

THE ABRAMS MANAGEMENT COMPANY, INC.

621 Columbus Avenue, Boston, MA 02118

Phone: 617.424.1300

MA TTY: Dial 711 or 1.800.545.1833, ext. 609

**APPLICATION
COVER SHEET
Please remove
this page and
keep for your
records.**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and 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 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 in five (5) business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to 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 in filling out a **REASONABLE ACCOMMODATION REQUEST FORM**, or if you want to give you your request in some other way, we will help you.

You can get a **REASONABLE ACCOMODATION REQUEST FORM** from the site office noted above.

ANDERSON PARK APARTMENTS

250 Cambridge Street
Boston, MA 02114

Date Received: _____

Time Received: _____

Application Form

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

**SITE NAME: Anderson Park Apartments PRELIMINARY RENTAL APPLICATION
Equal Housing Opportunity**

Please complete this application and return to:

The Abrams Management Company, Inc.

621 Columbus Avenue

Boston, MA 02118

Please print and fill in ALL Information.
Applications are accepted by Mail and in Person

Phone #: 617.424.1300

TDD #: 800.545.1833 ext. 609

Date _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Present Address _____
Street city state zip

Mailing Address _____
(if different) street city state zip

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

American Indian/Alaskan Native Asian or Pacific Islander

Black(not of Hispanic origin) Hispanic

White(not of Hispanic origin)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR
[] [] []

UNIT TYPE REQUESTED:

[X]Low Rent Wheelchair
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. _____

Present housing cost per month \$_____ Including utilities? []Yes []No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	____	____	_____	Yes or No
Birth date (for head of household only) : _____					
2 _____	_____	____	____	_____	Yes or No
3 _____	_____	____	____	_____	Yes or No
4 _____	_____	____	____	_____	Yes or No
5 _____	_____	____	____	_____	Yes or No
6 _____	_____	____	____	_____	Yes or No
7 _____	_____	____	____	_____	Yes or No



REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone _____

Address _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? _____. If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly



Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)

INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)



PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe: _____

3. Is your present apartment too small for your family? Yes ____ No ____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ____ No ____
If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____

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): _____

Have you or any member of your household resided outside of Massachusetts? ____ Yes ____ No
If yes, please list all other states of residence for each household member. _____

Responses to following questions will not automatically result in the rejection of your applications:

1. Have you or any member of your household been convicted of the illegal manufacture or distribution of a controlled substance? Yes ____ No ____

2. Have you or any member of your household been convicted of a crime other than in juvenile court? Yes ____ No ____

3. Do you or any member of your household have any criminal matters pending? Yes ____ No ____

4. Have you or member of your household been evicted? Yes ____ No ____

5. Are you or any member of your household currently using an illegal substance? Yes ____ No ____

If you answered 'yes' to any of the questions above, please explain:

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.



- ___ Priority 1 - Homeless due to Displacement by Natural Forces
- ___ Priority 2 - Homeless due to Displacement by Public Action (Urban Renewal)
- ___ Priority 3 - Homeless due to Displacement by Public Action (Sanitary Code Violations)
- ___ Priority 4 - Homeless due to Domestic Violence (Conditions apply)

As of January 31, 2010 were you 62 or older? ___ Yes ___ No, If Yes:

Were you receiving HUD rental assistance at another location? ___ Yes ___ No

Or, was your initial determination of eligibility begun before 1/31/2010? ___ 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, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form 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

The Abrams Management Company, Inc., acting as management agent for Anderson Park Apartments LLC, does not discriminate on the basis of race, color, religion, sex, national origin, genetic information, 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, or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy as well as based on race, national origin or another protected characteristic resulting from consideration of an applicant’s limited ability to read, write, speak or understand English, or persons with limited English proficiency (“LEP”), either through the use of language-related criteria, or through a failure to provide housing-related language assistance services to persons with LEP.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Anderson Park Apartments **800008270** 250 Cambridge Street, Boston, MA 02114

Name of Property Project No. Address of Property

The Abrams Management Company, Inc. **Section 8**

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.