Holcroft Park Homes One
• 9 Mill St & 10,22 and 30 Grant 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 or drop off your completed application to 325 Cabot Street # 100, Beverly, MA 01915. If you have any questions, please contact the housing office at 978-564-3460- TTY/Relay # 711.

Included Amenities:
• Heat and hot water
• Free YMCA of the North Shore family membership
• Landscaping and snow removal
• First come first serve off-street parking with sticker
• 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:
• 2 Bdrm. $1,146.00
• 3 Bdrm. Starting at $1,360.00

Application Process:
• Please fill out an application completely and return to get on our waitlist
• The waitlist for a two, or three bedroom apartment is open. 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

Please print this application single sided. Thank you!

<table>
<thead>
<tr>
<th>Income Limits per Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
</tr>
<tr>
<td>$58,920</td>
</tr>
<tr>
<td>2 Person</td>
</tr>
<tr>
<td>$67,320</td>
</tr>
<tr>
<td>3 Person</td>
</tr>
<tr>
<td>$75,720</td>
</tr>
<tr>
<td>4 Person</td>
</tr>
<tr>
<td>$84,120</td>
</tr>
<tr>
<td>5 Person</td>
</tr>
<tr>
<td>$90,900</td>
</tr>
<tr>
<td>6 Person</td>
</tr>
<tr>
<td>$97,620</td>
</tr>
</tbody>
</table>
Occupancy Application
Holcroft Park Homes Limited Partnership
C/o YMCA of the North Shore
245 Cabot St.
Beverly, MA 01915

Please complete this application and return to Holcroft Park Homes Limited Partnership 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 ______ Other

(Approximately monthly cost of utilities paid by you (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? ________

Holcroft Park Homes Limited Partnership 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:

<table>
<thead>
<tr>
<th>Source</th>
<th>First Applicant</th>
<th>Second Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>Pension</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>SSI Benefits</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>EAEDC or TAFDC</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
<tr>
<td>Wages (Gross)</td>
<td>Monthly Income $</td>
<td>$</td>
</tr>
</tbody>
</table>

FIRST APPLICANT

Employer ___________________________ Address ___________________________

Position Held ___________________________ How Long Employed ___________

Employer ___________________________ Address ___________________________

Position Held ___________________________ How Long Employed ___________

SECOND APPLICANT

Employer ___________________________

Position Held ___________________________ How Long Employed ___________

Employer ___________________________

Position Held ___________________________ How Long Employed ___________

<table>
<thead>
<tr>
<th>Source</th>
<th>First Applicant</th>
<th>Second Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Student</td>
<td>Monthly Income $</td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td>Monthly Income $</td>
<td>Source</td>
</tr>
<tr>
<td>Child Support</td>
<td>Monthly Income $</td>
<td>Source</td>
</tr>
<tr>
<td>Interest Income</td>
<td>Monthly Income $</td>
<td>Source</td>
</tr>
<tr>
<td>Other Income</td>
<td>Monthly Income $</td>
<td>Source</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Checking Account(s)</th>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Savings Account(s)

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trust Accounts and/or Certificates

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Credit Union

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECOND APPLICANT

<table>
<thead>
<tr>
<th>Checking Account(s)</th>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Savings Account(s)

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trust Accounts and/or Certificates

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Credit Union

<table>
<thead>
<tr>
<th>Bank</th>
<th>Balance $</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ____________________ Amount disposed $
   Date of disposition ____________________

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 ____________________
   Street ____________________ City ____________________ State ____________ Zip
   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 ____________________
Phase One

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 __________

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 _____ If Yes, where ________________________________

    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 _____
Phase One
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
Phase One

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
J. CERTIFICATION / AUTHORIZATION
FIRST 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 Holcroft Park Homes Limited Partnership 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 Holcroft Park Homes Limited Partnership 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 Holcroft Park Homes Limited Partnership 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 Holcroft Park Homes Limited Partnership 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 Holcroft Park Homes Limited Partnership 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 Holcroft Park Homes Limited Partnership to verify all information listed on this application.

Signature: __________________________

Name ___________________________ Date _____________

FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by Holcroft Park Homes Limited Partnership 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.
Phase One

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) ______