



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

Dear Applicant:

Pursuant to your request, please find enclosed our Pearl Street Park application.

When submitting your application (whether by mail or in person), <u>the following documentation</u> <u>must be provided:</u>

- -a picture id (license, government issued identification card);
- -birth certificate, alien registration card, passport and/or immigration paperwork;
- -Social Security card;
- -Social Security/SSI/ SSDI and/or Massachusetts SSI SUPP benefit letter (must be dated within the past 30 days);
- -letter from a physician confirming disability status if Head of Household is under the age of 62, if applicable
- -name, address and telephone number of bank(s), life insurance company(ies), pension provider(s), and employer(s);
- -copies of <u>6</u> months most recent complete bank statements <u>including blank pages</u> -if employed, copies of 4 most recent payroll stubs.

Please note that, until all requested documentation is received, your application cannot be processed and will be returned to you.

Our **GROSS** income limits for **2023** are:

1 person

\$51,950,00

2 persons

\$59,400.00

We appreciate your interest in Pearl Street Park and look forward to meeting with you.

Michele Daly Taylor
Property Manager

michele@epmanagement.com

TTY: 1-800-439-2370 (outside Massachusetts)

7 1 1 (inside Massachusetts)

WE ARE NOW A NON-SMOKING BUILDING.

j





240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

TTY: 1-800-439-2370 (outside MA)

Dear Pearl Street Park Applicant:

7 1 1 (inside MA)

Thank you for your interest in our development. Let us briefly describe the kind of information we will be requesting and the reasons therefor.

Federal regulations require that, upon application and annually after occupancy, we verify your income, assets and medical/disability deductions in order to determine your rent level. The intent of these regulations is to ensure that the Government funds are correctly spent and, as providers of Government assisted housing, we are required to ask you for this information.

ALL SOURCES OF INCOME MUST BE REPORTED.

Examples of income include, but are not limited to:

* Wages (including overtime, tips and bonuses)

* Social Security, Social Security Disability Income and/or Supplemental Security Income

* Pension and/or Annuity payments received on a regular basis

- * Interest or dividends earned from savings and/or checking accounts, certificates of deposit, money market accounts, U. S. savings bonds, stocks and/or market bonds.
- * Self-employment income (includes payments from rental of property)

* Regular gifts or contributions.

ALL ASSETS MUST BE DECLARED.

Examples of Assets include, but are not limited to:

* Equity in real estate (house, land, etc.)

* Personal property held as an investment (antique furniture or car collections, etc.)

* Stocks, U. S. savings bonds, securities, money market accounts, etc.

- * Value of funds in all bank accounts (checking, savings, etc.)
- * Cash on hand (kept in safe at home or safety deposit box)

* Trust, Individual Retirement Account (IRA), Keogh Account

- * Lump sum receipt of money (initial payment of Social Security benefits, inheritance, lottery, gifts)
- * Retirement or pension funds received as a lump sum

* Assets disposed of within the past two (2) years





We are certain you will provide all the necessary information, but must remind you of the following:

FEDERAL LAW ESTABLISHES PENALTIES OF UP TO \$10,000 IN FINES AND FIVE (5) YEARS IN PRISON FOR WILLFUL SUBMISSION OF FRAUDULENT INFORMATION.

If you have any questions, please do not hesitate to call the Management Office at

617 625-8780.

When you have completed the Application, please mail it to:

PEARL STREET PARK MANAGEMENT OFFICE 240 Pearl Street Somerville, MA 02145

PLEASE NOTE:

YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THIS APPLICATION INCLUDING MAILING ADDRESSES AND TELEPHONE NUMBERS FOR REFERENCES.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

IF YOU ARE UNCLEAR ABOUT A QUESTION, PLEASE CALL OUR OFFICE FOR CLARIFICATION.



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FACT SHEET

PEARL STREET PARK provides independent living specifically designed for elderly and disabled lifestyles.

There are 85 one bedroom units which include 5 accessible and 5 adaptable units. Special features include:

- Onsite Building Superintendent
- 24 hour Answering Service
- Security Cameras
- Intercom System
- Carpeted living/dining area, bedroom and hallway
- Interlocking kitchen and bathroom flooring
- Granite countertops
- Refrigerator, electric stove and air conditioner
- 3 closets
- Emergency pullcords in bedroom and bathroom
- Laundry with 6 each coin-operated washers and dryers
- 6th floor sitting room/library with 2 exercycles
- 1st floor Community Room with kitchen, vending machines and television
- 2 Elevators
- Limited underground garage parking and reserved parking on private way
- Convenient to shopping, banks, Houses of Worship. Bus stop just outside front door

Eligibility:

Head of Household must be at least 62 years of age OR disabled 2023 GROSS income limits:

1 Person

\$51,950.00

2 People

\$59,400.00





The Department of Housing and Urban Development (HUD) describes elderly families and disabled families as follows:

Elderly An elderly family means a family whose head of household, spouse or sole member is at least 62 years of age. It may include 2 persons who are at least 62 years of age living together or one person who is least 62 years of age living with a live-in aide.

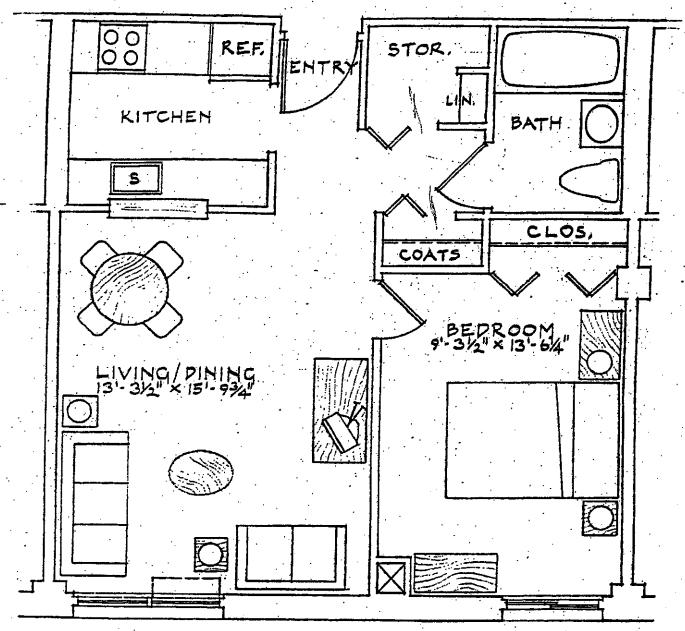
<u>Disabled</u>: A disabled family is a family whose head of household, spouse or sole member is a person with disabilities. It may include 2 persons with disabilities living together or one person with disabilities living with a live-in aide.

All Applicants who meet the eligibility requirements and are selected for tenancy will pay approximately 30% of their adjusted monthly income for rent and electricity.

PEARL STREET PARK IS MANAGED BY:

E. P. MANAGEMENT CORP. 7 TOZER ROAD BEVERLY, MA 01915 978-232-1126

TTY: 1-800-439-2370 (outside MA)
OR 711 (inside MA)



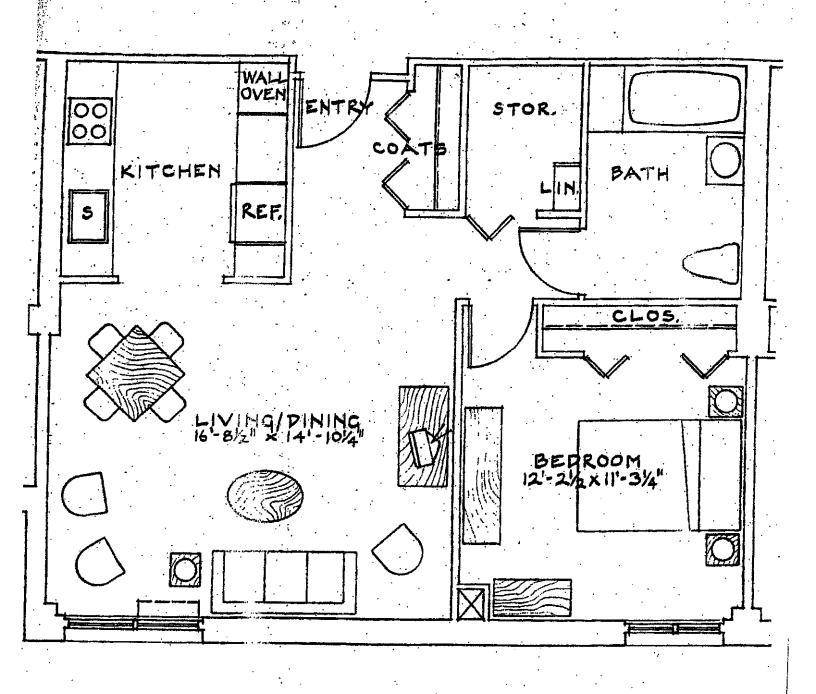
576 square feet

UNIT NO.

PEARL ST. PARK SOMERVILLE, MA.

TYPICAL UNIT "A" DATE: 13-JUN - 8

DAN. EAK



UNIT NO. ___

PEARL ST. PARK TYPICAL H.C. DATE: 13-JUN-8
SOMERVILLE, MA. UNIT B" SCALE: 14" 31'-0
DRN: EAK
LARKIN. GLASSMAN & PRAGER ARCHITECTS



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

EQUAL HOUSING OPPORTUNITY

PEARL STREET PARK Application for Subsidized Housing

Date:	·		
I. HOUSING HISTO	DRY:		
1. Name(s)			
Address:	· · · · · · · · · · · · · · · · · · ·		_
City:	State:	Zip:	
Home Phone ()	Cell Phone ()	Email	
2. How long have yo	ou lived at this address?	yearsmonths	
From	through	<u> </u>	
3. Name of nearest	relative:		_
Home Phone ()	Cell Phone ()	Email	
4. Do you (check the Own your own property Rent from Family/Frier Other: Plea	/?Rent fro	m a Landlord?	
5. Who is your prese Name(s)	ent Landlord?		
Mailing Address:			
City:	State:	Zip:	_
Home Phone ()	Cell ()	Email	
Are you being evicted?	If yes, please explain	:	_





б.	word w	as your previous	Landlo	rd?			
Nam	ne(s)						
Mail	ling Addre	ess:	,				
						Zip:	
							, , , , , , , , , , , , , , , , , , ,
7.	Do you	or have you ever	lived in	subsic	lized hous	sing?	
If ye	s, when?	From:		to _	·//· · · · · · · · · · · · · · · · · ·	*	
Whe	ere did yo	u live?				····	
Wha	at States/	Territories have y	ou and	any r	nember o	f your household re	sided in:
Name	Please EARL STI e of ehold	provide the followi REET PARK. Plea Relationship to Head of Household	ng info	mation ourse	n for each If first as h Date of Birth	person, including you lead of Household:	rself, who_will be living Social Security Number
2. If ye		anticipate any cha				of your household?	
III.		IE AND ASSETS:			_		
1.	Do you	own real estate?		_ If ye	s, please į	provide the following:	
							2

Add	ress of real estate:			
Cur	rent Estimated Value: \$	Mortgage	Balance: \$	
lf yo	ou have a mortgage, please provide the name	and address of	f the mortgage	holder:
Ban	k/Mortgage Company:			
	ing Address:			
2.	Does anyone listed in SECTION II have pa			
	If yes, please provide the following:			
Hou	sehold Member Name Employer Name	e, Address and	Telephone Nu	ımber
3.	What is the <u>GROSS</u> amount (before taxes			
3.				<u>Co-Tenant</u>
		and deductions	s) of your:	
a.	What is the <u>GROSS</u> amount (before taxes	and deductions <u>Head</u>	s) of your:	
a. b.	What is the <u>GROSS</u> amount (before taxes Social Security Benefit	and deductions <u>Head</u> \$	s) of your:	<u>Co-Tenant</u>
a. b. c.	What is the GROSS amount (before taxes Social Security Benefit Social Security Disability (SSDI)	and deductions <u>Head</u> \$	s) of your:	<u>Co-Tenant</u>
a. b. c. d.	What is the <u>GROSS</u> amount (before taxes Social Security Benefit Social Security Disability (SSDI) Supplemental Security (SSI)	and deductions <u>Head</u> \$	s) of your:	<u>Co-Tenant</u> \$
a. o. c. d.	What is the <u>GROSS</u> amount (before taxes Social Security Benefit Social Security Disability (SSDI) Supplemental Security (SSI) SSI SPP (Commonwealth of MA)	and deductions <u>Head</u> \$	s) of your:	<u>Co-Tenant</u> \$
a. b. c. d.	What is the GROSS amount (before taxes Social Security Benefit Social Security Disability (SSDI) Supplemental Security (SSI) SSI SPP (Commonwealth of MA) Salary/Wages	and deductions <u>Head</u> \$	s) of your:	<u>Co-Tenant</u>
3. a. b. c. d. f.	What is the GROSS amount (before taxes Social Security Benefit Social Security Disability (SSDI) Supplemental Security (SSI) SSI SPP (Commonwealth of MA) Salary/Wages Self Employment Income (net business) Pension or Annuity	and deductions Head \$ \$ \$ \$ \$ \$ \$	s) of your:	<u>Co-Tenant</u>

	Accounts, Checking Accounts, Mo If yes, provide the following:	ney Market Accounts, Certificates of
lame of Bank/Financial Inst	itution:	
Mailing Address:		
ype of Account:	Account #	Balance:\$
lame of Bank/Financial Inst	itution:	
Mailing Address:		
Type of Account:	Account #	Balance:\$
Name of Bank/Financial Insi	tution:	
Mailing Address:		
Type of Account:	Account #	Balance:\$
	Account #dual Retirement Account (IRA), 401	
	dual Retirement Account (IRA), 401	
5. Do you own an Individ	dual Retirement Account (IRA), 401	K, 403B or a KEOUGH Plan?
Do you own an Individual of John States of Bank/Financial Inst	dual Retirement Account (IRA), 401	K, 403B or a KEOUGH Plan?
Do you own an Individual of Jease provide the formation of Bank/Financial Instruction of Account:	dual Retirement Account (IRA), 401 flowing: titution:	K, 403B or a KEOUGH Plan? Balance:\$
Do you own an Individual Individu	dual Retirement Account (IRA), 401 Illowing: itution: Account #	K, 403B or a KEOUGH Plan? Balance:\$ If yes, please provide:
Do you own an Individual If yes, please provide the following the provide the following of Bank/Financial Instruction of Account: Do you own any U. Serial # of Bond	dual Retirement Account (IRA), 401 Illowing: Account # . Savings or Treasury Bonds?	K, 403B or a KEOUGH Plan? Balance:\$ If yes, please provide: Value \$
Do you own an Individual Individu	dual Retirement Account (IRA), 401 Illowing: Litution: Account # . Savings or Treasury Bonds? Purchase Date:	K, 403B or a KEOUGH Plan? Balance:\$ If yes, please provide: Value \$ Value \$
Do you own an Individual figures, please provide the following please please provide the following please please provide the following please please provide the following please please please please provide the following please pleas	dual Retirement Account (IRA), 401 Illowing: Litution: Account # . Savings or Treasury Bonds? Purchase Date: Purchase Date: Purchase Date: Purchase Date: Purchase Date:	K, 403B or a KEOUGH Plan? Balance:\$ If yes, please provide: Value \$ Value \$ Value \$ Value \$ Value \$
Do you own an Individual Individu	dual Retirement Account (IRA), 401 Illowing: Litution: Account # Savings or Treasury Bonds? Purchase Date: Purchase Date: Purchase Date: Purchase Date: Purchase Date: Purchase Date:	K, 403B or a KEOUGH Plan? Balance:\$If yes, please provide:Value \$Value \$ Value \$ Value \$ Bond

TOTAL OF ENGINEE	· · · · · · · · · · · · · · · · · · ·	
Mailing Address:		
	•	alue of Bonds \$
Name of Bank/Fi	nancial Institution:	
Value of Stocks \$	SV Please attach separate sheet to list add	alue of Bonds \$ ditional Stocks/Market Bonds
8. Do you ow	n a life insurance policy? If yes	, please provide the following:
Name of Insurance	ce Company	
Mailing Address:		
	Face Value of Policy \$	
		Onale Malura de
Policy #	Face Value of Policy \$	Cash value \$
	Face Value of Policy \$ Face Value of Policy \$	
Policy #9. Do you ow personal furniture	Face Value of Policy \$	Cash Value \$ tion, other collections)? Do <u>NOT</u> include
Policy #9. Do you ow personal furniture of the property	Face Value of Policy \$ In any other assets (cash, stamp collected or motor vehicles you use of personal	Cash Value \$ tion, other collections)? Do <u>NOT</u> include
Policy #9. Do you ow personal furniture If yes, please pro	Face Value of Policy \$ on any other assets (cash, stamp collect or motor vehicles you use of personal vide the following:	Cash Value \$ tion, other collections)? Do <u>NOT</u> include transportation?
Policy #9. Do you ow personal furniture If yes, please pro	Face Value of Policy \$ on any other assets (cash, stamp collect or motor vehicles you use of personal vide the following:	Cash Value \$ tion, other collections)? Do <u>NOT</u> include transportation?

Desc	cription of Asset	<u>Cash Value</u>	Amount Received	<u>Date Transferred</u> <u>or Given Away</u>
		\$	\$	-
	Do you expect any change in yo			
	s, please explain:			
IV.	MEDICAL EXPENSES:			
1.	Do you pay for Medicare?	Amount \$	per mo	onth
2.	Do you pay for other health or o	dental insurance?	If yes, ple	ease provide the following:
Nam	e of Insurance Company:			
	ng Address:			
	unt you pay \$ month			
Nam	e of Insurance Company:	****		
	ng Address:			
	unt you pay \$ month			
3. presc	Do you have co-pays for physic criptions (after insurance)?	ian visits, hospital bills If yes, please prov	, dental or eye ide the followir	e care, hearing aids, ng:
Name	e of Hospital/Medical Provider:			
Mailir	ng Address:			
Amoı	unt you pay? \$ mont	hly quarterly _	annually	
Name	e of Hospital/Medical Provider:		***	
	ng Address:			
	unt you pay? \$ mon			

hear (Ple	Over-the-counter items that a physician told you to use can be included in the calculation of all assistance including, but not limited to, vitamins, pain relievers, special lotions/shampoos, ring aid batteries. Do you have over-the-counter items that meet this definition?asse remember this does NOT refer to prescription drugs.) s, please provide the following:
Nam	ne of Doctor:
	ing Address:
	se list the over-the-counter items:
V.	HANDICAP/ATTENDANT CARE EXPENSES:
1.	Does anyone in your household work outside the home? If yes, their name:
atter	s, is there a disabled/handicapped household member whom you pay for equipment or for a care ndant so that the above-listed person can work outside the home? If yes, please provide: se of source you pay
	ing Address:
	ount you pay \$ monthly quarterly annually
Nam	e of Hospital/Medical Provider:
	ng Address:
	unt you pay \$ monthly quarterly annually
VI.	GENERAL INFORMATION/REFERENCES:
1.	Do you have any pets? If yes, please provide type, weight, number of pets
2.	Do you have a car? If yes, make and model:7

	Have you or any member of your family ever been charged with or convicted of a crime uding, but not limited to, the illegal manufacture or distribution of a controlled stance?
-	es, please explain including dates and in what States/Territories you and/or any member of r household have resided:
4. und	Are you or any member of this Household subject to a lifetime registration requirement er any State Sex Offender Registration Program?
	ES, which Household Member and in what States/Territories has the Household Member ded?
5.	Why do you want to live at Pearl Street Park?
 6.	Please provide 3 personal references (DO NOT INCLUDE RELATIVES)
Nan	neTel#
Mail	ing Address:
	neTel#
	ing Address:

Name	Tel#
Mailing Address:	
determine my/our eligibility for	mation provided in this Application will be used to an apartment at PEARL STREET PARK. I/We orp. to verify the information and to obtain and ng my/our eligibility.
withholding any information wi after becoming a Tenant(s) at F provided false information, I/W	that providing any false information or ill be grounds for denial of my/our Application. If, PEARL STREET PARK, it is determined that I/We le understand it may result in my/our eviction, nce or in prosecution by the United States
I/WE certify that all of the inform my/our knowledge and belief.	mation provided is true and accurate to the best of
Applicant Signature:	Date:
Applicant Signature:	Date:

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.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Org	anization:	
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that apply) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification Change in lease terms Change in house rules Other:	Process
Commitment of Housing Authority or Owner: In arise during your tenancy or if you require any serv issues or in providing any services or special care to	rices or special care, we may contact the person or	rill be kept as part of your tenant file. If issues organization you listed to assist in resolving the
Confidentiality Statement: The information provide applicant or applicable law.	ded on this form is confidential and will not be dis	closed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and requires each applicant for federally assisted housin organization. By accepting the applicant's applicative requirements of 24 CFR section 5.105, including the programs on the basis of race, color, religion, nation age discrimination under the Age Discrimination Acceptable.	ng to be offered the option of providing information on, the housing provider agrees to comply with the re prohibitions on discrimination in admission to o and origin, sex, disability, and familial status under	n regarding an additional contact person or e non-discrimination and equal opportunity r participation in federally assisted housing
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 faud, 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,

Form HUD- 92006 (05/09)

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Verification of	facos	re/ ax	sets !	16	Sper	ikes					•.
To: Address:	· · · · ·			· `· '			: •		•		· ·
				<u>. </u>		· · · · · ·		:		•	•
From:	EP Mana	gement, Co	rp	•		• • • • • • • • • • • • • • • • • • • •	,		• • •		
Re:	• .			· · ·		· · · ·					•
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			101811400)		76-109-14 <u>7</u> -1	J.N.				7
YOU DO NOT	HAVE TO	SIGN THIS F	ORM IF ED	THER	THE DE	OUESTING	OPGAN	ZATION	OP THE	•	
ORGANIZATIO	N SUPPL	YING THE IN	FORMATIC	DN IS	LEFT B	LANK.	DUCHI	بالم	OK THE	's 	
RELEASE: 1 h limited to inform information that consent.											
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PENALTIES FO a felony for kno Government. Hi penalties for un	UD, the PI	HA and any a	vii iă jaise di	HAUO	ulent sta	tements to a	ny debai	ument of	the Unite	o States	•
information coll	ected base	ed on this ver	or unbrober	uses:	oi wioti	iation collect	ed dased	ou me	consent re	im. Use	of the
be subject to a	misdemes	word fined	any miejin	auon i	Josef 181	se pretense:	concem	ing an a	pplicant o	L baurcibs	ent may
officer or emplo	vee of Hi	The PUA	ir ecupii for	osmaç	jes, and	seek omer (ellet, as f	nay be a	ppropriat	e, against	ine .
Violations of the	BSE Drovie	o enviol sierd	ing number	are cc	ntained	in the Social	Security	Act at 4	2 USC 20	B(F) (g) a	ina (n).
discriminate on assisted progra	the basis	of handicapp	ed status in	the ac	imission	or access to	or treat	ment or	employma	coes not ent in its f	ederally
			. •					• :	•		
		• •	•	,				•			
SIGNATURE		• • • • • •	•	1		• • • •		•		•	•
SIGNATURE O RELEASE OF I	P INDIVID NFORMA	PUAL AUTHO TION	RIZING	 .	DATE	• .			٠,	• • •	
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0.04				-							
SIGNATURE O RELEASE OF I	FINDIVID	CIAL ALLENA			-						



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

GENERAL RELEASE

I hereby authorize E. P. Management Corporation and its staff to contact any, but not limited to, agencies, offices, employers, landlords, banks and other financial institutions, credit bureaus, and law enforcement agencies to obtain any information or materials including a CORI (criminal offense registry index) and a SORI (sex offenders registry index) which it deems necessary to verify information supplied by me the Applicant/Tenant. This information will be used to determine my eligibility for a rental unit that E. P. Management manages.

Signature	of Applicant/Tenant		· · · · · · · · · · · · · · · · · · ·	Date		,'	
•		٠.	• • • •		•		
	• • •	• • • • •		•	• . ,	•	
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CORPORATE OFFICES:



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

RELEASE

I hereby authorize E. P. Management and its authorized representative to contact Federal and/or State law enforcement agencies to obtain a CORI (criminal offense registry index) and a SORI (sex offenders registry index) which it deems necessary to verify information supplied by me the Applicant/Tenant.

This information may be used to determine my eligibility for a rental unit managed/operated by E. P. Management Corporation.

I agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Tenant		Date
Social Security No.		
Date of Birth:	· · ·	







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: 617-660-4606 | FAX: 617-660-5973
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 checl	ks for housing purposes.
E. P. MANAGEMENT CORP.	is registered under the
(Organization)	
As an applicant for the rental or lease of housing, I understand that a CO information to the DCIIS. I hereby acknowledge and provide permission to E. P. MANAGEMENT CORP.	RI check will be submitted for my personal
(Organization)	
to submit a CORI check for my information to the DCJIS. This authorizationature. I may withdraw this authorization at any time by providing	tion is valid for one year from the date of m E. P. MANAGEMENT CORP.
	(Organization)
with written notice of my intent to withdraw consent to a CORI check.	
By signing below, I provide my consent to a CORI check and affirm that Acknowledgement Form is true and accurate.	at the information provided on Page 2 of this
	· · ·
Signature of CORI Subject	Date



Street Address: _____

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: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS

Please complete this section using the information of the person whose CORI you are requesting.

AS SUBJECT/INFORMATION.



Apt. # or Suite:	*City:		*State:	*Zip:	
	en e	BJEGTAVERIEIGATION			
The above information wa	s verified by reviewing th	e following form(s) of g	overnment-is:	sued identification:	
	VI 46.40, 40, 40,				····
Verified by:					
Print N	ame of Verifying Employe	е			

Date

Signature of Verifying Employee

DECLARATION OF SECTION 214 STATUS

14444 days
Notice to
Notice to Applicants and Tenants: In order to be eligible to receive the housing be lawfully within the transfer for, or recipient of housing against non-
assistance sought, each applicant for, or recipient of, housing assistance must sign and return to the u.S. Please read the Declaration Statement carefully and
be lawfully within the U.S. Please read the Declaration Statement carefully and to consult with an incidence Authority's Admissions Office. Please feet from
sign and return to the war read the Declaration Statement carefully and
sign and return to the Housing Authority's Admissions Office. Please feel free
********* of your chair
to consult with an immigration lawyer or other immigration expert of your choice.
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perjury! that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate by
the United of the Dest of my knowledge I am lawfully
States because (please check the
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Immigration and Nationality Act (INA) ; or,
Permanent residence under S249 of INA"; or,
under \$249 of INA"; or,
L/ Refugee acution
Refugee, asylum or conditional entry status under SS207,
208 or 203 of the INA"; or,
Parole status under SS212(d)(5) of the INA 4; or,
JOZIZ(d)(5) OF the INA ; or,
L/ Threat to life on for
Threat to life or freedom under S243(h) of the INAT;
or'
/ / 3
Amnesty under S245A of the INA".
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(Signature of T. 10
(Signature of Family Member)
(Date)
/ / Choose have
CHECK DOX ON left if signature is as
Check box on left if signature is of adult residing in the unit who is responsible for child named on Statement above.
Statement above 15 responsible for child named on
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(See reverse

(See reverse side for footnotes and instructions)

Race and Ethnic Data **Reporting Form**

U.S. Department of Housing and Urban Development Office of Housing

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

	Office of Housing	, _Ap. 00/00/20
earl Street Park	02311133	240 Pearl Street Somerville, MA 02145
ne of Property	Project No.	Address of Property
P. Management	Corp	Section 8 - PBV
e of Owner/Managing Agent		
•		Type of Assistance or Program Title:
e of Head of Household		
e or nead of Household		Name of Household Member
(mm/dd/yyyy):		
		•
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Hispanic or Latino		
Not-Hispanic or Latino		
	designation of	Service decident
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American Indian or Alaska	Native .	
Asian		
Black or African American		
Native Hawaiian or Other Pa	acific Islander	
White		
Other		
L	ound on the reverse side.	

*<u>De</u>

There is no penalty for persons who do not complete the form.

Signature			•	
Dakis	•	•		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 incompliance 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 cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format 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 provide 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 no require any special protection.

Applicant/ResidentDate		
Property Name PEARL STREET PARK		
TO BE COMPLETED BY APPLICANT / RESIDENT		
	Yes N	No
1. Are you student at an institution of higher education?		
*Institutes of higher education include post-secondary vocational institutions; "proprietary institut which prepare students for "gainful employment in a recognized occupation", and accredited post-universities. If you are not sure, please mark "yes" and we will verify it.	ions of hig secondary	ther education" colleges and
If you answered <u>yes</u> , the owner agent is required to determine your eligibility a may refer to the resident selection plan for additional information regarding st Please complete the following questions:	ıs a stud tudent e	ent. You ligibility.
2. Are you a full-time student?	Ye	es No
3. Will you be living with your parents?	{:	
4. Are your parents receiving or eligible to receive Section 8 assistance?		
5. Are you claimed as a dependent on your parent's tax return?		
6. Are you a graduate or professional student?		. —
7. Are you at least 24 years of age?	. \square	
8. Are you a veteran of the United States military?		
9. Are you married?		
10. Do you have a dependent child?		
11. Do you have dependents other than a child or spouse?		
12. Have you been independent of your parents for at least one year?		
13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?		



14. Are y							
a.	If so - Please 1 scholarships or	list all source r grants, pare	s of financial nts, associatio	assistance includ ns. etc.	ing the schoo	ol, any pr	ović
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240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

If Head of Household/Applicant is less than 62 years of age, please provide the name, address, telephone and fax numbers of the physician who will verify your disability.

Name:	. <u>.</u> .		•	•		: .	•		٠.	•		-			
Address:	, ,	,				:	:	•	•		:		·	. '	
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THE FOLLOWING FORMS ARE TO BE COMPLETED BY SECOND

APPLICANT, IF APPLICABLE.

SECTION 214 STATUS	•
Notice As	•
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be lawfully within the U.S. Please read the Declaration Statement carefully and consult with an immigration lawyer or other immigration of fice. Please feel free	•
sign and return to the Housing Authority's Admissions Office. Please feel free feel free feels and immigration lawyer or other immigration expert of your choice.	g . "
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to consult with an immigration lawyer or other immigration expert of your choice. ***********************************	1 ·
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the United State of my knowledge, under penalty of	
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the United States because (please check the appropriate box):	:
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I am a citizen by birth, a naturalized citizen or a national	٠.
I have eligible immigration status and I am 62 years of age I have eligible. I have eligible.	•
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document(s) evidencing eligible immigration status as checked below (see verification consent form. Attach INS	٠.
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Immigration and Nationality Act (INA) ; or,	
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residence under \$249 66 Turk	
Refugee or INA"; or,	٠.
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Parole state	
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or, under \$243(h) of the the	
Threat to life or freedom under S243(h) of the INAT; or, or,	
Amnesty under S245A of the INAP.	•
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(Signature of Family Member)	٠٠.
(Date)	
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Statement above. Statement above.	
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TEVELSE Side for face	

(See reverse side for footnotes and instructions)



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

GENERAL RELEASE

I hereby authorize E. P. Management Corporation and its staff to contact any, but not limited to, agencies, offices, employers, landlords, banks and other financial institutions, credit bureaus, and law enforcement agencies to obtain any information or materials including a CORI (criminal offense registry index) and a SORI (sex offenders registry index) which it deems necessary to verify information supplied by me the Applicant/Tenant. This information will be used to determine my eligibility for a rental unit that E. P. Management manages.

I agree that photocopies of this	s authorization may be use	d for the purpose stated	abov
Signature of Applicant/Tenant		Date	•



240 Pearl Street Somerville, MA 02145 617-625-8780 Fax 617-625-1753

<u>RELEASE</u>

I hereby authorize E. P. Management and its authorized representative to contact Federal and/or State law enforcement agencies to obtain a CORI (criminal offense registry index) and a SORI (sex offenders registry index) which it deems necessary to verify information supplied by me the Applicant/Tenant.

This information may be used to determine my eligibility for a rental unit managed/operated by E. P. Management Corporation.

I agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Tenant	Date
Social Security No.	•
Date of Birth:	







THE COMMONWEALTH OF MASSACHUSETTS **EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**



Department of Criminal Justice Information Services 200
Ariington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS
This form is not to be faxed. Please return form to organization.

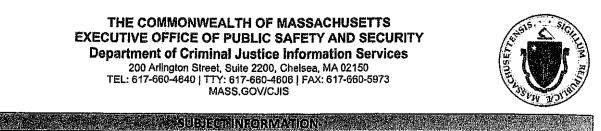
Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for	housing purposes.
E. P. MANAGEMENT CORP.	is registered under th
(Organization)	
As an applicant for the rental or lease of housing, I understand that a CORI che information to the DCIIS. I hereby acknowledge and provide permission to E. P. MANAGEMENT CORP.	plicants for the rental or lease of housing. eck will be submitted for my personal
(Organization)	
to submit a CORI check for my information to the DCJIS. This authorization is signature. I may withdraw this authorization at any time by providing	s valid for one year from the date of m E. P. MANAGEMENT CORP.
	(Organization)
with written notice of my intent to withdraw consent to a CORI check.	
By signing below, I provide my consent to a CORI check and affirm that the Acknowledgement Form is true and accurate.	information provided on Page 2 of this
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: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



* First Name:			Middle Initial:
			Suffix (Jr., Sr., etc.):
Former Last Name 1:			
Former Last Name 2:			
Former Last Name 3:			
* Last SIX digits of Social Sec	curity Number:		al Security Number
Sex:	Height:ftin.	Eye Color:	Race:
Driver's License or ID Num	ber:	Sta	ate of Issue:
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Street Address:			
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