

Coming Soon
Summer 2024



Coyle School Residences

59 Summer Street Taunton, MA

LOTTERY

FOR 45 BRAND NEW APARTMENT HOMES

One bedroom, two bedroom and three bedroom apartment homes. On-site amenities include: On-Site Laundry, Community Room, Playground, On-Site Management and 24-Hour Emergency Maintenance

AMI	RENT AMOUNT			MINIMUM INCOME			MAXIMUM INCOME					
	Number of Bedrooms			Number of Bedrooms			Number of Persons					
	1 BD	2 BD	3 BD	1 BD	2BD	3 BD	1P	2P	3P	4P	5P	6P
30%	\$666	\$798	\$922	N/A	N/A	N/A	\$24,870	\$28,410	\$31,950	\$35,490	\$38,340	\$41,190
60%	\$1,332	\$1,597	N/A	\$45,669	\$54,754	N/A	\$49,740	\$56,820	\$63,900	\$70,980	\$76,680	\$82,380

IRS Section 42 Low-Income Housing Tax Credit (LIHTC) effective 5/15/23. Bristol County. Taunton-Mansfield-Norton, MA HUD Metro FMR Area. Subject to change.

There are 8 units set aside for applicants that are at or below 30% of the median income. These units will be covered under a Project-Based Section 8 contract. Rent for these units will be 30% of household adjusted gross income.

JOIN US FOR A VIRTUAL INFORMATIONAL SESSION:

Tuesday, January 16th @ 11:30 am

To attend virtually, visit: <https://meetings.ringcentral.com/j/1499144588>

Applicants will be Chosen Through a Virtual Lottery

Wednesday, April 3rd @ 10:00 am

To attend virtually, visit: <https://meetings.ringcentral.com/j/1466587818>

All applicants must meet the community's Resident Selection Plan Criteria

For more information on the lottery and to receive an application:

Call: (781) 915-3080 | TDD: CALL 7-1-1 | Email: CoyleSchool@hallkeen.com

Applications will be available for pick up on Monday, 12/11/23 at:

- Taunton City Hall - 15 Summer St. Taunton, MA
- Taunton Public Library - 121 Pleasant St. Taunton, MA
- Taunton Housing Authority - 308 Bay Street Taunton, MA

APPLICATIONS FOR THE LOTTERY MUST BE FULLY COMPLETED AND POSTMARKED BY MARCH 21ST.

COMPLETED APPLICATIONS CAN BE RETURNED IN-PERSON, BY FAX (781) 762-4841
MAIL: Coyle School C/O HallKeen Management 1400 Providence Hwy Suite 1000 Norwood, MA 02062
EMAIL: CoyleSchool@hallkeen.com

Applications received after the lottery deadline will be placed on a waiting list.

To request a reasonable accommodation, please call (781) 915-3080

Este documento es importante. Por favor tradúcelo. Este documento é importante. Por favor, traduza.

TRANSLATION SERVICES AVAILABLE



HALLKEEN MANAGEMENT

*Este documento es importante, por favor tradúzcalo | Este documento é importante, por favor, tê-lo traduzido | Questo documento é importante, si prega di farlo tradurre
Translation Services Available*

PRELIMINARY RENTAL APPLICATION

-Equal Housing Opportunity-

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN
LARGE PRINT TYPE OR OTHER ALTERNATE FORMATS.

Application Date: _____

Property Name: **Coyle School Residences**
Address: **59 Summer Street**
City, State, Zip: **Taunton, MA 02780**
Telephone Number: **#TBD**
TDD#: **Call 7-1-1**
Email Address: CoyleSchool@hallkeen.com

Return Completed Application To:

**Coyle School
C/O HallKeen Management
1400 Providence Highway Suite 1000
Norwood, MA 02062**

APPLICATION FOR ADMISSION

Note: *Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A".* Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address:

Street _____ Apt. # _____

City, State _____ Zip Code _____

Current Landlord:

Name _____ Telephone _____

Street _____ Apt. # _____

City, State _____ Zip Code _____

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native Asian or Pacific Islander Other (not white or Hispanic)
 Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

- 1BR 2BR 3BR

ADDITIONAL INFORMATION:

- Do you currently hold a Mobile Voucher? Yes No
- Are you requesting a Hearing/Visual Adapted Unit? Yes No
- Are you requesting a Wheelchair Adapted Unit? Yes No
- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?
 Yes No

If yes, please explain/provide details: _____

- Do you or a member in your household consider yourself to be homeless or at-risk of being homeless? Yes No

(See next page for definition of Homelessness. Please provide proof of homelessness, such as a letter from a shelter or an eviction notice from a landlord.)

If yes, please explain/provide details: _____

- Do you currently live in Taunton? Yes No
If yes, which household member(s) does this apply to? _____?
(Please submit proof with this application, such as a utility bill indicating you name and current address, a current lease, etc.)

- Do you currently work in Taunton? Yes No
If yes, which household member(s) does this apply to? _____?
(Please submit proof with this application, such as a copy of your pay-stub)

- Does any member of the household attend school in Taunton? Yes No
(Please submit proof with this application, such as a copy of a current report card)

- Have you ever been evicted from your home for any reason? Yes No
If yes, please explain/provide details: _____

- Have you ever been arrested or convicted of any crime? Yes No
If yes, please explain/provide details: _____

Homelessness or At-risk of homelessness and/or homeless is defined as:

- *Persons living in places not meant for human habitation*
- *in an emergency shelter*
- *in transitional housing*
- *persons who ordinarily sleep on the street or in emergency transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution*
- *person being evicted - for reasons not in their control - within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*
- *being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*

CURRENT HOUSING:

- Present Housing Cost Per Month \$ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? Yes No
- How Long Have You Lived at Present Address? _____ # of Years.
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

FAMILY COMPOSITION: List all who will occupy the apartment.

YOU MUST 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 (check one)
1 _____	Head of Household	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

1) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

2) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

3) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

*If you are **unable** to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.*

1.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

2.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

3.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

EMPLOYMENT:

IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? Yes No

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

Member # _____
Name of Present Employer _____ Telephone _____
Employer's Address _____
Number of Years Employed _____ Position _____
Current Wages \$ _____ Weekly Bi-weekly Monthly
 Hourly: \$ _____/hr. _____ hrs. per wk. # of wks. per year _____

Member # _____
 Name of Present Employer _____ Telephone _____
 Employer's Address _____
 Number of Years Employed _____ Position _____
 Current Wages \$ _____ Weekly Bi-weekly Monthly
 Hourly: \$ _____/hr. _____ hrs. per wk. # of wks. per year _____

Member # _____
 Name of Present Employer _____ Telephone _____
 Employer's Address _____
 Number of Years Employed _____ Position _____
 Current Wages \$ _____ Weekly Bi-weekly Monthly
 Hourly: \$ _____/hr. _____ hrs. per wk. # of wks. per year _____

Member # _____
 Name of Present Employer _____ Telephone _____
 Employer's Address _____
 Number of Years Employed _____ Position _____
 Current Wages \$ _____ Weekly Bi-weekly Monthly
 Hourly: \$ _____/hr. _____ hrs. per wk. # of wks. per year _____

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is 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*)?
 Yes No If yes, list below by household member and income type:

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)

DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS
 (Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds)? Yes No
 If yes, list below:

Member # _____
 Name of Financial Institution: _____
 Financial Institution Address: _____
 Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____ % If Stock, Number of Shares: _____ Dividends per Share: \$ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc?

Yes No If yes, list below:

Household Member	Type of Asset	Value of Asset
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____

Phone# : _____

Address: _____

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

ADDITIONAL INFORMATION:

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____.

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Will all of the persons in the household be or have 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 Dependent on another's tax return? Yes No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

Conflicts Prohibited

(a) _____ and HallKeen Management as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either Housing Solutions For Eastern Massachusetts Inc., Church Green and HallKeen Management (when acting as the Agent).

This policy addresses HOME Rule at 24 CFR Part 92.356 provisions to provide guidelines and prevent conflict of interest when conducting management activities at properties with HOME funds. These provisions apply to any individual or any member of an individual's immediate family who may have decision making functions or responsibilities at properties with HOME funds.

POLICY

Management must implement the necessary procedures to ensure that no HOME assisted affordable housing units are leased to any individual or any member of an individual’s immediate family including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, who is an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of a project assisted with HOME funds whether private for profit or non-profit.

Are any members of your household related, employed, acting as agent, developer or sponsor of either _____ or HallKeen Management? 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. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. 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

Co-Applicant Date

Other Adult Household Member Date

Other Adult Household Member Date

HallKeen Management does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in the access or admission to its programs or employment, or in its programs, activities, functions or services.



**Professionally Managed by: HallKeen Management
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

- | | |
|----------------------------------|--|
| Child Care Expenses | Veteran's Benefits |
| Criminal Activity (CORI) | Federal, State, or Local Benefits |
| Courts | Banks, Credit Unions |
| Family Composition | IRAs, CDs, 401k, 403b |
| Law Enforcement Agency | Interest, Dividends |
| Credit Bureau | Financial Institutions, Brokerages |
| Employment | Mutual funds |
| Self-Employment | Alimony, Child Support |
| Unemployment Compensation | Other income-regular Gifts or allowances from another person |
| Pensions | Commissions, Tips, Bonus |
| Annuities | Landlords, Rental History |
| Social Security | Identity & Marital Status |
| Supplemental Security Income | Handicapped Assistance Expenses |
| State Welfare Agencies | Medical Insurance Premiums |
| State Employment Security Agency | Un-reimbursed Medical Expenses |
| Workman's Compensation | School & College Tuition Fees |
| Health & Accident Insurance | |

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen Management 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 HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury.

Head of Household Date Spouse Date

Other Adult Member Date Other Adult Member Date

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at Coyle School Residences, 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, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background 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

Applicant: _____
Signature Social Security # Date

Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability 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:

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA
(781) 762-4800