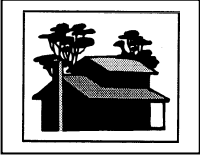


Welcome to Rockdale Commons

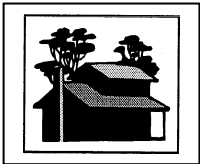
Instructions

Enclosed please find the Housing Application you requested. Please note the following:



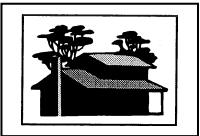
A separate application must be completed for **each** apartment complex you are interested in. (Copies Are Acceptable)

One CORI Request Form must be completed by **each** household member 18 years or older. (Please copy the form as needed.)



Applications must be completed in full. Incomplete applications will be returned to the applicant.

One Applicant Verification Consent Form must be completed for **each** citizen and non-citizen member of the household who is declaring eligible immigration status.



If you should move or change your phone number, notification of such change must be in writing and mailed to:

Rockdale Commons, 50 Plantation Street, Northbridge, MA 01534

Notification must include the following:

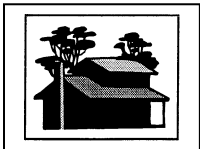
A - Applicant(s) Name(s) and Social Security Number

B - Apartment Complex(s) of application

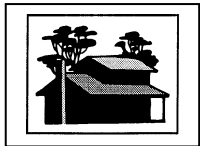
C - Approximate month/year the original application was submitted

D - Old Address and Phone Number

E - New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a Completed, updated application within the specified timeframe will be removed from the waiting list.



Applicants will be notified of their status once they are close to the top of the list.

APPLICANT DECLARATION SHEET

INSTRUCTIONS: Complete this form, including each member of the household.

HEAD OF HOUSEHOLD ONLY

FULL NAME: _____

SEX: _____ Date of Birth _____

Social Security # _____ Alien Registration # _____

Admission Number _____, if applicable; (this is an 11-digit number found on INS Form I-94, Departure Record)

Nationality: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification No. _____
(To be entered by owner if and when received)

ENTIRE HOUSEHOLD

Are you or any member of your household:

- _____ a) A citizen or national of the United States.
- _____ b) A non-citizen with eligible immigration status.
- _____ c) A non-citizen not claiming eligible immigration status

*Please be advised that if you answered yes to item b), you will be required to send verification of your eligible immigration status for each member of your household.

** Please be advised that if you answered yes to item c) for any member of your household, you may not be eligible for residency in federally subsidized housing, or you may be eligible for prorated assistance only.

Signature of Head of Household

Date

APPLICANT VERIFICATION CONSENT FORM

TO BE COMPLETED FOR FEDERALLY SUBSIDIZED PROPERTIES ONLY

INSTRUCTIONS:

Complete this form for each non-citizen member of the household who declared eligible immigration status on the Declaration Sheet. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to:
 - a) HUD, as required by HUD; and
 - b) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION OF APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance, and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if an adult signed for a child _____

CREDIT AND CRIMINAL BACKGROUND CHECK RELEASE FORM

As an applicant/prospective resident of a property owned and/or managed by Trinity Management, I understand that a criminal record check will be conducted for criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Prospective Resident Signature

APPLICANT/PROSPECTIVE RESIDENT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

ADDRESS: _____

REQUESTED BY: _____
SIGNATURE OF AUTHORIZED EMPLOYEE

MANAGEMENT USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. _____

Present housing cost per month \$_____ including utilities? [] Yes [] No

How long have you lived at present address? _____ years.

Do you own any pets? _____

What are the reasons for moving? _____

Does any family member require a dwelling unit that has been modified to accommodate a disability? [] Yes [] No

How did you hear about our property? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences. If you need extra copies please ask the Management staff.

1) Previous Address _____

From: _____ to: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

2) Previous Address _____

From: _____ to: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

3) Previous Address _____

From: _____ to: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been arrested or convicted of any crime? If so, please give details:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hrs per week _____ # weeks per year _____)

EMPLOYMENT INCOME (continued)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

_____ per _____
_____ per _____
_____ per _____

(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

Member # _____
Name of Financial Institution _____ Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____ Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone# : _____
Address: _____, _____

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:
(Applies only to certain subsidized housing programs.)**

1. Have you been displaced from your home? If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ___ No ___ If so, please describe :

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

Will all of the persons in the household be or have they been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) an AFDC or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes	No

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a criminal records check report may also be requested.** I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

 Head of Household/Applicant Date _____ Date
 Co-Applicant

Rockdale Commons and Trinity Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



To: Trinity Management / Rockdale Commons

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit-checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Trinity Management, LLC.

Rockdale Commons
50 Plantation Street
Northbridge, MA 01534

508-234-9897

Head of Household

Date