31 ELM

APARTMENTS •

31 Elm St Springfield, MA 01103

A new kind of downtown living.

Find out if our Workforce Renter Initiative is for you!









Springfield area rental rates may be on the rise, but your rent doesn't have to!

Introducing ThirtyOne Elm, a new kind of downtown Springfield living! ThirtyOne Elm is a landmark building with stunning Italian revival design overlooking Court Square.

	1 Bedroom Apartments \$1,3	321
Household Size	Minimum Income Guidelines	Maximum Income Guidelines
1 Person	\$45,300	\$55,850
2 Persons	\$45,300	\$63,800

Take a look to see if your household size and income range would allow you to take advantage of this unique opportunity.

Does the Work Force Initiative not work for you?

No need to worry, ThirtyOne Elm offers apartments with every renter in mind. Call today to learn more about the wide variety of available apartments and rental rates.

31 Elm St Springfield, MA 01103 413-707-0630 (TTY# 711) www.Live31Elm.com

Pop-Up Leasing Space Open at 55 State St Springfield, MA 01103

2 Bedroom Apartments \$1,570						
Household	Minimum Income	Maximum Income				
Size	Guidelines	Guidelines				
2 Persons	\$53,841	\$63,800				
3 Persons	\$53,841	\$71,750				
4 Persons	\$53,841	\$79,700				

*Median income level and rents are subject to change based on HUD guidelines. All applications are subject to resident and eligibility screening approval.







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THE COMMONWEALTH OF MASSACHUSETTS **EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**

Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations us	ing consumer reporting agencies to condu- subcontractor, licensing, and housing	uct CORI checks for employment, volunteer,
W	/innResidential LLC	
	(Organization)	is registered under the
provisions of M.G.L. c.6. § 172 to	, ,	g current and otherwise qualified prospective
	nteers, license applicants, current licens	ees, and applicants for the rental or lease of has authorized
	(Organization)	
		to submit CORI checks
	(Consumer Reporting Agency) at of Criminal Justice Information Services	(DCJIS) on its behalf.
rental or lease of housing, I unde	erstand that a CORI check will be submitt	pplicant, current licensee, or applicant for the ed for my personal information to the DCJIS. IPage
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to submit a CORI check for my i signature. I may withdraw this as	nformation to the DCJIS. This authorizat uthorizat thorization at any time by providing	ion is valid for one year from the date of my WinnResidential LLC
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to request this information.		(Organization)
FOR EMPLOYMENT, VOLUNTEER,	AND LICENSING PURPOSES ONLY:	
I also undertand that the	RealPage	, on behalf of
WinnResid	dential LLC (Consumer Reporting Agency)	
subsequent CORI checks within o	(Organization) one year of the date this Form was signed	
By signing below, I provide my Acknowledgement Form is true a		t the information provided on Page 2 of this
Signature	of CORI Subject	 Date



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

first Name:	Middle Ir	nitial:	
Last Name:	Suffix (Jr.	., Sr., etc.):	
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Former Last Name 2:			
Former Last Name 3:			
Former Last Name 4:			
Date of Birth (MM/DD/YYYY): Place of Birth			
Last SIX digits of Social Security Number:	☐ No Social Security	y Number	
Sex: Height: ft in. Eye Color:	Race:		
Driver's License or ID Number:	State of Issu	ле:	
Father's Full Name:		the natural state of the state	
Mother's Full Name:			
Current Address			
Street Address:	***************************************		
Apt. # or Suite: *City:	*State:	*Zip:	
SUBJECT VERIFICATIO	N		
The above information was verified by reviewing the following form(s)			
Verified by:			
Print Name of Verifying Employee			
Signature of Verifying Employee		Date	