

AHL

Affordable Housing Associates of Lynn, Inc.

52 Andrew Street

Lynn MA 01901

(781) 584-8852

Applications for housing with Affordable Housing Associates (AHL) may be screened according to the following criteria and may be denied due to any one or combination of factors.

1. Criminal Offender Record Inquiry
2. Sexual Offender Record Inquiry
3. Household Composition meets occupancy standards for size of unit
4. Ability to pay rent on time, this may include length of time at current job or verification of subsidy
5. Home Visit and/or previous landlord reference

The following information must be attached to the application in order for the application to be processed. Copies of original paperwork can be made at the office.

_____ Application (complete, sign, and date form)

_____ Authoriazation for the Release of Information Form (complete, sign, and date form)

_____ CORI Acknowledgement Form (sing and date form)

_____ Proof of all Income is attached – (i.e. Benefit letter(s), 2 current and consecutive paystubs)

_____ Birth Certificate or US Government Picture Id Card

_____ Social Security Card

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APPLICATION FOR HOUSING

Andrew Street Rooming House (rooms only) *this application is only for one individual person*

All applications must be returned to: Admissions Office, LHAND, 174 S. Common Street (Caggiano Plaza), Lynn MA 01905. For questions regarding the application, please contact the LHAND Admissions Office at (781) 581-8761. LHAND is the management agent for AHL. This application must be returned completed in full in order to be accepted.

APPLICANT'S INFORMATION

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Social Security Number: _____

Do you have Eligible Citizen/Resident Status in the United States? (please check) Yes No

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Mailing address: _____

City: _____ State: _____ Zip Code: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Will anyone else be living in the unit? This includes children under the age of 18 (please check) Yes No

If you checked Yes, you and your family do not qualify for a room at the Andrew St. rooming house.

INCOME INFORMATION

Please list ALL sources of income used to pay rent:

Type and amount of income (i.e. employment, SSI, SSDI) and if working, employer's name and address.

Please attach proof of income

Income type and amount: _____

Employer/Company Name: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other income type and amount _____

Employer/Company Name: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list any additional income on a separate piece of paper:

RENTAL HISTORY

Have you ever been or do you have any evictions on record? (please check) Yes No

If Yes, please explain: _____

Current Landlord: _____ from: _____ to present

Address: _____

Previous Landlord: _____ from: _____ to: _____

Address: _____

Previous Landlord: _____ from: _____ to: _____

Address: _____

EMERGENCY CONTACT & PERSONAL REFERENCES

Please list the name and contact info for an emergency and two personal references:

Emergency contact: _____

Personal reference: _____

Personal reference: _____

I understand that the LHAND acting as management agent for AHL requests this information as part of the application process and that this application is not an offer of housing. The LHAND and AHL are equal opportunity housing providers and do not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law. I understand that it is the policy of the landlord not to refuse to rent or otherwise determine against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

I hereby authorize the potential landlord to contact, obtain and verify the accuracy of information contained in this application from all previous landlords and references provided. I also hereby release from liability the potential landlord and its representatives for seeking, gathering and using such information to make tenancy decisions and all other persons or organizations for providing such information or immediate termination of my tenancy if I am a tenant, whenever it may be discovered.

If I am accepted into tenancy, I acknowledge that there is no specific length of tenancy and that this application does not constitute an agreement or contract for tenancy. Accordingly, either the landlord or myself can determine the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that I will be required to provide satisfactory proof of identity at time of lease up. Failure to submit such proof shall result in denial of tenancy.

I also understand that it is my responsibility to inform the LHAND acting as management agent for AHL of any change of address. I further understand that a criminal offender background check (CORI) and sexual offender background check (SORI) will be performed for members of my application fourteen (14) and older according to Federal Law.

I represent and warrant that I have read and fully understand the foregoing and that I seek housing under these conditions.

I certify that the information given to the LHAND on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal and state laws and are grounds for termination of tenancy.

SIGNED UNDER THE PAINS AND PENALTY OF PERJURY.

Signature: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



AUTHORIZATON FOR THE RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, consent to allow the Lynn Housing Authority & Neighborhood Development, to obtain information from the following sources, for the purpose of verifying my eligibility in assisted housing programs:

1. Any person having knowledge of my conduct or activities such as any past or present employee, landlords, schools and colleges, or
2. Any credit bureau, retail merchant's association, bank, financial institution, or other credit-extending organization, or
3. Any clerk of courts or law enforcement agencies in a city, county or state of the Federal Government, or
4. Providers of alimony, child care, child support, credit, handicapped assistance, medical care, pension/annuities, the U.S. Social Security Administration, the U.S. Department of Veterans' Affairs, utility companies and Welfare agencies.
 - a. All rental history, medical expenses, child care expenses and family composition;
 - b. All records maintained by the Social Security Administration relating to me, my employment record, wages paid and/or statement of earnings;
 - c. All income information and employment records including, but not limited to, letters of recommendation, any and all disciplinary notices, earnings records, wage rates;
 - d. All records maintained by the Department of Transitional Assistance;
 - e. All criminal record(s) maintained by the Department of Probation and any Criminal Offender Record Information from the Criminal History Systems Board;
 - f. All State or Federal electronic verification systems;
 - g. Other;

I hereby give you my permission to release this information to the Lynn Housing Authority & Neighborhood Development 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 Lynn Housing Authority and Neighborhood Development within five (5) days of receipt of this request.

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

THIS AUTHORIZATION IS VALID FOR A PERIOD OF 15 MONTHS FROM THE DATE NOTED BELOW OR SO LONG AS I AM A TENANT OF THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT OR A PARTICIPANT IN ANY PROGRAM ADMINISTERED BY THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT, WHICHEVER IS LATER.

Signed: ✍ _____

Date: ✍ _____

Social Security Number: ✍ _____

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



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ Lynn Housing Authority & Neighborhood Development (LHAND) _____ 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, current licensees, and applicants for the rental or lease of housing.

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

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my 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.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

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