

Rental Application

Please Print Clearly

This is an application for an apartment at:

Please complete this application and return to:

OLYMPIA OAKS

85 Olympia Drive
Amherst, MA 01002

Way Finders, INC.

Property Management Department

Att: Office Butternut Farm
12 Longmeadow Drive
Amherst, MA 01002

An applicant may be interviewed only after the receipt of this tenant application.

A. General Information

ApplicantName(s): _____

Address: _____

Street

Apt.#

City

State

ZIP

Best Phone #: _____ Email: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Efficiency One BR Two BR Three Bedroom Handicap BR

Do you receive Section 8 or other rental assistance payments? Yes No

Do you currently work within the Town of Amherst or have you received an offer of employment within the Town of Amherst? Yes No

How did you hear about us?

B. Household Composition

| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

C. Income

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

| | | |
|-------------------------|--------------------|-----------------|
| House Hold Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|-------------------------|--------------------|-----------------|
| House Hold Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|-------------------------|--------------------|-----------------|
| House Hold Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|--|--|----|
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you are <i>entitled</i> to receive: | \$ |
| | Do you receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you receive: | \$ |

| | | |
|--|--|----|
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you are <i>entitled</i> to receive: | \$ |
| | Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you receive: | \$ |

| | | |
|--|---------------|----|
| | Other Income: | \$ |
| | Other Income: | \$ |
| | Other Income: | \$ |

| | | |
|---|------------------------------|-----------------------------|
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | \$ | |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | \$ | |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |

D. Assets

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

Checking Accounts:

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

Savings Accounts:

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

Trust Account

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Certificates of Deposit

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Credit Union

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Savings Bonds

| | | |
|---|----------------|----------|
| # | Maturity Date: | Value \$ |
| # | Maturity Date: | Value \$ |

Life Insurance Policy

| | |
|---|---------------|
| # | Cash Value \$ |
| # | Cash Value \$ |

Mutual Funds

| | | | |
|-------|----------|---------------------|---------|
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |

Stocks

| | | | |
|-------|----------|------------------|---------|
| Name: | #Shares: | Dividend Paid \$ | Value\$ |
| Name: | #Shares: | Dividend Paid \$ | Value\$ |
| Name: | #Shares: | Dividend Paid \$ | Value\$ |

Bonds

| | | | |
|-------|----------|---------------------|---------|
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |

Real Estate Property

| | |
|---|--|
| Do you own any property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property: | |
| Location of property: | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |
| Investment Property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Address: | Value \$ |
| Rental Income: | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe: | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property: | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe the asset: | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list: | |

E. Additional Information

Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe:

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe:

Have you ever filed for bankruptcy? Yes No

If yes, describe:

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying:

E. Reference Information

| | | | | |
|------------------|-------------|--|-------------|--|
| Current Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | How long? | | | |
| Prior Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | How long? | | | |

| | |
|----------------------|----------|
| Credit Reference #1: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #2: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #3: | |
| Address: | |
| Account #: | Phone #: |

| | |
|------------------------------|----------|
| Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so.

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino Yes No

Native Hawaiian or Pacific Islander ____ Black or African American ____

American Indian/Alaskan Native ____ Asian ____ White ____ Other ____

Male ____ Female ____ Primary Language _____

Do you request a handicap (barrier free) unit? _____

Do you request any modifications of an apartment? _____

Do you have sensory impairments that require special features in an apartment? _____

Are you currently using an illegal controlled substance? _____

Do you have a previous conviction of same? _____

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance?

Do any household members smoke? _____

G. Vehicle Information

(if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

| | |
|---|-------------------|
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate#: |
| Year/Make: | Color: |
| Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe: |

Certification

I/We hereby certify that I/We Do/Will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Tenant)

Date



Affordable Living in Amherst

Located at 85 Olympia Drive in Amherst, MA, just off East Pleasant Street, Olympia Oaks is a newly constructed affordable rental apartment development. The 42 unit Olympia Oaks development has a mix of one-bedroom, two-bedroom and three-bedroom apartments, in townhouses and triplexes around a pedestrian common green and playground. Olympia Oaks abuts Town conservation woodlands and nature trails. Units are available for households under 60% of Area Median Income (approx. \$49,140 for a four-person household), with tenant rents under \$878 for a one-bedroom, \$1,048 for a two-bedroom and \$1,205 for a three-bedroom apartment.

Contact Way Finders at (413) 233-1705,
leaseup@wayfindersma.org or visit
www.Wayfindersma.org

Amenities

- Heat, hot water included in rent
- On-site parking
- Laundry facilities on site
- Community building with community room
- 3 fully handicapped-accessible apartments with accessible kitchens & bathrooms for wheelchair bound persons
- 3 apartments equipped for the hearing impaired
- All apartments non-smoking
- Near Wildwood Elementary School and downtown Amherst shopping
- Nearby PVRTA bus stops

Initial occupancy will be determined by a lottery from qualified applications. Lottery date to be announced by Way Finders.