



Please Note: Completing this application does not guarantee placement or housing in a NOAH Apartment.

Dear Applicant,

Thank you for your interest in Benfield Farms Apartments a Neighborhood of Affordable Housing, Inc. (NOAH) Community.

Our affordable apartment homes are lower than the area market rent, with monthly rents ranging from:

1 Bedrooms \$1100-\$1400

2 Bedrooms \$1200-\$1800

Please note these rental rates are subject to change at any time and based on location, condition, and program rules and regulations.

To be considered for one of our apartments, you must completely fill out the attached application forms.

If a section does not apply to you, please write "N/A" over that section. **Please note:** if these instructions are not followed correctly, it may cause a delay in the processing of your application. **ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE ADDRESS PROVIDED ON THE APPLICATION (IF LISTED).** (NOAH will provide free language assistance to applicants if needed.)

After you have completed and signed all portions of the application, please return it in person or by mail to **NOAH, Inc. Attn: Property Management Dept. 143 Border Street, Boston, MA 02128.** Applications may also be returned by fax, to 617-569-2007, or by email, to propertymanagement@noahcdc.org. Only completed applications will be accepted and placed on our waitlist. Once an apartment home becomes available, you will be contacted by mail. **Please keep in mind that it is your responsibility to keep the information on your application up to date with the management office.**

We cannot predict when an apartment may become available or how long you will be on our waitlist before you are contacted.

If you have any questions, please contact the NOAH Management Office at 617-567-5882 or 800-720-3480 (TTY).

Again, thank you for your interest in NOAH Apartments!

NOAH Property Management Team



Neighborhood of Affordable Housing

Housing: Counseling, Rehabilitation, Ownership, Rental • Community Building • Environmental Organizing
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TO THE APPLICANT

We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information. Please write N/A for sections that do not apply to you.

Incomplete applications will not be considered and will be returned.

Date of Application	Size of unit Requested	Date Received

PERSONAL INFORMATION

APPLICANT NAME	DATE OF BIRTH	SOCIAL SECURITY NO.
CURRENT ADDRESS	CITY	STATE
HOME PHONE	CELL PHONE	WORK PHONE
()	()	()

HOUSEHOLD MEMBER	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY NO.	MONTHLY INCOME
1.	HEAD			
2.				
3.				
4.				
5.				

Do you expect the size of your household to change in the near future? (Circle one) **Yes / No** If yes, please explain:

Does anyone in your household require a wheelchair accessible unit or other access design features? **Yes / No**

If yes, please describe: _____

Will any household members be or have been full-time students during 5 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**

RESIDENT HISTORY

PRESENT ADDRESS		CITY	STATE	ZIPCODE
MONTHS AT ADDRESS	MONTHLY RENT	UTILITIES INCLUDED		
LANDLORD'S NAME		LANDLORD'S PHONE		
LANDLORD'S ADDRESS		CITY	STATE	ZIPCODE
REASON FOR MOVING				

PREVIOUS ADDRESS		CITY	STATE	ZIPCODE
MONTHS AT ADDRESS	MONTHLY RENT	UTILITIES INCLUDED		
LANDLORD'S NAME		LANDLORD'S PHONE		
LANDLORD'S ADDRESS		CITY	STATE	ZIPCODE
REASON FOR MOVING				

PAST ADDRESS (If previous address is less than 2 years)		CITY	STATE	ZIPCODE
MONTHS AT ADDRESS	MONTHLY RENT	UTILITIES INCLUDED		
LANDLORD NAME		LANDLORD PHONE		
LANDLORD ADDRESS		CITY	STATE	ZIPCODE
REASON FOR MOVING				

EMPLOYMENT INFORMATION

HOUSEHOLD MEMBER		
EMPLOYER	FROM	TO
EMPLOYER ADDRESS	CITY	STATE ZIP CODE
INCOME (Circle one) \$ HR WK MTH YR	EMPLOYER PHONE	SUPERVISOR NAME

HOUSEHOLD MEMBER		
EMPLOYER	FROM	TO
EMPLOYER ADDRESS	CITY	STATE ZIP CODE
INCOME (Circle one) \$ HR WK MTH YR	EMPLOYER PHONE	SUPERVISOR NAME

HOUSEHOLD MEMBER		
EMPLOYER	FROM	TO
EMPLOYER ADDRESS	CITY	STATE ZIP CODE
INCOME (Circle one) \$ HR WK MTH YR	EMPLOYER PHONE	SUPERVISOR NAME

HOUSEHOLD MEMBER		
EMPLOYER	FROM	TO
EMPLOYER ADDRESS	CITY	STATE ZIP CODE
INCOME (Circle one) \$ HR WK MTH YR	EMPLOYER PHONE	SUPERVISOR NAME

OTHER SOURCES OF INCOME

- Unemployment or workers comp
 V.A. Disability
 SSDI or SSI
 Alimony, Child Support, Gifts
 Pensions and annuities
 Interest and Dividends
 Welfare payments
 Net income from business
 Other Income (earnings derived from damages, awards, or Lottery winnings)

1. HOUSEHOLD MEMBER RECEIVING INCOME	SOURCE	MONTHLY AMOUNT \$
2.		
3.		
4.		

TOTAL: _____

BANK REFERENCES

HEAD OF HOUSEHOLD BANK INFO.	BANK NAME/ADDRESS	Checking	Savings
OTHER APPLICANT BANK INFO.			
OTHER APPLICANT BANK INFO.			
OTHER APPLICANT BANK INFO.			

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT #
CREDIT UNION				
MUTUAL FUNDS				
STOCKS AND BONDS				

In addition to the income sources listed above, does your household have a rental assistance certificate or any other source of rental assistance? (Circle one) YES / NO If yes, please describe the type and source (Example: Sec 8).

Have you, or any member of your household, ever received housing assistance from NOAH?
(Circle one) YES / NO

If Yes, Name of head of household at that time: _____

Relation to present applicant: _____

Date moved out: _____

Did you leave as a tenant in good standing? (Circle one) YES / NO

If no, please explain. _____

Emergency Reference

Name of relative or friend not planning to live with you.
In case of an emergency, if we are not able to reach you, we will contact this person.

NAME	RELATIONSHIP	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE

CRIMINAL RECORD

Have you or any members of your household who will live in the unit been convicted of a misdemeanor or felony in the last five years?
(Circle one) YES / NO

If yes, please explain: _____

Responding to following questions is OPTIONAL.

The Federal Government requires that we obtain the following information in order to monitor to owner's compliance with Equal Housing Opportunity and Fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished. This information will be used solely for statistical analysis and will not be used to determine eligibility. If anyone in your household is a Minority, you may classify your household as that Minority category.

- American Indian
- Asian
- Black
- Hispanic
- White
- Other
- Elderly
- Homeless
- Female Head of Household

Applicant's Certification

I understand that this application is not an offer of housing. Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from NOAH. I understand that it is my responsibility to inform NOAH in writing of any change or address, income, or household composition. I authorize NOAH to make inquiries to verify the information I have given in this application is true and correct. I understand that any deliberately false statement, or should I become tenant, will result in the termination of any rental subsidy and/or criminal prosecution.

Applicant's Signature

Date

Reviewer/Interviewer's Signature

Date

NOAH, Inc. is committed to fair housing and provides an equal opportunity to all to call home. NOAH, Inc. does not discriminate on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

REASONABLE ACCOMMODATIONS

NOAH, Inc. provides reasonable accommodations to applicants and/or residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies *made necessary because of a disability* for the applicant and/or resident to use and enjoy an apartment community.



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TENANT RELEASE AND CONSENT

I/we _____, the Undersigned hereby authorize All Applicable Parties, (*Employer or other source*) to release without liability, information regarding my/our employment, income, and/or assets to **Neighborhood of Affordable Housing, Inc.**, (*Owner or agent*) for purposes of verifying information as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity: employment, income, and asset; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes but are not limited to:
Past and Present Employers Welfare Agencies Veterans Administration
Previous landlords: including State, Unemployment Agencies Retirement Systems
Public Housing Agencies Social Security Administration Banks and other Financial Institutions
Support and Alimony Provides Medical and Child Care Providers Business Vendors or Contractors

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

_____	_____	_____
HEAD OF HOUSEHOLD	PRINT NAME	DATE
_____	_____	_____
CO-HEAD OF HOUSEHOLD	PRINT NAME	DATE
_____	_____	_____
ADULT MEMBER	PRINT NAME	DATE
_____	_____	_____
ADULT MEMBER	PRINT NAME	DATE

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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This is an important notice. Please have it translated.
Este es un aviso importante. Favor mandarlo traducir.
Este é um aviso importante. Por favor tenha traduzido.
ترجمة وقد الرجاء .هامة إعلام هذا
Ca ce you bagay ki impotant. Fe yo traduit li pou ou sous ple.
Αντο είναι μια σημαντική ειδοποίηση. Παρακαλώ τον μεταφράζει.
C'est une annonce tres important. Faites la traduction s'il vout plait.
這是一個重要的通知。它請已譯。

Background Verification Procedures

(Criminal and Credit Background Checks)

Neighborhood of Affordable Housing uses CoreLogic a 3rd party background verification company to conduct nationwide background verifications on all applicants. All applicants must have satisfactory background history which includes but not limited to criminal, credit, landlord, etc. All information on the application must be true and accurate. **All applicants 18 years of age or older MUST complete this form and provide a valid email address.**

Once your application has been process with CoreLogic you will receive an email from CoreLogic asking you to verify your identity. You will need to click on the email link sent to your email address you provided and follow the steps to complete the application process. Please note that all NOAH apartments are marketed on a first come first serve basis and you must complete the identity verification process to complete your application. Any delays with completing this process in a timely manner may jeopardize your housing opportunity.

Should you have any questions regarding this process or any information reported on your background information you may use the following methods to contact CoreLogic:

By Mail

CoreLogic
3001 Hackberry Rd.
Irving, TX 75063

By Telephone:

1-888-333-2413 Telephone

By Email:

customerservice@myrental.com

Please return the completed form to the management office located at:

NOAH

Attn: Property Management Dept.

143 Border St.

East Boston. MA 02128

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*****All Applicants 18 Years of Age or Older Must Complete This Section*****

PLEASE PRINT

First Name:	_____	Middle Name:	_____
Last Name:	_____	Date of Birth:	_____
Current Address:	_____	Apt.#	_____
City:	_____	State:	_____
Social Security Number:	_____	Contact Number:	_____
Email Address:	_____		

First Name:	_____	Middle Name:	_____
Last Name:	_____	Date of Birth:	_____
Current Address:	_____	Apt.#	_____
City:	_____	State:	_____
Social Security Number:	_____	Contact Number:	_____
Email Address:	_____		

First Name:	_____	Middle Name:	_____
Last Name:	_____	Date of Birth:	_____
Current Address:	_____	Apt.#	_____
City:	_____	State:	_____
Social Security Number:	_____	Contact Number:	_____
Email Address:	_____		

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This is an important notice. Please have it translated.

Este é um aviso importante. Queira mandá-lo traduzir.

Este es un aviso importante. Sirvase mandarlo traducir.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение обязательно переведите

Massachusetts Department of Housing and Community
Development Resident Notice and Consent Form for
State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1. What is the race of the head of household? (**Circle all that apply**)

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other (specify) _____

2. Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other Minority)? YES NO

3. Is the head of household Hispanic/Latino? YES NO

4. Is at least one adult member of the household Hispanic/Latino? YES NO

5. What is the number of children under 6 years of age in the household that reside in the unit?

6. What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7. What is the household type? (Circle one of the following choices below)

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date
