Rantoul Street
• 273 Rantoul St
Beverly, MA 01915

The YMCA of the North Shore is currently accepting applications. These affordable apartments are for income qualifying applicants only. Please send your completed application to 325 Cabot Street #100, Beverly, MA 01915 or drop it off at the YMCA Housing Office located at 275 Rantoul Street, Beverly, MA 01915. If you have any questions, please contact the housing office at 978-564-3460 TTY/Relay #711.

Included Amenities:
• Landscaping and snow removal
• On site management and maintenance team
• Coin operated laundry machines

Resident Rules:
• No overnight guests for more than 14 days in a calendar year
• No pets
• No smoking

Rent:
• 3 Bdrm. $1,020.00
• 4 Bdrm. $1,396.00

Application Process:
• Please fill out an application completely and return to get on our waitlist
• The waitlist is open. Please call the housing office for a current estimated wait time.
• We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
• If a reasonable accommodation is needed please make the request at time of application

<table>
<thead>
<tr>
<th>Income Limits</th>
<th>per Household</th>
</tr>
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<tbody>
<tr>
<td>3 Person</td>
<td>$72,480</td>
</tr>
<tr>
<td>4 Person</td>
<td>$80,520</td>
</tr>
<tr>
<td>5 Person</td>
<td>$87,000</td>
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<tr>
<td>6 Person</td>
<td>$93,420</td>
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</tbody>
</table>
Occupancy Application
Rantoul Street Housing
C/o YMCA of the North Shore
245 Cabot St.
Beverly, MA 01915

Please complete this application and return to Rantoul Street Housing at the address listed at the top of this page. An applicant may be interviewed only after a completed application is received.

A. GENERAL INFORMATION

First Applicant's name ________________________________ S.S.# ________________
Address __________________________________________
Street _________ Apt # _________ City _________ State _________ Zip _________
Telephone # __________________ Date of Birth ___________
Do you own ___ or Rent ___ If rental, amount of current monthly rental payment: $ _________

Check utilities paid by you:

____ Heat __________ Gas __________ Electricity _________ Other (excluding phone and cable TV) $ _________

Second Applicant's name ________________________________ S.S.# ________________
Address (if different) __________________________________
Street _________ Apt # _________ City _________ State _________ Zip _________
Telephone # __________________ Date of Birth ___________
Do you own ___ or Rent ___ If rental, amount of current monthly rental payment: $ _________

Total number of persons to reside in household:
Number of Bedrooms requested: __________ LIMIT 2 PERSONS PER BEDROOM

OTHER APPLICANTS

NAME

NAME

NAME

NAME

Is everyone in the household a full time student? _________

Rantoul Street Housing is an Equal Housing Opportunity company, with projects in compliance with 504 Fair Housing Regulations.
B. INCOME:  LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FIRST APPLICANT  SECOND APPLICANT

Social Security  Monthly Income $  $  
Pension  Monthly Income $  $  
Veterans Benefits  Monthly Income $  $  
SSI Benefits  Monthly Income $  $  
Unemployment Compensation  Monthly Income $  $  
EAEDC or TAFDC  Monthly Income $  $  
Wages (Gross)  Monthly Income $  $  

FIRST APPLICANT  Address  How Long Employed

Employer
Position Held
Address
How Long Employed

SECOND APPLICANT  Address  How Long Employed

Employer
Position Held
Address
How Long Employed

Full Time Student  Monthly Income $  
Alimony  Monthly Income $  Source  
Child Support  Monthly Income $  Source  
Interest Income  Monthly Income $  Source  
Other Income  Monthly Income $  Source  

TOTAL GROSS ANNUAL INCOME FOR BOTH APPLICANTS (Base this on the monthly amounts listed above and multiply x 12) $  

Do you anticipate any changes in this income in the next 12 months? Yes  No  
If Yes, Explain:  

C. ASSETS:

FIRST APPLICANT  SECOND APPLICANT

Checking Account(s)  Balance $  Balance $  
Bank  Balance $  
Bank  Balance $  
Savings Account(s)  Balance $  Balance $  
Bank  Balance $  
Bank  Balance $  
Trust Accounts and/or Certificates  Balance $  Balance $  
Bank  Balance $  
Bank  Balance $  
Credit Union  Balance $  Balance $  
Bank  Balance $  
Bank  Balance $  

Page 2 of 8
Savings Bond(s)
Maturity Date _______ Balance $ _______ Maturity Date _______ Balance $ _______
Maturity Date _______ Balance $ _______ Maturity Date _______ Balance $ _______
Whole Life Insurance Policy # _______ Face Value $ _______ Cash Value of life insurance policy $ _______

BOTH APPLICANTS
Real Estate Property: Do you own any property? Yes ______ No ______
If yes, type of property ________________________________
Locations
Appraised market value $ _______
Mortgage or outstanding loan balance due $ _______
Amount of Annual Insurance Premium $ _______
Amount of Most Recent Tax Bill $ _______

Have you sold/disposed of any property in the last 2 years? Yes ______ No ______
If yes, type of property ________________________________
Market value when sold/disposed $ _______
Amount sold/disposed $ _______
Date of transaction ________________________________

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes ______ No ______
   If yes, describe assets ________________________________
   Date of disposition ________________________________ Amount disposed $ _______

2. Do you have any other assets not listed above (Excluding personal property)?
   Yes ______ No ______
   If yes, list ______________________________________

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:

Medical Cost: Complete this part ONLY if 62 or older, disabled or handicapped:
1. Medicare premiums Monthly Amount $ __________________________
2. Medical insurance coverage
   Name of insurance company ________________________________
   Address ________________________________________________
   Monthly Amount $ __________________________
3. Anticipated medical / drug / prescription / non-prescription cost NOT covered by insurance
   OR reimbursed Monthly Amount $ __________________________
4. Medical bills or outstanding cost you are making monthly payments for:
   Balance Due $ __________________________ Monthly Amount $ __________________________ Payable To
5. Medical related travel costs $ __________________________
6. Are you seeing a physician regularly? Yes ______ No ______
   Name ________________________________________________
   Address ________________________________________________
   Street __________________________ City ______ State ______ Zip ______
Projected costs NOT covered by insurance OR Reimbursed for the next 12 months $ __________
7. Any other medical expenses: List type and amount: __________ $ __________

Childcare Costs: Complete ONLY for children 12 and younger:
8. Name(s) of children cared for __________________ Age __________
   __________________ Age __________
   __________________ Age __________

9. Name and address of person or agency caring for children
Name ____________________________________________________________
Address __________________________________________________________
   Street __________ City __________ State __________ Zip __________

10. Weekly cost for childcare due to employment $ __________
11. Weekly cost for childcare due to education $ __________

Handicapped Assistance Expenses: Attendant care and / or apparatus expenses that enables
handicapped applicants to work. Complete ONLY if handicap expenses allow you to work.
12. List type of expenses, weekly amount, paid to whom:
_________________________________________________________________
_________________________________________________________________

E. PROGRAM INFORMATION:
1. Are you displaced? Yes ______ No ______
   If YES, displacement agency __________________

2. Is your current unit condemned / substandard? Yes ______ No ______
   If YES, describe __________________

3. Are you paying more than 50% of your gross income for rent and utilities?
   Yes ______ No ______

4. Are you paying for status as an “Elderly Household”, where the tenant or where you are 62 or older,
handicapped, or disabled as defined by FmHA? Yes ______ No ______

5. Would you benefit from a wheelchair or other handicapped accessible unit?
   Yes ______ No ______

6. If so, would you like to request an adapted unit? Yes ______ No ______

7. Are you currently living in subsidized housing? Yes ______ No ______

8. Have you ever resided in a project financed and / or subsidized by the government?
   Yes ______ No ______
   If Yes, Name and address __________________

9. Have you ever been evicted from public housing or any other Federal Housing Program?
   Yes ______ No ______
   When __________________ Describe reason __________________

10. Have you ever been evicted from other housing? Yes ______ No ______
11. Have you ever been convicted of a felony? Yes ______ No ______
12. Are you currently using illegal drugs? Yes ______ No ______
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
    Yes ______ No ______
14. Are you now or will you become a part time or full time student prior to move-in?
    Yes ______ No ______
15. How did you hear about this housing?

16. Will you take a unit when one is available? Yes ____ No ____

17. Briefly describe your reasons for applying

F1. REFERENCE INFORMATION: FIRST APPLICANT

Current Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

Previous Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

Previous Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

List any other states where you lived in the past 7 year’s ____________________________

G1. CREDIT REFERENCES:

1. Name ___________________________ Address __________________________
2. Name ___________________________ Address __________________________
3. Name ___________________________ Address __________________________

H1. PERSONAL NON-RELATED REFERENCES:

1. Name ___________________________ Address __________________________
2. Name ___________________________ Address __________________________
3. Name ___________________________ Address __________________________

I1. OTHER REQUIRED INFORMATION:

List any car, truck, or other vehicle owned:
Type of vehicle ______________________________ Year/Make __________ Color __________
License Plate # __________________________ Driver’s License __________________________

F2. REFERENCE INFORMATION: SECOND APPLICANT

Current Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

Previous Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

Previous Landlord: Name ___________________________________  
Address ________________________________________________  
Home Phone (____) __________ Business ____________________

List any other states where you lived in the past 7 year’s ____________________________
(continue on back of application as needed)
G2. CREDIT REFERENCES:
1. Name ___________________________ Address ___________________________
2. Name ___________________________ Address ___________________________
3. Name ___________________________ Address ___________________________

H2. PERSONAL NON-RELATED REFERENCES:
1. Name ___________________________ Address ___________________________
2. Name ___________________________ Address ___________________________
3. Name ___________________________ Address ___________________________

I2. OTHER REQUIRED INFORMATION:
List any car, truck, or other vehicle owned:
Type of vehicle ____________________ Year/Make ____________________ Color _______
License Plate # ____________________ Driver’s License ________________

CONTINUED ON NEXT PAGE
CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Rantoul Street Housing selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: ________________________________

Name ________________________________ Date ________________________________

AUTHORIZATION

I do hereby authorize Rantoul Street Housing and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Rantoul Street Housing to verify all information listed on this application.

Signature: ________________________________

Name ________________________________ Date ________________________________
J. CERTIFICATION / AUTHORIZATION
SECOND APPLICANT

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Rantoul Street Housing selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: ____________________________

Name ____________________________ Date ____________________________

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Signature: ____________________________

Name ____________________________ Date ____________________________

FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by Rantoul Street Housing in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race(s) ____________________________ Ethnic Group(s) ____________________________ Sex(s) ______