent, do not check box 8a		<input type="checkbox"/> 8b Spouse		<input type="checkbox"/> 8c Dependents			
If more than four dependents, see page 18.		(1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If filing jointly, enter the child's name here (see page 17)	Boxes checked on 8a and 8b: No, or children on file while • lived with you • did not live with you due to divorce or separation (see page 20) Dependents on file not entered above	
Add numbers on this above		d Total number of exemptions claimed		7		8a			
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form(s) W-2		8a		8b			
Attach Form(s) W-2 here. Also attach Forms W-2S and 1099-R if tax was withheld.		8a Taxable interest. Attach Schedule B if required		8b		8c			
If you did not get a W-2, see page 22.		8a Ordinary dividends. Attach Schedule B if required		8b		8c			
Enclose, but do not attach, any payment. Also, please use Form 1040-V.		8a Qualified dividends (see page 23)		8b		8c			
		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)		10		11			
		11 Alimony received		11		12			
		12 Business income or (loss). Attach Schedule C or C-EZ		12		13			
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here		13		14			
		14 Other gains or (losses). Attach Form 4797		14a		14b			
		15a IRA distributions		15a		15b			
		15a Taxable amount (see page 25)		15a		15b			
		16a Pensions and annuities		16a		16b			
		16a Taxable amount (see page 25)		16a		16b			
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		18			
		18 Farm income or (loss). Attach Schedule F		18		19			
		19 Unemployment compensation		19		20a			
		20a Social security benefits		20a		20b			
		20a Taxable amount (see page 27)		20a		20b			
		21 Other income. List type and amount (see page 29)		21		22			
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22		23			
<b>Adjusted Gross Income</b>		23 Educator expenses (see page 29)		23		24			
		24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ		24		25			
		25 Health savings account deduction. Attach Form 8889		25		26			
		26 Moving expenses. Attach Form 3903		26		27			
		27 One-half of self-employment tax. Attach Schedule SE		27		28			
		28 Self-employed SEP, SIMPLE, and qualified plans		28		29			
		29 Self-employed health insurance deduction (see page 30)		29		30			
		30 Penalty on early withdrawal of savings		30		31a			
		31a Alimony paid (see page 30)		31a		31b			
		31b Taxable amount (see page 27)		31b		32			
		32 IRA deduction (see page 31)		32		33			
		33 Student loan interest deduction (see page 32)		33		34			
		34 Tuition and fees deduction (see page 34)		34		35			
		35 Domestic production activities deduction. Attach Form 8803		35		36			
		36 Add lines 23 through 31a and 32 through 35		36		37			
		37 Subtract line 36 from line 22. This is your adjusted gross income		37		38			

**You and Your Co-Applicant  
Must Sign and Date the  
Following Page**

**And again, if you have not filed your 2008 taxes, you  
must ALSO provide all tax documentation from  
2007 (1040s, 1099s, W-2s etc.)**

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to rent an affordable apartment at Residences at Union Place. **This is not a Lease Application.**

This development does not discriminate based on race, color, national origin, religion, sex, familial status, and handicap (disability).

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE THIS APPLICATION MAY BE REMOVED AT ANY POINT. THE UNDERSIGNED ACKNOWLEDGE THAT THE LEASE OR RESIDENCY AGREEMENT FOR THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED MAY BE SUBJECT TO CANCELLATION IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE.

THE UNDERSIGNED GIVE CONSENT TO THE CITY OF FRANKLIN AND STOCKARD ENGLER BRIGHAM, LLC TO VERIFY INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant Signature

\_\_\_\_\_

Date

**Send applications with ALL required documentation to Residences at Union Place Leasing Office.**

**For Questions call (617) 782 6900 and leave a message.**

# **Section 3**

## **Additional Forms** *(if applicable)*

**These are the forms that you only need to complete  
if directed to do so in Section 2**



# Verification of Terminated Employment

---

**To Be Completed By Applicant:**

**Applicant/Tenant:** \_\_\_\_\_

**Soc. Security #:** \_\_\_\_\_

Contact Info of previous employer:

Name of Contact	_____				
Company Name	_____				
Street Address	_____				
City, State, Zip	_____				
Tel. #	_____	Fax #	_____	email	_____

---

**To Be Completed By Previous Employer:**

Date of Termination: \_\_\_\_\_ Last Day Actually Worked: \_\_\_\_\_

Total Gross Income paid to employee over the last calendar year employed: \_\_\_\_\_

Reason for Termination:     Employee Quit     Other \_\_\_\_\_

Do you anticipate rehiring this employee?     Yes     No    If yes, when: \_\_\_\_\_

Will the employee receive additional paychecks for Workman's Compensation?     Yes     No

If yes, provide the name and address of the company through which this can be verified:

\_\_\_\_\_  
\_\_\_\_\_

Total severance pay anticipated for the next 12 months: \_\_\_\_\_

Is employee entitled to receive unemployment compensation?     Yes     No

## AUTHORIZED SIGNATURE

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Fax form to SEB at (617) 782 4500 or mail to:    Residences at Union Place Leasing Office  
55 Ridge Lane  
Franklin, MA 02452

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**--OFFICE USE ONLY--**

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_



# Self-Employment Income Affidavit

Anticipated Self-Employment earnings for this calendar year	\$
Previous year's Self-Employment income	\$

Please attach a current financial statement, accountant's statement of Net Business Income for this calendar year, income receipts, or any documentation you can provide to corroborate the income and earnings stated above.

Also attach a copy of last year's executed tax return including Schedule C.

## CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided all of the above requested information.

Signature:	
Print Name:	
Date:	



# Certification of Zero Income

(To be completed by **adult** household members only, if appropriate)

Household Name: \_\_\_\_\_ Development Name: \_\_\_\_\_

1. I hereby certify that I have not received income from any of the following sources during the previous 12 months:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Cutco, etc.);
  - j. Any other source not named above.
  
2. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

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(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date



# Recurring Gifts and Contributions Verification

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**To Be Completed By Applicant:**

Applicant/Tenant: \_\_\_\_\_  
Soc. Security #: \_\_\_\_\_  
Property Name: Residences at Union Place  
Address: \_\_\_\_\_  
Franklin, MA

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**To Be Completed By Contributor:**

**Please complete the following:**

I, (Contributor's Name) \_\_\_\_\_,  
contribute \$ \_\_\_\_\_ per \_\_\_\_\_ to the above named household  
for the purpose of: \_\_\_\_\_

**Non-Monetary Contributions:**

I, (Contributor's Name) \_\_\_\_\_

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to Bank	\$ _____
Alcohol	\$ _____	Utility Payments	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____	<b>NOTE: Food is excluded</b>	

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Include this form with the Program Application, fax it to (617) 782 4500 or have the Contributor mail it to:**

Residences at Union Place Leasing Office  
55 Ridge Lane  
Franklin, MA 02452

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**--OFFICE USE ONLY--**

Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Comments: \_\_\_\_\_