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Development • Property Management • Investments

Fresh Pond Apartments  
364 Rindge Avenue  
Cambridge, MA 02140  
Ph: 617-492-6650  
Fax: 617-492-0182  
www.Freshpondapartments.com

We are happy that you are interested in making your new home with us! We feature programs tailored to different household incomes, so please select the program that best fits your needs.

**Option 1:** I wish to apply for the PROJECT BASED SECTION 8 Housing Program. There is no minimum income for this program. Rent is approximately 30% of gross monthly income.

| Project Based Section 8 | 1 Person | 2 Person  | 3 Person  | 4 Person  | 5 Person  | 6 Person  | 7 Person  | 8 Person  |
|-------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Maximum Annual Income   | \$96,000 | \$109,700 | \$123,400 | \$137,100 | \$148,100 | \$159,050 | \$170,050 | \$181,000 |

**Option 2:** I am currently in possession of a MOBILE VOUCHER with a Housing Authority that I would like to use at Fresh Pond.

**Option 3:** I wish to apply for the LOW or MODERATE INCOME Housing Program. Minimum monthly income for this program is 2.5 times the monthly rent.

| 1 Bedroom Rent | New Resident Income Limits for 1 BEDROOM |           |           |           |           |           |
|----------------|------------------------------------------|-----------|-----------|-----------|-----------|-----------|
|                | Annual Income                            | 1 Person  | 2 Person  | 3 Person  |           |           |
|                | Minimum                                  | \$64,800  | \$64,800  | \$64,800  |           |           |
| \$2,160        | Maximum                                  | \$96,000  | \$109,700 | \$123,400 |           |           |
| \$2,624        | Maximum                                  | \$107,050 | \$122,350 | \$137,650 |           |           |
| 2 Bedroom Rent | New Resident Income Limits for 2 BEDROOM |           |           |           |           |           |
|                | Annual Income                            | 2 Person  | 3 Person  | 4 Person  | 5 Person  | 6 Person  |
|                | Minimum                                  | \$77,820  | \$77,820  | \$77,820  | \$77,820  | \$77,820  |
| \$2,594        | Maximum                                  | \$109,700 | \$123,400 | \$137,100 | \$148,100 | \$159,050 |
| \$3,149        | Maximum                                  | \$122,350 | \$137,650 | \$152,900 | \$165,150 | \$177,350 |
| 3 Bedroom Rent | New Resident Income Limits for 3 BEDROOM |           |           |           |           |           |
|                | Annual Income                            | 3 Person  | 4 Person  | 5 Person  | 6 Person  | 7 Person  |
|                | Minimum                                  | \$89,910  | \$89,910  | \$89,910  | \$89,910  | \$89,910  |
| \$2,997        | Maximum                                  | \$123,400 | \$137,100 | \$148,100 | \$159,050 | \$170,050 |
| \$3,638        | Maximum                                  | \$137,650 | \$152,900 | \$165,150 | \$177,350 | \$189,600 |

We maintain preferences for higher placement on our waitlists, so be sure to include this information on your application!

**Preference 1:** I/We live in Cambridge, MA and have children under the age of 18

**Preference 2:** I/We live in Cambridge, MA and have no children

**Preference 3:** I/We Work in Cambridge, MA and have children under the age of 18

**Preference 4:** I/We Work in Cambridge, MA and have no children

If your contact information changes, please notify us in writing so we can always reach you. We update our waitlists every February by mail, and failure to return the update letter will result in removal from the waitlist – so please return your update letter before the deadline!

Applicants must be 18 years of age and/or have the legal capacity to sign the lease.

This application is to be completed fully with every question answered. **Massachusetts Rental Application** Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 Low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the address and telephone number listed below.

Fresh Pond Apartments  
364 Rindge Avenue  
Cambridge, MA 02140 (617)  
492-6650 Phone  
TTY Relay:711



**FOR OFFICE USE ONLY:**

Received date and time stamp here:

Total household income: \$ \_\_\_\_\_

(Please print clearly)

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

This rental application is for: Fresh Pond Apartments Desired Move-In Date: \_\_\_\_\_

Bedroom size requested: 1BR ☐ 2BR ☐ 3BR ☐ Accessible unit ☐

**Note: Please answer all sections completely. Failure to do so will result in your application being returned to you as incomplete causing further delays in processing.**

**HOUSEHOLD COMPOSITION**

| NAME OF HOUSEHOLD MEMBERS<br>(First, Middle Initial, Last) | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH<br>(mm/dd/year) | SOCIAL SECURITY NUMBER | STUDENT (Y/N)<br>FULL (FT) or PART-TIME (PT) |
|------------------------------------------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
|                                                            | HEAD                              |                               |                        |                                              |
|                                                            |                                   |                               |                        |                                              |
|                                                            |                                   |                               |                        |                                              |
|                                                            |                                   |                               |                        |                                              |
|                                                            |                                   |                               |                        |                                              |

**\*\*Do you expect any changes to your household in the next 12 months?** Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Provide all addresses where you have lived for the past five (5) years. Please print clearly.

**CURRENT ADDRESS:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #1**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #2**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**STATES/TERRITORIES LIVED IN**Please list all states and territories of the U.S. applicant(s) has/have lived in: \_\_\_\_\_**DISABILITY STATUS:**

- |                                                                                           |                              |                             |
|-------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Would you or anyone in your household benefit from the features of an accessible unit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Would you like to be placed on a waiting list for an accessible unit?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you seeking admission based on a disability?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you require any modifications to the unit?                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- If so, please list the specific modifications needed: \_\_\_\_\_

**RACE & ETHNICITY:**

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐

Native Hawaiian /Other Pacific Islander ☐ Other (please specify) \_\_\_\_\_

**STUDENT STATUS:**

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐  
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐  
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

4. Have you or any member of your household been convicted for the sale or manufacture of an illegal drug or controlled substance? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

5. Are you or any member of your household required to register as a lifetime sex offender in any state or territory of the U.S.? Yes ☐ No ☐

6. Are you currently living in federal or state subsidized housing? Yes ☐ No ☐

7. Were you 62 years of age or older and receiving HUD rental assistance at another location on or before January 31, 2010? Yes ☐ No ☐ N/A ☐

If yes, please provide Street Address, Apt #, City, ST Zip Code: \_\_\_\_\_

8. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐

9. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

If yes, please provide household member name and U.S. military branch: \_\_\_\_\_

10. Do you have any pets (excluding service animals)? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

11. How did you hear about our apartment community? \_\_\_\_\_

12. Briefly explain your reasons for applying to our apartment community: \_\_\_\_\_

13. Will you take an apartment when one becomes available? Yes ☐ No ☐

**EMERGENCY CONTACT** - Please provide contact information for two people who are not planning to live with you whom we may contact to help locate you during the processing of your application or in the event of an emergency:

**Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

# **INCOME**

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations (if applicable) require that each applicant disclose all sources of income and assets including those of minors. Applicants for housing at this property must complete this disclosure of income and assets by providing the requested information and certifying to its accuracy. Please provide the mailing address and phone number for each of these sources in the area provided. *Note: If an Income source is received from a foreign country, you must disclose this as well.*

| INCOME SOURCES                                                                                                                                  | CIRCLE YES<br>or NO FOR<br>EACH<br>SOURCE |    | HOUSEHOLD MEMBER<br>WHO RECEIVES THE<br>INCOME | MONTHLY<br>GROSS AMOUNT | ADDRESS & PHONE # TO<br>SEND VERIFICATION FORM |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----|------------------------------------------------|-------------------------|------------------------------------------------|
|                                                                                                                                                 | YES                                       | NO |                                                |                         |                                                |
| Employment Income<br>including wages, tips,<br>bonuses and commissions                                                                          |                                           |    |                                                | \$                      |                                                |
| Self-employment or<br>business income                                                                                                           |                                           |    |                                                | \$                      |                                                |
| Social Security Retirement<br>Benefits                                                                                                          |                                           |    |                                                | \$                      |                                                |
| Supplemental Security<br>Income (including SSP) or<br>SSDI                                                                                      |                                           |    |                                                | \$                      |                                                |
| Periodic payments from<br>Short or Long-Term<br>Disability, Death Benefit,<br>Trust, Pension, Annuity or<br>other type of Retirement<br>Account |                                           |    |                                                | \$                      |                                                |
| Public Assistance (TANF,<br>EAEDC, General Assistance)                                                                                          |                                           |    |                                                | \$                      |                                                |
| Real estate rental income                                                                                                                       |                                           |    |                                                | \$                      |                                                |
| Child support or unearned<br>Income from a family<br>member under 18 years of<br>age                                                            |                                           |    |                                                | \$                      |                                                |
| Alimony                                                                                                                                         |                                           |    |                                                | \$                      |                                                |
| Veterans' benefits                                                                                                                              |                                           |    |                                                | \$                      |                                                |
| Unemployment<br>compensation                                                                                                                    |                                           |    |                                                | \$                      |                                                |
| Interest or dividend income<br>earned from assets                                                                                               |                                           |    |                                                | \$                      |                                                |
| Recurring gifts or family<br>contributions (monetary<br>or not)                                                                                 |                                           |    |                                                | \$                      |                                                |
| Financial Aid (grants &<br>scholarships) in excess of<br>tuition.                                                                               |                                           |    |                                                | \$                      |                                                |
| Other (please explain)                                                                                                                          |                                           |    |                                                | \$                      |                                                |

Do you anticipate any changes in your household income during the next 12 months? Yes ☐ No ☐

Explanation: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payer.

- |                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Do you or any household member have a court order to receive child support payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes, are you currently receiving any child support payments?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If yes, are your child support payments court ordered?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. If child support is not being received, are you taking legal action to remedy?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explanation: \_\_\_\_\_

**ASSETS:** You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts. If you need additional space, please request an additional form.

| Type of Assets                                                            | CIRCLE YES or NO FOR EACH ASSET |    | Balance or Cash Value | Account # | Financial Institution Name |
|---------------------------------------------------------------------------|---------------------------------|----|-----------------------|-----------|----------------------------|
|                                                                           | Yes                             | No |                       |           |                            |
| Checking Account                                                          | Yes                             | No | \$                    |           |                            |
| Checking Account (if more than one account)                               | Yes                             | No | \$                    |           |                            |
| Savings Account                                                           | Yes                             | No | \$                    |           |                            |
| Savings Account (if more than one account)                                | Yes                             | No | \$                    |           |                            |
| Cash on Hand                                                              | Yes                             | No | \$                    |           |                            |
| Trust (Revocable or Non-revocable)                                        | Yes                             | No | \$                    |           |                            |
| Certificate of Deposit (CD)                                               | Yes                             | No | \$                    |           |                            |
| Life Insurance (Whole or Universal)                                       | Yes                             | No | \$                    |           |                            |
| Credit Union Account                                                      | Yes                             | No | \$                    |           |                            |
| IRA or 401k Account                                                       | Yes                             | No | \$                    |           |                            |
| Pension/Retirement                                                        | Yes                             | No | \$                    |           |                            |
| Stocks or Mutual Funds                                                    | Yes                             | No | \$                    |           |                            |
| Investment Bonds                                                          | Yes                             | No | \$                    |           |                            |
| Money market account                                                      | Yes                             | No | \$                    |           |                            |
| Money in a safety deposit box                                             | Yes                             | No | \$                    |           |                            |
| U.S. Savings Bonds                                                        | Yes                             | No | \$                    |           |                            |
| Personal property held as an investment such as antique cars, coins, etc. | Yes                             | No | \$                    |           |                            |
| Assets held in foreign countries                                          | Yes                             | No | \$                    |           |                            |
| Other (Describe)                                                          | Yes                             | No | \$                    |           |                            |

**Jointly held assets:** Are any of the above assets owned jointly by any household members? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**REAL ESTATE (including real estate in a foreign country):**

Do you own any property? Yes ☐ No ☐

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Do you receive any rental income from your property? Yes: ☐ No: ☐

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

**Assets disposed of for less than fair market value within past two years:**

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above?

Yes ☐ No ☐

If yes, did you dispose of any assets for less than fair market value?

Yes ☐ No ☐

**Please list assets disposed of within past two years:**

| TYPE OF ASSET | MARKET VALUE | AMOUNT RECEIVED | DATE DISPOSED |
|---------------|--------------|-----------------|---------------|
|               | \$           | \$              |               |
|               | \$           | \$              |               |

**NOTE:**

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. All applicants, age 18 or older must sign and date this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

|                                            |                         |
|--------------------------------------------|-------------------------|
| Employment Income                          | Social Security Income  |
| Self-Employment Income                     | Disability Income       |
| Pension Income                             | Other Sources of Income |
| Assets of Any Kind                         | Student Status          |
| Family Composition                         | Landlord References     |
| Federal, State, Tribal, and Local Benefits | Credit References       |
| Criminal History                           |                         |

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

### Please Complete This Section:

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

### Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  
Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Co-Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  
Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use a separate page for additional household members who are age 18 and older.

Attachments: HUD-92006 "Supplement to Application for Federally Assisted Housing Form"  
HUD-27061-H "Race and Ethnic Data Reporting Form" for each household member.  
Reasonable Accommodation Policy

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                                                                                                                                                                     |
| <b>Name of Additional Contact Person or Organization:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                                                                                                                                                                     |
| <b>E-Mail Address (if applicable):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |
| <b>Relationship to Applicant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                           |
| <b>Reason for Contact: (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                           |
| <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <b>Commitment of Housing Authority or Owner:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                           |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |
| <b>Legal Notification:</b> 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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)**Rindge Associates 02355069**

364 Rindge Avenue, Cambridge MA 02140

Name of Property

Project No.

Address of Property

**Federal Management**

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<br>One               |
|-------------------------------------------|-----------------------------|
| Hispanic or Latino                        |                             |
| Not-Hispanic or Latino                    |                             |
| Racial Categories*                        | Select<br>All that<br>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 form 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.

**The Schochet Companies**  
536 Granite Street, Suite 301  
Braintree, MA 02184  
Tel 617-482-8925  
Fax 617-338-8505

FEDMC  
\$

**CORI Request Form**

The Schochet Companies has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for Fresh Pond Apartments, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
MAIDEN NAME (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(requested, not required)

\_\_\_\_\_  
ID Theft Index PIN\*  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT MONTHLY RENT: \_\_\_\_\_

**CURRENT AND FORMER ADDRESSES:**

\_\_\_\_\_  
SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

\_\_\_\_\_  
STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUES PHOTOGRAPHIC IDENTIFICATION:

IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614

