

# HALLKEEN MANAGEMENT

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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: **61 Summer Street**  
City, State, Zip: **Taunton, MA 02780**  
Telephone Number: **508-967-7806**  
Fax Number: **508-967-7830**  
TDD#: **Call 7-1-1**  
Email Address: [CoyleSchool@hallkeen.com](mailto:CoyleSchool@hallkeen.com)

**Return Completed Application To:**

**Coyle School Residences MGT Office**  
**61 Summer Street**  
**Taunton, MA 02780**

## 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)*

<b>FULL NAME OF EACH PERSON IN HOUSEHOLD</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>FULL TIME STUDENT (check one)</b>
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).

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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

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***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**