

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.

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**

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

2 Bedroom Apartments \$1,570		
Household Size	Minimum Income Guidelines	Maximum Income 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.

WinnResidential



Date: _____

PERSONAL Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1. _____ Last First M.I. D.O.B. Applicant SS# _____

2. _____ Last First M.I. D.O.B. Relationship SS# _____

3. _____ Last First M.I. D.O.B. Relationship SS# _____

4. _____ Last First M.I. D.O.B. Relationship SS# _____

5. _____ Last First M.I. D.O.B. Relationship SS# _____

6. _____ Last First M.I. D.O.B. Relationship SS# _____

Present Address _____ Street _____ City _____ State _____ Zip Code _____

Former Address _____ Street _____ City _____ State _____ Zip Code _____

Own: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Mortgage Payment

Rent: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Rent: Date of Previous Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Telephone Number _____ Email Address _____

Driver's License Number _____

Number of Autos _____ Reg. No. of Auto #1 _____ Reg. No. of Auto #2 _____

Do you have any pets? No Yes # of pets _____ Description _____

In Case of Emergency Notify (name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One: Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us? _____

INCOME & ASSETS Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/ child support, investments, etc.)

Type	Amount	Type	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

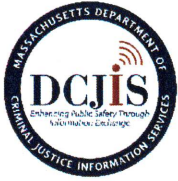
The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____





**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 using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

WinnResidential LLC _____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. WinnResidential LLC _____ has authorized
(Organization)
RealPage _____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 RealPage _____
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing WinnResidential LLC _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact WinnResidential LLC _____
(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the RealPage _____, on behalf of
WinnResidential LLC (Consumer Reporting Agency) _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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 Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

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 Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date