



Emilyanne L. Bates, COSA
Property Manager
600 Main Street
Dalton, MA 01226
Office: 413-684-0043
Fax: 413-684-2271
E-mail:
ebates@simoncompanies.com

To applicant:

If under the age of 62 and not requesting a 3BR family unit, our Tenant Selection Plan requires that we get a Disability Verification back also.

In our 1- and 2-bedroom units in the main building, the head or co-head must have a disability.

The form that is attached to the application can be completed by a physician, psychologist, clinical social worker, other licensed health care provider or the Veterans' Administration.

Thank you and we look forward to receiving your application.

Emilyanne L. Bates, COSA
Property Manager, River Run Apartments



VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202/8 SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

DATE: _____

TO: _____

FROM: River Run Apartments
Attn: Emilyanne Bates, Property Manager
600 Main St. Dalton, MA 01226
Office: 413-684-0043
Fax: 413-684-2271

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

SUBJECT: Verification of Disability for:
NAME: _____
ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owners to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Our prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each number item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1. _____ YES _____ NO
 - b. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - c. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. *For the



purpose of this definition, the term blindness, as defined in Section 416 (i) (1) of this title, means central vision acuity of 20/20 or less in the better eye with the use of a correction lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/20 or less.

- 2. YES NO Has a physical, mental, or emotional impairment that:
 - A. Is expected to be of long-continued and indefinite duration;
 - B. Substantially impedes his or her ability to live independently; and
 - C. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

- D. YES NO Has a developmental disability as defined in Section 102 (7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001 (8), i.e., a person with a severe chronic disability that;
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three, or more of the following areas of major life activity.
 - 1. Self-care
 - 2. Receptive and expressive language
 - 3. Learning
 - 4. Mobility
 - 5. Self-direction
 - 6. Capacity of independent living, and
 - 7. Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4. YES NO Is the above person whose disability is based solely on any drug Or alcohol dependence?

Signed under the pains and penalties of perjury.

Name And Title of Person Supplying The Information

Firm/Organization

Signature

Date



RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant by negligent disclosure of information may bring civil action of damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f) (g) and (h). Violations of these provisions are cited as violation of 42 USC 408(f) (g) and (h).



RIVER RUN APARTMENTS
600 MAIN STREET
DALTON, MASSACHUSETTS 01226
413-684-0043
413-684-2271 (FAX)
TDD *771

APPLICATION FOR HOUSING

FOR OFFICE USE ONLY

Date Received: _____
Time: _____:_____:_____
of BR's: 1 2 3
Control #: _____

**EFFECTIVE 4/1/2014
RIVER RUN APARTMENTS
BECAME SMOKE-FREE**

1) FULL NAME: _____
(First, Middle, Last) _____ MAILING ADDRESS, IF DIFFERENT:
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____ CELL # _____
DATE OF BIRTH: _____
S.S. # _____

If you are collecting benefits under another social security number, please list the claim number here: _____.

Does your disability require a Reasonable Accommodation? YES___ NO___

2) Racial and Ethnic Designation (Optional)
Race: White ___ American Indian ___ Asian ___ Black or African American ___
Alaska Native ___ Native Hawaiian or other Pacific Islander ___ Other ___
Ethnicity: Hispanic ___ or Latino ___ "Not-Hispanic ___ or Latino" ___

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert), which summarized the tenant application process, including eligibility and screening requirements for occupancy in the Development.

2a) Are you seeking Temporary Housing because of a Presidentially declared disaster?
Yes___ NO___



3) Current Landlord: _____
 Contact Phone #: _____
 Monthly Rent: _____
 Utilities: _____
 Dates of occupancy: From _____ To: _____
 Why do you want to leave this address? _____

3a) Previous Landlord: _____
 Contact Phone #: _____
 Monthly Rent: _____
 Utilities: _____
 Dates of occupancy: From _____ To: _____
 Why did you leave this address? _____

4) Members of Household: Please list everyone to live in household. Stating sex is only required for families. It is needed to determine how many bedrooms are needed. Otherwise please state (M), (F), or (P)refer not to disclose.

<u>Name</u>	<u>S.S. #</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5a) Do all members of your household have a Social Security Number? _____ Yes _____ No
 If NO, please list member name and explain: _____

5b) Are you or any member of the household a student? If so, please note whether fulltime or part-time.
 Fulltime _____ Part-time _____

5c) Are you or any member of the household a U.S. Military veteran? Yes _____ No _____

5d) Are you currently fleeing from a Domestic Violence situation? Yes _____ No _____

5e) Is a change in household expected? Yes No
 If yes, what type of change: _____

6) Income: Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security/SSI, pension, AFDC, public assistance, unemployment, disability benefits, child support, or alimony.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



7) All assets of any family member must be reported. Please check any applicable to your household:

_____ Savings _____ Checking _____ CD's
_____ Bonds _____ Real Estate _____ Other

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
_____ \$ _____
_____ \$ _____

7a) Have you ever sold any property or disposed of any assets for less than fair market value in the last two years? [] Yes [] No

Table with 4 columns: Type of Asset, Date of Disposal, Fair Market Value, Amount Received. Includes blank rows for data entry.

8) Personal reference (no relatives):

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____
BUSINESS NUMBER _____

9) Expenses: Do you pay for childcare for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school? [] Yes [] No

9a) Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums. [] Yes [] No
If yes, please list source (BC/BS, Medicare, etc.) & amount: _____

10) Have you or any member of your household ever received Section 8 assistance? [] Yes [] No

If yes, name of head of household at that time: _____
Relation to present applicant: _____
Name of Housing Authority or Agency: _____
Address of subsidized Unit: _____
City, State: _____
Date Moved Out: _____
Reason for Moving: _____
Did you leave as a tenant in good standing: [] Yes [] No
If NO, please explain: _____

11) If you answered yes to question 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? [] Yes [] No



12) Have you or any member of your household ever been arrested or convicted of a crime?

Yes No If YES, please explain: _____

13) How did you hear of this apartment complex? _____

14) Pets are allowed in these developments in accordance with the River Run Apartment’s pet policy. If you have a pet or will have a pet, please check here and we will send you a copy of the pet policy. Yes, I would like a copy of the Pet Policy: _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of housing and Urban Development and are rented without regard to race, color, religion, actual or perceived sexual orientation, gender identity, marital status, or national origin, handicap, or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices, and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify River Run Apartments in writing of any change or address, income, or family composition. By signing this application I am giving permission for River Run Apartments’ staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

Signed under the pains and penalties of perjury:

APPLICANT’S SIGNATURE

DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME

RELATIONSHIP

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER



DRUG, CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

River Run Apartments will deny the application or any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years? () yes () no
- 2. Do you currently use illegal drugs or abuse alcohol? () yes () no
- 2a. Do you currently use marijuana ? () yes () no
- Marijuana (medical or recreational) use is not allowed in Federal Housing.**
- 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? () yes () no
- 4. Have you ever been convicted of any drug-related crime within the past five years? () yes () no
- 5. Have you been convicted of any crime in the last five years? Was it a felony or misdemeanor?
() yes _____ () no
- 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
() yes () no
- 7. Have you been convicted of any crime involving violence within the past five years? () yes () no
- 8. Are you currently charged with any of the above criminal activities? () yes () no
- 9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers.)
- 10. Have you ever used or been known by any other name? () yes () no

If yes, please list names used:

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Leasing staff of River Run Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to River Run Apartments, to a public housing authority, or to an agency contracted by River Run Apartments to conduct criminal background checks. This is signed under the pains and penalties of perjury.

Applicant Signature: _____

Print Name Here: _____

Date: _____



Notice of Rule Change
Smoke – Free Community

Dear Applicants:

Effective April 1, 2014 the Owner/Managing Agent adopted a Smoke-Free Policy. This new policy prohibits smoking in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, and elevator, within all living units and within 25 feet of building(s) including entry ways, windows, porches, balconies, and patios. Smoking will only be permitted in a **designated outside area**. The policy applies to all residents, guests, visitors, service personnel and employees.

The term “smoking” means the combustion, vaporization, inhaling, exhaling, breathing, carrying, or possessing any lighted product (ie: cigarette, pipe, cigar, other tobacco product containing any amount of tobacco, marijuana, like-substance or any derivative of thereof or other product which produces smoke. The use of electronic cigarettes and the like shall be deemed smoking.

All current and future residents will be required to sign off on receipt of the property’s House Rules, which state residents will not smoke anywhere in or on the property including within their apartment. Please consider this letter as notice of changes that took place April 1, 2014. We hope this policy will help everyone breathe easier and live healthier.

If you agree to this policy change and would like to remain on the property’s waitlist, this letter must be signed, dated and returned to the property with the original application.

Sincerely,

River Run Apartments

By signing below I acknowledge that I have been informed of the rule change regarding smoking. I further agree that if approved as a resident, that I will follow all terms of the House Rules including not smoking anywhere inside the property. I understand smoking is only permitted in a designated outside area.

Applicant Name (Please Print Clearly)

Applicant Signature

Date



**RIVER RUN APARTMENTS
600 MAIN STREET
DALTON, MA 01226**

Phone: 413-684-0043 Fax: 413-684-2271 TDD: *771

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
ADDRESS: _____

RETURN THIS VERIFICATION TO HOUSING AGENCY LISTED ABOVE (or other instruction to the third party to assure that the verification is returned to the correct person. This is important because owners have a responsibility to treat this information confidentially.)

The person listed above has applied or is seeking to continue housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the housing agency listed at the top of the page. Your prompt return of this information within 5 days will assure timely processing of the application for assistance/continued assistance.

The applicant/tenant has consented to the release of information shown below:

- Employers
- Public Benefits (DET, DTA, TANF, EAEDC, Social Security, SSI, VA benefits, etc.)
- Other Federal, State, or Municipal Pensions
- Pharmacies (regarding co-pays / anticipated costs)
- Financial Institution accounts / Interest on Accounts
- Dividends on Investments
- Income from Trust Funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments/Alimony
- Income from Annuities, Private Pensions, IRA’s or 401K Plans
- Past and Present Landlords
- Prior standing in Federal or State housing programs
- Federal, State, Local Benefit Programs
- Workmen’s Comp or other health/accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Student Status/Scholarship Information from Schools
- Income from self-employed business or profession

(Please see 2nd page for signature of applicant/resident)



RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I understand that a copy of this authorization is as valid as the original.

Signature

Date

THE REQUESTED INFORMATION WAS VERIFIED AND SUPPLIED BY:

Name and Title of Person

Firm/Organization

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number contained in the ****Social Security Act at 208 (a) (6), (7), and (8).** Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).**



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 Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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 fraud, 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.