

13. **Do you require an apartment modified for a wheelchair or any other type of "Reasonable Accommodations" (as defined under Section 504 (24 CFR Part 8 dated 6/2/88)?** Yes No

If yes, please explain: _____

Are you seeking admission on the basis of being handicapped or disabled? Yes No

If yes, you must provide proper verification of your handicap or disability.

Do you require an apartment modified for a wheelchair? Yes No

Do you require a special accommodation on the basis of a handicap or disability? Yes No

If yes, please state what special accommodations you require. Answering "no" does not preclude any subsequent request for an accommodation to a disability.

14. **CRIMINAL RECORD - Have you or any member of your household who will live in the unit been convicted of a crime, misdemeanor or felony in the last ten years?** Yes No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? Yes No

If yes to either, please describe the circumstances, docket number, charge, date and court:

Do you or any member of your household abuse alcohol or use controlled substances (e.g. drugs) illegally? Yes No

If yes, please explain: _____

15. **Are you or any person who will occupy the unit subject to a lifetime registration under any state sex offender registration program?** Yes No

16. **Has your families' assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with the recertification procedure?** Yes No

Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord? This includes rental assistance programs. Yes No *If yes, please state:*

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Agency or Landlord: _____

Date moved out: _____ **Reason:** _____

Did you leave in good standing? Yes No

If no, please explain: _____

17. **Have you or any household members ever been evicted from housing?** Yes No

If yes: Please describe the circumstances, including date of eviction: _____

18. **Have you or any person who will occupy the unit been evicted from federally or state assisted housing for drug-related criminal activity?** Yes No

19. **Have you or any other person who will occupy the unit been denied housing in the past five years?**

Yes No

If yes, please describe the circumstances: _____

20. **List all the cities and states where you have lived in the past:**

I, the undersigned, understand that this is a preliminary application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of this application. My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application and/or termination of tenancy if I have been accepted as a resident.

Date

Signature of Applicant

Date

Signature of Co-Applicant

PLEASE NOTE:

Barkan Management Co., Inc. does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap or national origin.

Barkan Management Co., Inc., will make every effort to provide support should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities and will provide assistance in filling out this application should such assistance be requested.

Also be advised that Barkan Management Co., Inc. conducts applicant screening to determine eligibility and suitability of applicants based on ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.



Privacy Act Notice

The Department of Housing and Urban Development (HUD) and Mass Housing is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD and/or Mass Housing to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD and Mass Housing uses your family income and other information to assist in managing and monitoring HUD and Mass Housing-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD or Mass Housing, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.