

HK||HallKeen Management

July 26, 2016

Dear Potential Applicant,

Thank you for your interest in Village Greens II Apartments. If you are interested in being placed in the lottery for residency, please complete the attached application and drop it off or mail it by the lottery submission deadline of September 30, 2016 to:

Village Green Apartments
767 AA Independence Drive
Barnstable, MA. 02601

Applications that are received after the lottery submission deadline of September 30, 2016 will be kept and placed on the waitlist.

Household must be income eligible to be entered into the lottery. We have included a list that will help you to determine what income and assets are used to calculate annual household income.

There are two preferences available for the lottery. They are a homeless or at-risk of homelessness preference and a local preference. Eligibility guidelines for both preferences are described on Page 2 and Page 3 of the Rental Application. Proof of preference must be submitted along with the application in order to be considered.

Any application that is not fully complete will be returned. Thank you.

Sincerely,

HallKeen Management



Village Green II
Affordable Apartments – Eligibility/Documentation Requirements
Barnstable Town, MA MSA

Gross Income Limits Effective March 28, 2016*
**Subject to change annually*

LIHTC RENT LIMITS:

1 BEDROOM	2 BEDROOM	3 BEDROOM
\$884	\$1,055	\$1,210

Residents are responsible for electric cooking and other electricity

GROSS INCOME LIMIT (60%) LHTC
GROSS INCOME LIMIT (50%) MRVP
GROSS INCOME LIMIT (30%) SEC 8

1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON
35,700	40,800	45,900	50,940	55,020	59,100
29,750	34,000	38,250	42,450	45,850	49,250
17,850	20,400	22,950	25,450	28,440	32,580

Note: 50% and 30% residents will pay 30% of adjusted gross income for rent.

MINIMUM INCOME (40%):

1 BEDROOM	2 BEDROOM	3 BEDROOM
\$26,520	\$31,650	\$36,300

Minimum Income does not apply to MRVP, Section 8 or Section 8 Mobile Vouchers

INCOME SOURCES THAT MUST BE VERIFIED

ALL gross income for the entire household must be verified.

Federal regulations require that verification of income for each person in the household be verified directly from the income sources to determine final eligibility. However, copies of statements or other documentation you provide will assist in determining preliminary eligibility.

Income includes (but is not limited to):

- Wages or Salary
- Unemployment Compensation
- Social Security
- SSI/SSDI/SSP
- Alimony/Child Support
- Income from Non-Revocable Trusts
- Tips, Commission, Bonuses
- Military Pay
- Income from Special Needs Trusts
- Veterans Benefits/Pensions
- TAFDC/Welfare Payments
- TANF/Public Assistance
- Pension or Annuity
- Worker's Compensation/Disability Income
- Net Income from Operation of a Business or Profession/Self Employment
- Recurring Lottery Winning Payments
- Income from Long-Term Insurance
- Any other income, regular payment or gift from any source (such as family members or friends).

Assets and the income from assets must be verified by your bank/broker. Assets include (but are not limited to):

- Savings Accounts
- Checking Accounts
- Cash
- Money Market Accounts
- Term Certificates/CD's
- EBT Cash Cards
- Personal Property Held for Investment (Gems, Coins, etc.)
- IRA / 401K / Keogh Accounts
- Thrift Savings Plans (TSP's)
- Annuities
- Revocable Trusts
- Interest / Dividend Income
- Direct Express Cards
- Lump Sum Receipts (Inheritance, Capital Gains, One-Time Lottery Winnings, Settlements, Insurance, etc.)
- Treasury Bills
- Mutual Funds
- Stocks / Bonds
- Cash Value of Life Insurance
- Rental Income
- DOT Child Support Debit Cards
- Appraised Value of Real Estate (Including Second Homes or Timeshares)

STUDENT ELIGIBILITY FOR AFFORDABLE UNITS

If **ALL** of the persons in your household have been or will be Full-Time Students during any part of any five (5) calendar months of the current year following the date of move-in, the household generally does not qualify

Exceptions to Student Rule for Full-Time Student Households:

- A Full-Time Student married and filing a joint tax return
- A Full-Time Student and receives assistance under Title IV of the Social Security Act
- A Full-Time Student enrolled in a job training program under the Job Training Partnership Act/ Workforce Investment Act (federal, state or local)
- A Full-Time Student and AFDC/TANF recipient
- A Full-Time Student and single parent living with his/her minor child who is not a dependent on another's tax return
- A Full-Time Student previously in the foster care system

HALLKEEN MANAGEMENT

*Este documento es importante, por favor tradúzcalo | Este documento é importante, por favor, tê-lo traduzido | Questo documento é importante, si prega di farlo tradurre
Translation Services Available*

RENTAL APPLICATION **Equal Housing Opportunity**

MANAGEMENT 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.

Application Date: _____
Property Name: Village Green II Apartments
Address: 767AA Independence Way
City, State, Zip: Barnstable, MA 02601
Telephone Number: (508) 534-9643
TDD#: Call 7-1-1
Email Address: villagegreen@hallkeen.com
Return Completed Application To:
Village Green Apartments
767AA Independence Way
Barnstable, MA. 02601

APPLICATION FOR ADMISSION

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

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address: _____
Street _____ Apt. # _____
City, State _____ Zip Code _____

Current Landlord: _____
Name _____ Telephone _____
Street _____ Apt. # _____
City, State _____ Zip Code _____

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)
 American Indian/Alaskan Native Asian or Pacific Islander Other (not white or Hispanic)
 Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR

<i>OFFICE USE ONLY</i>
A# _____
L# _____

ADDITIONAL INFORMATION:

- Do you currently hold a Mobile Voucher? Yes No
- Are you requesting a Hearing/Visual Adapted Unit? Yes No
- Are you requesting a Wheelchair Adapted Unit? Yes No
- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you? Yes No

If yes, please explain/provide details: _____

- Do you or a member in your household consider yourself to be homeless or at-risk of being homeless? Yes No

(See next page for definition of Homelessness. Please provide proof of homelessness, such as a letter from a shelter or an eviction notice from a landlord.)

If yes, please explain/provide details: _____

- Do you currently live in Barnstable? Yes No

If yes, which household member(s) does this apply to? _____

(Please submit proof with this application, such as a utility bill indicating you name and current address, a current lease, etc.)

- Do you currently work in Barnstable? Yes No

If yes, which household member(s) does this apply to? _____

(Please submit proof with this application, such as a copy of your pay-stub)

- Does any member of the household attend school in Barnstable? Yes No

(Please submit proof with this application, such as a copy of a current report card)

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

If yes, please explain/provide details: _____

- Have you ever been arrested or convicted of any crime? Yes No

If yes, please explain/provide details: _____

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

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

CURRENT HOUSING:

- Present Housing Cost Per Month \$ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? Yes No
- How Long Have You Lived at Present Address? _____ Years, _____ Months
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

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

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (check one)
1 _____	Head of Household	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 _____	_____	_____	___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. *Please include both long term and temporary residences.*

1) Previous Address _____

Dates Lived at This Address _____

Name of Landlord _____

Landlord Telephone # _____ Landlord E-mail address _____

Landlord Address _____

2) Previous Address _____

Dates Lived at This Address _____

Name of Landlord _____

Landlord Telephone # _____ Landlord E-mail address _____

Landlord Address _____

3) Previous Address _____

Dates Lived at This Address _____

Name of Landlord _____

Landlord Telephone # _____ Landlord E-mail address _____

Landlord Address _____

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.

1.) Character Reference Name _____

Telephone #: _____ | E-mail Address: _____

Address: _____

2.) Character Reference Name _____

Telephone #: _____ | E-mail Address: _____

Address: _____

3.) Character Reference Name _____

Telephone #: _____ | E-mail Address: _____

Address: _____

EMPLOYMENT:

IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? Yes No

If yes, please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 3.

Member # _____

Name of Present Employer _____ Telephone _____

Employer's Address _____

Number of Years Employed _____ Position _____

Job Type: Seasonal Temporary Permanent Part-Time Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? _____

If hourly, rate per hour: \$ _____ Number of hours scheduled each week: _____ hours

Gross Earnings (before taxes): \$ _____ Weekly Bi-weekly Monthly

Member # _____

Name of Present Employer _____ Telephone _____

Employer's Address _____

Number of Years Employed _____ Position _____

Job Type: Seasonal Temporary Permanent Part-Time Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? _____

If hourly, rate per hour: \$ _____ Number of hours scheduled each week: _____ hours

Gross Earnings (before taxes): \$ _____ Weekly Bi-weekly Monthly

Member # _____

Name of Present Employer _____ Telephone _____

Employer's Address _____

Number of Years Employed _____ Position _____

Job Type: Seasonal Temporary Permanent Part-Time Full-Time

Do you receive tips, commission or bonuses? If yes, how much per week? _____

If hourly, rate per hour: \$ _____ Number of hours scheduled each week: _____ hours

Gross Earnings (before taxes): \$ _____ Weekly Bi-weekly Monthly

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Regular Monetary Gifts from someone that is not a member of the household*)? Yes No

If yes, list below by household member and income type:

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)

DOES ANY HOUSEHOLD MEMBER HAVE ASSETS (Assets include Checking and Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds, etc.)? Yes No **If yes, list below:**

Member # _____ (From Page 3)

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____ (From Page 3)

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____ (From Page 3)

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____ (From Page 3)

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____ (From Page 3)

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc? Yes No

If yes, list below:

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

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

Name: _____ Relationship: _____

Phone Numbers: _____ Email Address: _____

Address: _____

Name: _____ Relationship: _____

Phone Numbers: _____ Email Address: _____

Address: _____

ADDITIONAL INFORMATION:

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

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

IF YES, ANSWER THE FOLLOWING QUESTIONS:

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

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

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

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

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

CONFLICTS PROHIBITED

(a) Dakota Partners, Inc., Village Green II, LLC and HallKeen Management as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either Dakota Partners Inc., Village Green II and HallKeen Management (when acting as the Agent).

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

POLICY

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

Are any members of your household related, employed, acting as agent, developer or sponsor of either Dakota Partners, Inc, Village Green II or HallKeen Management? Yes No

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

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury:

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

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

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



To: HallKeen Management

Re: **Release to Obtain Information**

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

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign:

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

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

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

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

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

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

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

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

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

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

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

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

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

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800