

## PEARL STREET PARK

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

Dear Applicant:

Pursuant to your request, please find enclosed our *Pearl Street Park* application.

When submitting your application (whether by mail or in person), **the following documentation must be provided:**

- a picture id (license, government issued identification card);
- birth certificate, alien registration card, passport and/or immigration paperwork;
- Social Security card;
- Social Security/SSI/ SSDI and/or Massachusetts SSI SUPP benefit letter (*must be dated within the past 30 days*);
- letter from a physician confirming disability status if Head of Household is under the age of 62, if applicable
- name, address and telephone number of bank(s), life insurance company(ies), pension provider(s), and employer(s);
- copies of 4 months most recent complete bank statements;
- if employed, copies of 4 most recent payroll stubs.

**Please note that, until all requested documentation is received, your application cannot be processed and will be returned to you.**

Our **GROSS** income limits for 2016 are:

1 person	\$34,350.00	2 persons	\$39,250.00
----------	-------------	-----------	-------------

We appreciate your interest in *Pearl Street Park* and look forward to meeting with you.

Michele Daly Taylor  
Property Manager

[michele@epmanagement.com](mailto:michele@epmanagement.com)

TTY: 1-800-439-2370 (outside Massachusetts)

7 1 1 (inside Massachusetts)

### **WE ARE NOW A NON-SMOKING BUILDING.**

CORPORATE OFFICE: 7 Tozer Road • Beverly, MA 01915-1091 • 978-232-1126 • Fax 978-232-1195  
SATELLITE OFFICES: 142 Merchants Row, Suite 1 • Rutland, VT 05701 • 802-775-1100 • Fax 802-775-6360  
4 Carmichael Street, #200 • Essex Junction, VT 05452 • 802-878-7000 • Fax 802-878-7006





## PEARL STREET PARK

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

TTY: 1-800-439-2370 (outside MA)

Dear Pearl Street Park Applicant:

7 1 1 (inside MA)

Thank you for your interest in our development. Let us briefly describe the kind of information we will be requesting and the reasons therefor.

Federal regulations require that, upon application and annually after occupancy, we verify your income, assets and medical/disability deductions in order to determine your rent level. The intent of these regulations is to ensure that the Government funds are correctly spent and, as providers of Government assisted housing, we are required to ask you for this information.

### **ALL SOURCES OF INCOME MUST BE REPORTED.**

Examples of income include, but are not limited to:

- \* Wages (including overtime, tips and bonuses)
- \* Social Security, Social Security Disability Income and/or Supplemental Security Income
- \* Pension and/or Annuity payments received on a regular basis
- \* Interest or dividends earned from savings and/or checking accounts, certificates of deposit, money market accounts, U. S. savings bonds, stocks and/or market bonds.
- \* Self-employment income (includes payments from rental of property)
- \* Regular gifts or contributions.

### **ALL ASSETS MUST BE DECLARED.**

Examples of Assets include, but are not limited to:

- \* Equity in real estate (house, land, etc.)
- \* Personal property held as an investment (antique furniture or car collections, etc.)
- \* Stocks, U. S. savings bonds, securities, money market accounts, etc.
- \* Value of funds in all bank accounts (checking, savings, etc.)
- \* Cash on hand (kept in safe at home or safety deposit box)
- \* Trust, Individual Retirement Account (IRA), Keogh Account
- \* Lump sum receipt of money (initial payment of Social Security benefits, inheritance, lottery, gifts)
- \* Retirement or pension funds received as a lump sum
- \* Assets disposed of within the past two (2) years



CORPORATE OFFICE: 7 Tozer Road • Beverly, MA 01915-1091 • 978-232-1126 • Fax 978-232-1195  
SATELLITE OFFICES: 142 Merchants Row, Suite 1 • Rutland, VT 05701 • 802-775-1100 • Fax 802-775-6360  
4 Carmichael Street, #200 • Essex Junction, VT 05452 • 802-878-7000 • Fax 802-878-7006



The Department of Housing and Urban Development describes elderly families or disabled families as follows:

**Elderly:** An elderly family means a family whose head or spouse, or sole member, is a person who is at least 62 years of age. It may include 2 persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with a live-in aide.

**Disabled:**

A disabled family is a family whose head or spouse, or sole member, is a person with disabilities. It may include 2 persons with disabilities living together, or one person with disabilities living with a live-in aide.

All Applicants who meet the eligibility requirements and are selected for tenancy will pay approximately 30% of their adjusted monthly income for rent and utilities.

**PEARL STREET PARK is managed by:**

**E. P. Management Corp.  
7 Tozer Road  
Beverly, MA 01915  
978 232-1126**



# PEARL STREET PARK

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

TTY: 1-800-439-2370 (outside MA)

7 1 1 (inside MA)

## FACT SHEET

Pearl Street Park provides independent living specifically designed for the elderly and handicapped lifestyles.

There are 85 one bedroom apartments which include 5 fully accessible and 5 modified accessible apartments. Special features include:

- \* On site maintenance superintendent
- \* 24 Hour Answering Service
- \* Security Cameras
- \* Intercom System
- \* Carpeted living/dining room, bedroom and hallway
- \* Vinyl flooring in kitchen and bathroom
- \* Control of your own heat
- \* Built-in air conditioner
- \* 3 closets
- \* Electric stove
- \* Refrigerator
- \* Emergency pull cords in the bedroom and bathroom
- \* Laundry room with 6 each coin-operated washers and dryers
- \* 6th Floor sitting room with library
- \* 1st Floor Community Room with full kitchen, vending machines and wall-mounted television
- \* 2 Elevators
- \* Limited underground garage parking or reserved parking on private way
- \* Convenient to shopping, banks, Churches and public facilities bus stops just outside the front door.

### WHO IS ELIGIBLE?

Elderly (62 years of age) or disabled households. Combined gross annual income:

Current income limits are:

Number of Persons in Household

Income Limit

1

\$ 34,250.00

2

\$ 39,250.00



CORPORATE OFFICE: 7 Tozer Road • Beverly, MA 01915-1091 • 978-232-1126 • Fax 978-232-1195  
SATELLITE OFFICES: 142 Merchants Row, Suite 1 • Rutland, VT 05701 • 802-775-1100 • Fax 802-775-6360  
4 Carmichael Street, #200 • Essex Junction, VT 05452 • 802-878-7000 • Fax 802-878-7006



We are certain you will provide all the necessary information, but must remind you of the following:

**FEDERAL LAW ESTABLISHES PENALTIES OF UP TO \$10,000 IN FINES AND FIVE (5) YEARS IN PRISON FOR WILLFUL SUBMISSION OF FRAUDULENT INFORMATION.**

If you have any questions, please do not hesitate to call the Management Office at

**617 625-8780.**

When you have completed the Application, please mail it to:

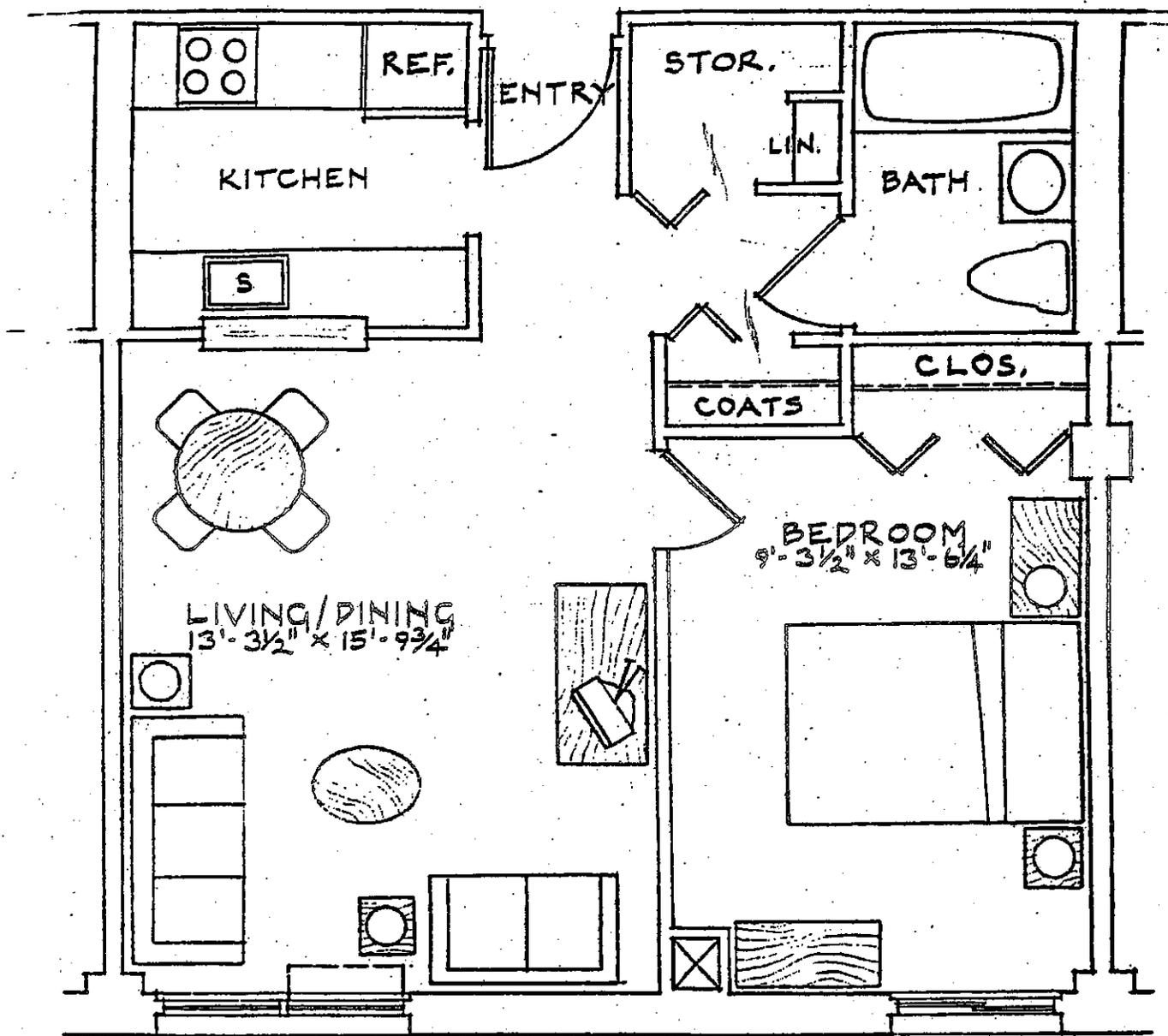
**PEARL STREET PARK  
MANAGEMENT OFFICE  
240 Pearl Street  
Somerville, MA 02145**

**PLEASE NOTE:**

**YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THIS APPLICATION INCLUDING MAILING ADDRESSES AND TELEPHONE NUMBERS FOR REFERENCES.**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**IF YOU ARE UNCLEAR ABOUT A QUESTION, PLEASE CALL OUR OFFICE FOR CLARIFICATION.**



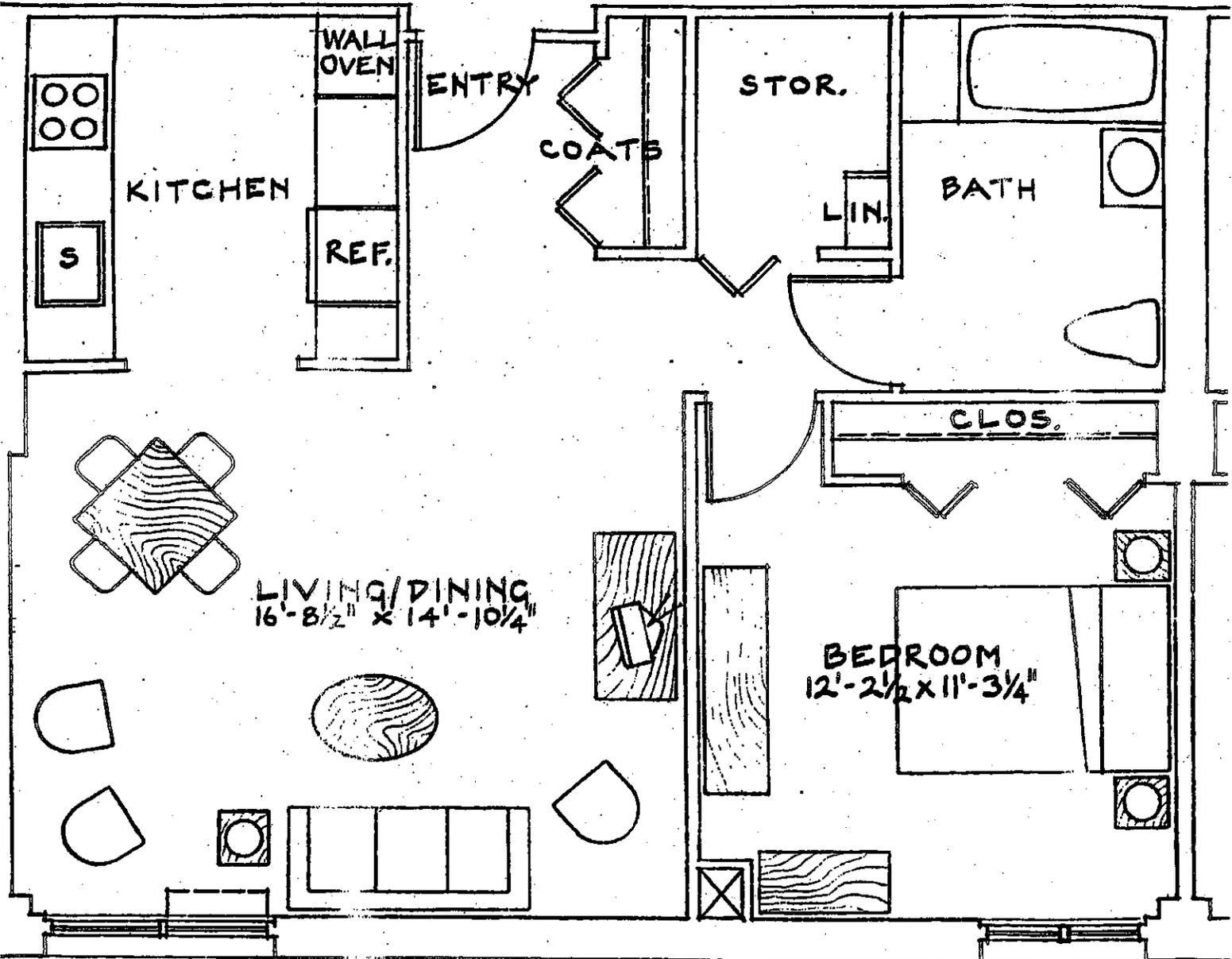
576 square feet

UNIT NO. \_\_\_\_\_

PEARL ST. PARK  
SOMERVILLE, MA.

TYPICAL  
UNIT "A"

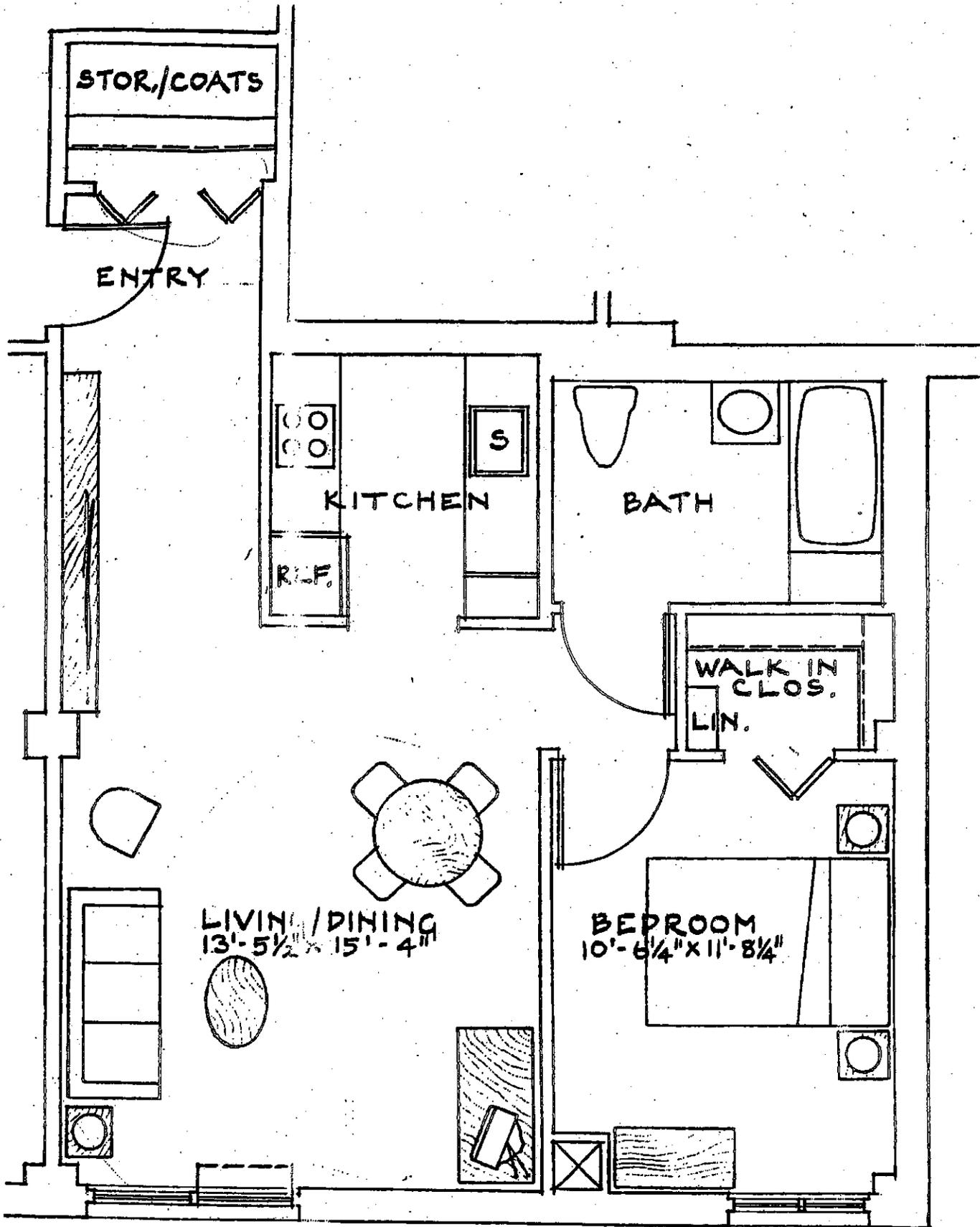
DATE: 13-JUN-8'  
SCALE:  $\frac{1}{4}'' = 1'-0''$   
DRN: EAK



UNIT NO. \_\_\_\_\_

*fully handicapped*

PEARL ST. PARK SOMERVILLE, MA.	TYPICAL H.C. UNIT "B"	DATE: 13-JUN-8 SCALE: 1/4" = 1'-0" DRN: EAK
-----------------------------------	--------------------------	---



UNIT NO. \_\_\_\_\_

*partially modified*

PEARL ST. PARK  
SOMERVILLE, MA.

TYPICAL  
UNIT "C"

DATE: 13-JUN-83  
SCALE: 1/4" = 1'-0"  
DRN: EAK



**PEARL STREET PARK**

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

**EQUAL HOUSING OPPORTUNITY**

**PEARL STREET PARK**  
**Application for Subsidized Housing**

Date: \_\_\_\_\_

TTY: 1-800-439-2370 (outside MA)

**I. HOUSING HISTORY:**

7 1 1 (inside MA)

1. Name(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

2. How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ through \_\_\_\_\_

3. Name of nearest relative: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

4. Do you (check those that apply):

Do you own your own property? \_\_\_\_\_ Rent from a Landlord? \_\_\_\_\_

Rent from Family/Friends? \_\_\_\_\_

Other: \_\_\_\_\_ Please explain: \_\_\_\_\_

5. Who is your present Landlord?

Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you being evicted? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



CORPORATE OFFICE: 7 Tozer Road • Beverly, MA 01915-1091 • 978-232-1126 • Fax 978-232-1195  
SATELLITE OFFICES: 142 Merchants Row, Suite 1 • Rutland, VT 05701 • 802-775-1100 • Fax 802-775-6360  
4 Carmichael Street, #200 • Essex Junction, VT 05452 • 802-878-7000 • Fax 802-878-7006



6. Who was your **previous** Landlord?

Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you evicted from these premises? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

7. Do you or have you ever lived in subsidized housing? \_\_\_\_\_

If yes, when? From: \_\_\_\_\_ to \_\_\_\_\_

Where did you live? \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION:**

1. Please provide the following information for each person, including yourself, who will be living at PEARL STREET PARK. Please list yourself first as Head of Household:

Name of Household Member	Relationship to Head of Household	Sex	Age	Date of Birth	Place of Birth	Social Security Number

2. Do you anticipate any changes in the composition of your household? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**III. INCOME AND ASSETS:**

1. Do you own real estate? \_\_\_\_\_ If yes, please provide the following:

Address of real estate: \_\_\_\_\_

Current Estimated Value: \$ \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

If you have a mortgage, please provide the name and address of the mortgage holder:

Bank/Mortgage Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Account No. \_\_\_\_\_

2. Does anyone listed in SECTION II have paid employment? \_\_\_\_\_

If yes, please provide the following:

Household Member Name	Employer Name, Address and Telephone Number
_____	_____
_____	_____
_____	_____

3. What is the **GROSS** amount (before taxes and deductions) of your:

	<u>Head</u>	<u>Co-Tenant</u>
	<u>Monthly</u>	
a. Social Security Benefit	\$ _____	\$ _____
b. Social Security Disability (SSDI)	\$ _____	\$ _____
c. Supplemental Security (SSI)	\$ _____	\$ _____
d. SSI SPP (Commonwealth of MA)	\$ _____	\$ _____
e. Salary/Wages	\$ _____	\$ _____
f. Self Employment Income (net business)	\$ _____	\$ _____
g. Pension or Annuity (specify: _____)	\$ _____	\$ _____
h. General Assistance/ANFC/TANF/ REACH UP (specify: _____)	\$ _____	\$ _____
i. Other (specify: _____)	\$ _____	\$ _____

4. Do you have: Savings Accounts, Checking Accounts, Money Market Accounts, Certificates of Deposit? \_\_\_\_\_ If yes, provide the following:

Name of Bank/Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank/Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank/Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

5. Do you own an Individual Retirement Account (IRA), 401K, 403B or a KEOUGH Plan?

If yes, please provide the following:

Name of Bank/Financial Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

6. Do you own any U. S. Savings or Treasury Bonds? \_\_\_\_\_ If yes, please provide:

Serial # of Bond \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Value \$ \_\_\_\_\_

Serial # of Bond \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Value \$ \_\_\_\_\_

Serial # of Bond \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Value \$ \_\_\_\_\_

Serial # of Bond \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Value \$ \_\_\_\_\_

Please provide a copy of each Bond

7. Do you own any Stocks or other Market Bonds? \_\_\_\_\_ If yes, please provide the following:

Name of Bank/Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Value of Stocks \$ \_\_\_\_\_ Value of Bonds \$ \_\_\_\_\_

Name of Bank/Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Value of Stocks \$ \_\_\_\_\_ Value of Bonds \$ \_\_\_\_\_

Please attach separate sheet to list additional Stocks/Market Bonds

8. Do you own a life insurance policy? \_\_\_\_\_ If yes, please provide the following:

Name of Insurance Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Policy # \_\_\_\_\_ Face Value of Policy \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Policy # \_\_\_\_\_ Face Value of Policy \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Policy # \_\_\_\_\_ Face Value of Policy \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

9. Do you own any other assets (cash, stamp collection, other collections)? Do **NOT** include personal furniture or motor vehicles you use of personal transportation? \_\_\_\_\_  
If yes, please provide the following:

Description of Asset

Current Value

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

10. During the past 2 years have you disposed of, transferred ownership, or given away any Asset for less than what it was worth? \_\_\_\_\_ If yes, please provide the following:

Description of Asset

Cash Value

Amount  
Received

Date Transferred  
or Given Away

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

11. Do you expect any change in your income or assets during the next 12 months? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**IV. MEDICAL EXPENSES:**

1. Do you pay for Medicare? \_\_\_\_\_ Amount \$ \_\_\_\_\_ per month

2. Do you pay for other health or dental insurance? \_\_\_\_\_ If yes, please provide the following:

Name of Insurance Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

3. Do you have co-pays for physician visits, hospital bills, dental or eye care, hearing aids, prescriptions (after insurance)? \_\_\_\_\_ If yes, please provide the following:

Name of Hospital/Medical Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay? \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

Name of Hospital/Medical Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay? \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

4. Over-the-counter items that a physician told you to use can be included in the calculation of rental assistance including, but not limited to, vitamins, pain relievers, special lotions/shampoos, hearing aid batteries. Do you have over-the-counter items that meet this definition? \_\_\_\_\_  
(Please remember this does NOT refer to prescription drugs.)

If yes, please provide the following:

Name of Doctor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please list the over-the-counter items: \_\_\_\_\_

\_\_\_\_\_

**V. HANDICAP/ATTENDANT CARE EXPENSES:**

1. Does anyone in your household work outside the home? \_\_\_\_\_ If yes, their name: \_\_\_\_\_

\_\_\_\_\_

If yes, is there a disabled/handicapped household member whom you pay for equipment or for a care attendant so that the above-listed person can work outside the home? \_\_\_\_\_ If yes, please provide:

Name of source you pay \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

Name of Hospital/Medical Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount you pay \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

**VI. GENERAL INFORMATION/REFERENCES:**

1. Do you have any pets? \_\_\_\_\_ If yes, please provide type, weight, number of pets

\_\_\_\_\_

2. Do you have a car? \_\_\_\_\_ If yes, make and model: \_\_\_\_\_

3. Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain including dates:

\_\_\_\_\_

\_\_\_\_\_

4. Is any member of this Household subject to a lifetime registration requirement under any State Sex Offender Registration Program? \_\_\_\_\_ If YES, which Household Member? \_\_\_\_\_

\_\_\_\_\_ What State(s)? \_\_\_\_\_

5. Why do you want to live at Pearl Street Park? \_\_\_\_\_

\_\_\_\_\_

6. Please provide 3 personal references (DO NOT INCLUDE RELATIVES)

Name \_\_\_\_\_ Tel # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**I/WE understand that the information provided in this Application will be used to determine my/our eligibility for an apartment at PEARL STREET PARK. I/We authorize E. P. Management Corp. to verify the information and to obtain and verify other information affecting my/our eligibility.**

**Furthermore, I/We understand that providing any false information or withholding any information will be grounds for denial of my/our Application. If, after becoming a Tenant(s) at PEARL STREET PARK, it is determined that I/We provided false information, I/We understand it may result in my/our eviction, repayment of ineligible assistance or in prosecution by the United States Government.**

**I/WE certify that all of the information provided is true and accurate to the best of my/our knowledge and belief.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 3/31/2014)

**PEARL STREET PARK**      **02311133**      **240 Pearl Street, Somerville, MA 02145**  
Name of Property      Project No.      Address of Property

**E. P. MANAGEMENT CORP.**      **SECTION 8**  
Name of Owner/Managing Agent      Type of Assistance or Program Title:

Name of Head of Household      Name of Household Member

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

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*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 provide 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 no require any special protection.

DECLARATION OF SECTION 214 STATUS

.....  
Notice to Applicants and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U. S. Please read the Declaration Statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.  
.....

I, \_\_\_\_\_, certify, under penalty of perjury<sup>u</sup> that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States; or,

I have eligible immigration status and I am 62 years of age or older. (Attach evidence of proof of age<sup>u</sup>; or

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under SS101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>u</sup>; or,

Permanent residence under S249 of INA<sup>u</sup>; or,

Refugee, asylum or conditional entry status under SS207, 208 or 203 of the INA<sup>u</sup>; or,

Parole status under SS212(d)(5) of the INA<sup>u</sup>; or,

Threat to life or freedom under S243(h) of the INA<sup>u</sup>; or,

Amnesty under S245A of the INA<sup>u</sup>.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on Statement above.

\*\*\*\*\*  
IA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*\*\*

(See reverse side for footnotes and instructions)

Verification of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company: EP Management, Corp  
Phone: \_\_\_\_\_

**SECTION II TO BE COMPLETED BY OWNER**

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**PLEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. A person who knowingly willfully request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(F) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408, f g and h. EP Management, corp. does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL AUTHORIZING  
RELEASE OF INFORMATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL AUTHORIZING  
RELEASE OF INFORMATION

\_\_\_\_\_  
DATE



**PEARL STREET PARK**

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

**RELEASE**

I hereby authorize E. P. Management and its authorized representative to contact Federal and/or State law enforcement agencies to obtain a CORI (criminal offense registry index) and a SORI (sex offenders registry index) which it deems necessary to verify information supplied by me the Applicant/Tenant.

This information may be used to determine my eligibility for a rental unit managed/operated by E. P. Management Corporation.

I agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_



CORPORATE OFFICE: 7 Tozer Road • Beverly, MA 01915-1091 • 978-232-1126 • Fax 978-232-1195  
SATELLITE OFFICES: 142 Merchants Row, Suite 1 • Rutland, VT 05701 • 802-775-1100 • Fax 802-775-6360  
4 Carmichael Street, #200 • Essex Junction, VT 05452 • 802-878-7000 • Fax 802-878-7006



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**

**ACKNOWLEDGMENT FORM** TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING AND HOUSING PURPOSES

**E. P. MANAGEMENT CORP.** is registered under the provisions of M.G.L. c. 6, sec. 172 to receive CORIs for the purposes of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **E. P. Management Corp.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing **E. P. Management Corp.** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

**E. P. Management Corp.** may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that **E. P. Management Corp.** must first provide me with written notice of this check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBJECT INFORMATION:**

\_\_\_\_\_  
LAST Name

\_\_\_\_\_  
FIRST Name

\_\_\_\_\_  
MIDDLE Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Maiden Name (or other name by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

Last 6 Digits of your Social Security Number (requested, not required): \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_ Race: \_\_\_\_

Driver's License or ID Number: \_\_\_\_ State of Issue: \_\_\_\_

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number, City/Town, State, Zip

\_\_\_\_\_  
Street Number, City/Town, State, Zip

The above information was verified by reviewing the following form(s) of Government-issued identification:

\_\_\_\_\_  
VERIFIED BY:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



**PEARL STREET PARK**

240 Pearl Street  
Somerville, MA 02145  
617-625-8780  
Fax 617-625-1753

If Head of Household/Applicant is less than 62 years of age, please provide the name, address, telephone and fax numbers of the physician who will verify your disability.

Name: \_\_\_\_\_

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

T: ( ) \_\_\_\_\_

F: ( ) \_\_\_\_\_



Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

Property Name PEARL STREET PARK

**TO BE COMPLETED BY APPLICANT / RESIDENT**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you student at an institution of higher education? | <input type="checkbox"/> | <input type="checkbox"/> |

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**If you answered yes, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 2. Are you a full-time student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your parents receiving or eligible to receive Section 8 assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you claimed as a dependent on your parent's tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a graduate or professional student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you at least 24 years of age?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a veteran of the United States military?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have dependents other than a child or spouse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been independent of your parents for at least one year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |



14. Are you receiving any financial assistance to pay for your education?

a. If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

---

---

---

---

---

---

---

---

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

