

**Fensgate Cooperative Homeownership Units - this is not a rental opportunity**  
**We must reject your application if you do not answer every question.**

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

What is your date of birth? \_\_\_\_\_ What is your gender? \_\_\_\_\_

Are you  Hispanic or  non-Hispanic? What is your race (optional)? \_\_\_\_\_

Head of Household: What is your social security number (if you have one)? \_\_\_\_\_

What is your family's total annual income? \_\_\_\_\_ How many people will be living in the unit? \_\_\_\_\_

What unit size are you seeking? \_\_\_\_\_

What is your home or evening phone? \_\_\_\_\_ What is your work or daytime phone? \_\_\_\_\_

Do you need a wheelchair accessible unit (or a "no-steps" unit)?  YES  NO

Do you need reasonable accommodations, either during the application period or tenancy?  YES  NO

Remember that this is a homeownership program ONLY - we do not rent apartments. You will need to make a down payment if you are asked to join the coop.

Are you  homeless or  at risk of homelessness? If so, why? \_\_\_\_\_

Do you have a Section 8 voucher or some other form of regular rental assistance?  YES  NO

Have you applied for rental assistance voucher that might help you afford a unit?  YES  NO

What is your mother's last name when she was born? \_\_\_\_\_

How did you hear about us?

1. Referral \_\_\_\_\_
2. Building Website \_\_\_\_\_
3. Building Banner \_\_\_\_\_
4. Local Advertisement \_\_\_\_\_ What Paper \_\_\_\_\_

**RECEIPT - We will acknowledge receipt of your application with 14 days.**

MAIL TO:

**The Mackin Group**  
7 Harvard Street  
Brookline, MA 02445

YOUR NAME/ADDRESS: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

We received your application, and placed it on the waitlist as of \_\_\_\_\_. You have been assigned a waitlist number: \_\_\_\_\_. Please use this number whenever you have a question about your application.

Your application is missing important information! \_\_\_\_\_

Please correct this so that we can put you on our waitlist. Thank you!

Please fill out each item as completely as possible.



**OFFICE WILL COMPLETE THIS SECTION**

Date Occupancy Desired: \_\_\_\_\_  
 Number in Household \_\_\_\_\_  
 Number of Bedrooms Desired: \_\_\_\_\_



Interview date: \_\_\_\_\_  
 EVL/L/VL: \_\_\_\_\_ Imputed Assets: \_\_\_\_\_  
 Assets Disposition Date: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_  
 Refused Unit: \_\_\_\_\_

Do you own a car?  Yes  No (NOTE: There are many zip-car locations in the immediate neighborhood.)  
 Do you have any pets?  Yes  No If yes, please describe: \_\_\_\_\_  
 How did you hear about this home ownership building? \_\_\_\_\_

1. NAME: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street & Apt. Number City State Zip

Mailing Address (if different) \_\_\_\_\_  
Mailing Address City State Zip

2. Please complete the following information about each person to occupy apartment (including applicant):

Name	Sex	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
		Head			

If there are additional family members, check here and provide similar information on a separate sheet of paper.

3. Are you, your spouse, or any member of your household a full-time student 18 years or age or older?  Yes  No

Citizenship Status: Are you a U.S. Citizen?  Yes  No If no, please indicate residency status: \_\_\_\_\_

4. Please list all landlords for the past five years, in reverse order. If more space is needed, please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your previous landlord.

**Present Apartment**

Name of Landlord: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Apt. Size: \_\_\_\_\_ Date from: \_\_\_\_\_ To: Present

Monthly Rent: \$ \_\_\_\_\_ Utility cost/month: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Apartment**

Name of Landlord: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Apt. Size: \_\_\_\_\_ Date from: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Utility cost/month: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**5. EMPLOYMENT** (please include employment of all persons to occupy apartment)

**Applicant 1**

Name of Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

Length of Employment: \_\_\_\_\_ Annual Gross Wages: \$ \_\_\_\_\_

**Applicant 2**

Name of Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

Length of Employment: \_\_\_\_\_ Annual Gross Wages: \$ \_\_\_\_\_

**6. OTHER SOURCES OF INCOME** (please include all persons to occupy apartment)

			Applicant 1	Applicant 2	Applicant 3
Social Security:	Monthly Amount	\$ _____	_____	_____	_____
SSI:	Monthly Amount	\$ _____	_____	_____	_____
Veterans Benefits	Monthly Amount	\$ _____	_____	_____	_____
Name of Pension:	Monthly Amount	\$ _____	_____	_____	_____
Alimony:	Monthly Amount	\$ _____	_____	_____	_____
Child Supports	Monthly Amount	\$ _____	_____	_____	_____
Other	Monthly Amount	\$ _____	Please Explain: _____		
<b>TOTAL OTHER INCOME:</b>		<b>\$ _____</b>			

**7. MEDICAL EXPENSES:** Amount of your yearly health insurance payments \$ \_\_\_\_\_  
 Amount of your yearly medical expenses not covered by insurance \$ \_\_\_\_\_

**8. ASSETS** (list all accounts including: savings, checking, certificates, etc.)

Acct. Type and No \_\_\_\_\_ Int. Rate: \_\_\_\_\_% Amount: \$ \_\_\_\_\_  
 Bank Name and Address: \_\_\_\_\_

Acct. Type and No \_\_\_\_\_ Int. Rate: \_\_\_\_\_% Amount: \$ \_\_\_\_\_  
 Bank Name and Address \_\_\_\_\_

Acct. Type and No \_\_\_\_\_ Int. Rate: \_\_\_\_\_% Amount: \$ \_\_\_\_\_  
 Bank Name and Address: \_\_\_\_\_

Stocks - Name: \_\_\_\_\_ No. Shares \_\_\_\_\_ Value \$ \_\_\_\_\_

Bonds - Name: \_\_\_\_\_ No. Shares \_\_\_\_\_ Value \$ \_\_\_\_\_

Cash Surrender Value of Life Insurance Policy Value \$ \_\_\_\_\_

Property Owned: \_\_\_\_\_ Net Sales Value \$ \_\_\_\_\_  
 Street City State Zip

During the past two (2) years have you given away more than \$1,000 or disposed of other assets for less than their fair market value?  
 Yes  No If yes, please explain: \_\_\_\_\_

9. **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

*If yes to either, please describe the circumstances, docket number, charge, date and court in the box below*

Do you or any person who will occupy the unit use controlled substances (e.g. drugs) illegally?  Yes  No

*If yes, please explain:*

Do you or any person who will occupy the unit currently abuse alcohol?  Yes  No

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

*If yes, please explain:*

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (check one)  Yes  No

Head of household at that time: \_\_\_\_\_  
Name of housing agency/landlord: \_\_\_\_\_  
Date moved out: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with management?  Yes  No

*If yes, please explain:*

Have you or any person who will occupy the unit ever been evicted from housing?  Yes  No

*If yes, please explain:*

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

*If yes, please explain:*

Has you or any person who will occupy the unit been denied housing in the past 5 years?  Yes  No

*If yes, please explain:*

**RACE** – (Please note that this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws.) Please complete the attached *Race and Ethnic Data Reporting Form*.

**ELIGIBILITY REQUIREMENT FOR HOUSING FOR PERSONS WITH DISABILITIES** - For purposes of determining project eligibility with HUD regulations only. If this applies to any individual on this application, please request the *Claim of Disability form*.

**SPECIAL HOUSING NEEDS** – This section is optional and is used only to determine any reasonable accommodations for applicants.) Does any applicant family member have any special housing needs?  Yes  No

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

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I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE NOTE:**

The Mackin Group 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.

The Mackin Group 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 The Mackin Group 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.

The Department of Housing and Urban Development (HUD) 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 to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses **your family** income and other information to assist in managing and monitoring HUD-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, 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.



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 12/31/2007)

The Fensgate Cooperative Corporation      73 Hemenway St      Boston      MA      02115  
Name of Property      Project No.      Address of Property

\_\_\_\_\_  
Name of Owner/Managing Agent      Type of Assistance or Program Title:

\_\_\_\_\_  
Name of Head of Household      Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

**\*Definitions of these categories may be found on the reverse side.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 in compliance 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 co-head 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 provided 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 not require any special protection.