



## APPLICATION PROCESS

Thank you for your interest in an apartment at the *Chicopee Village Townhomes*. For your application to be considered it needs to be filled out completely. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR APPROVED!**

All members over the age of 18 must fill out a separate application.

Please include the following copies:

- Government issued photo I.D. for anyone over the age of 18 (License, State I.D., Passport, etc.)
- Social Security Card or Acceptable DHS/INS Documents for all household members.
- Birth Certificate for all household members.
- Proof of income for all household members-
  - Social Security Benefits- Award Letter within 30 days
  - Pension, Veteran pay- Award Letter within 30 days
  - DTA Benefits-Award Letter within 30 days
  - Child Support- DOR print out and child support judgment.
  - Employment- Submit 8 paystubs if weekly and 6 paystubs if biweekly.
  - New Employment- Letter of hire with business letterhead. Hire letter needs to show hourly wage, weekly hours, and bonuses.
  - Self-Employed- Income as a business owner, independent contractor, sole proprietor, cash pay, odd jobs, etc. most recent tax return. If tax returns were not filed, please submit a profit/loss report for each month since the business started.



**Chicopee Village Townhomes**  
68 Eastern Dr, Chicopee, MA 01013  
Phone: (413) 598-8326  
Fax: (413)-594-9145  
<http://www.chicopeevillageapts.com>





If interested, please fill out the attached application and mail it to 68 Eastern Drive, Chicopee, MA 01013, or drop it off at 68 Eastern Drive, Chicopee, MA 01013 in the mail slot with all required documentation. The office is open between the hours of 9 am and 4 pm.

### **Minimum & Maximum Income per Household Size (HUD) 2024 Limits**

<b>HOUSEHOLD SIZE</b>	<b>INCOME MIN/MAX</b>	<b>MONTHLY RENT</b>
1 Person - 1 Bedroom	\$39,456 - \$46,020	\$1,096
2 Person - 1 Bedroom	\$39,456 - \$52,560	\$1,096
2 Person - 2 Bedroom	\$46,656 - \$52,560	\$1,296
3 Person - 2 Bedroom	\$46,656 - \$59,160	\$1,296
4 Person - 2 Bedroom	\$46,656 - \$65,700	\$1,296
3 Person - 3 Bedroom	\$53,316 - \$59,160	\$1,481
4 Person - 3 Bedroom	\$53,316 - \$65,700	\$1,481
5 Person - 3 Bedroom	\$53,316 - \$70,980	\$1,481
6 Person - 3 Bedroom	\$53,316 - \$72,260	\$1,481

Please do not use white out on the application. If you make a mistake, cross it off and initial it. All applications will be reviewed by staff in a timely manner. If you have any questions, please feel free to call 413-598-8326.

Thank you!  
CVT Management

***\*\*Rental Rates Subject to Change***



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## Chicopee Village Townhomes

68 Eastern Drive, Chicopee, MA 01013  
Telephone: (413) 598-2326  
Fax: (413) 594-9145

Welcome to our Community!

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alt. phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Size of apartment needed: ☐ 1BR ☐ 2BR ☐ 3BR

How many people will occupy the apartment? \_\_\_\_\_

Preferred move in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employed by: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Position: \_\_\_\_\_

Total household annual gross income: \$ \_\_\_\_\_

Do you have other sources of income? ☐ YES ☐ NO

If yes, please list other source: \_\_\_\_\_

Do you currently have a Section 8 voucher? ☐ YES ☐ NO

If yes, which house authority? \_\_\_\_\_

Vehicles (how many – describe): \_\_\_\_\_

Pets? ☐ YES ☐ NO If yes, how many? \_\_\_\_\_ Describe: \_\_\_\_\_

We would like to know how you head about us: (check one)

☐ Drive by ☐ Now Leasing Sign ☐ ForRent.com ☐ MyNewPlace.com

☐ Apartments.com ☐ ApartmentGuide.com ☐ Craigslist ☐ Google

☐ Resident Referral: \_\_\_\_\_ Referral's Address: \_\_\_\_\_

☐ Other: \_\_\_\_\_

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>	Chicopee Village Townhomes
	<b>Address:</b>	68 Eastern Drive Chicopee, MA 01013 Phone: (413) 598-8326/Fax: (413) 594-9145
Please complete this application and return to:	<b>Name:</b>	Chicopee Village Townhomes
	<b>Address:</b>	68 Eastern Drive Chicopee, MA 01013 Phone: (413) 598-8326/Fax: (413) 594-9145

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question must be answered. Do NOT leave blanks. Use N/A when not applicable.

## A. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt.#

City

State

ZIP

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

No. of BR's in  
current unit: \_\_\_\_\_

Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify) \_\_\_\_\_

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR



B. HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No  
 If not, explain custody agreement (proof of custody may be required): \_\_\_\_\_

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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***IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):***

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	Employment amount Employer: Position Held How long employed:	\$
33.	Previous Employment amount (last 60 days) Employer: Position Held How long employed:	\$
34.	Alimony Do you receive alimony? If yes list amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
35.	Child Support Do you receive formal/informal (money, items, etc.) child support? If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do <b>NOT</b> leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. If yes to any of the above, explain:		
45. Is the income received?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

48. Trust Account	#	Bank	Balance \$
49. Debit cards not associated with a checking account	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
50. Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
51. Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
52. Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
53. Life Insurance Policy	#		Cash Value \$
54. Life Insurance Policy	#		Cash Value \$
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$

58. Real Estate Property:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
59. Location of property		
60. Appraised Market Value		\$
61. Mortgage or outstanding loans balance due		\$
62. Amount of annual insurance premium		\$
63. Amount of most recent tax bill		\$
64. Is the property subject to foreclosure, bankruptcy or eviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>		

65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If yes, Type of property:</b>	
66. Market value when sold/disposed	\$
67. Amount sold/disposed for	\$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>If yes, describe the asset:</b>	
70. Date of disposition:	
71. Amount disposed	\$

72. Do you have any other assets not listed above (excluding personal property)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>If yes, please list:</b>	

### E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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74. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

<b>If yes, describe:</b>		

75. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>If yes, describe</b>		

76. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>If yes, describe</b>		
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77. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Briefly describe your reasons for applying:</b>		

### F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	



79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	
80. Credit Reference #1:		
Address:		
Account #:		Phone #:
81. Credit Reference #2:		
Address:		
Account #:		Phone #:
82. Personal Reference #1:		
Address:		
Relationship:		Phone #:
83. Personal Reference #2:		
Address:		
Relationship:		Phone #:
84. Personal Reference #3:		
Address:		
Relationship:		Phone #:
85. In case of emergency notify:		
Address:		
Relationship:		Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)		
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
86. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
87. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
88. Do you own any pets?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:		

## H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?

☐ Yes

☐ No

*If yes, who assisted and what was the reason for the assistance:*

## CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (*Must be dated*):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date





**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-880-4840 | TTY: 617-880-4806 | FAX: 617-880-5973  
MASS.GOV/CJIS**



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_ to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my  
(Organization)  
signature. I may withdraw this authorization at any time by providing \_\_\_\_\_

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4806 | FAX: 617-660-5873  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

\_\_\_\_\_  
Print Name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee

\_\_\_\_\_  
Date



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized the Chicopee Village Townhomes to verify the accuracy of the information which I have provided to the Chicopee Village Townhomes from the following sources:

1. Employers
2. Landlords
3. Personal References
4. Government Funding Agencies
5. Banks, and Financial Institutions
6. OneSite (including rental history, and arrest and/or conviction records).
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. CORI and/or SORI
9. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give you my permission to release this information to the Chicopee Village Townhomes subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Chicopee Village Townhomes within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE**



**Chicopee Village Townhomes**  
68 Eastern Dr, Chicopee, MA 01013  
Phone: (413) 598-8326  
<http://www.chicopeevillageapts.com>



## AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
Property Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
Authorized Signature Title  
\_\_\_\_\_  
Print Name Date

### Release by Applicant/Tenant

I hereby authorize the release of all requested information.

\_\_\_\_\_  
Signature Date

**Verification form is attached.**

