



Madison Melnea Cass LLC
Madison Park CDC Portfolio



PERSONAL

	Name	Gender	D.O.B.	Myself as HoH Relationship	SS#
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

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

☐ Own: Dates of **Current** Occupancy From: _____ to **the present time** \$ _____
Monthly Mortgage Payments

☐ Rent: Dates of **Current** Occupancy From: _____ to **the present time** \$ _____
Monthly Rental Payments

☐ Rent: Dates of **Previous** Occupancy From: _____ to _____ \$ _____
Monthly Rental Payments

Telephone Number _____ Email Address _____

Driver's License Number _____

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 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) CheckOne ☐ No ☐ Yes

If yes - you will be asked to complete a *Request for Reasonable Accommodation* at a future date.

Where did you hear about us? _____

Are you or any member of your household ever been:

1) subject to a lifetime registration requirement under a State Sex Offender registration program in any state? _____ 2) Convicted of a sex-related crime? _____

INCOME & ASSETS

Do you have a mobile voucher in hand? ☐ No ☐ Yes ☐ Sec 8 ☐ MRVP ☐ AHVP ☐ VASH

Currently employed by _____ **Occupation** _____

Address _____

Length of Employment _____ **Supervisor** _____ **Phone** _____

Annual Gross Salary \$ _____ (how much you make in a year)

**INCOME & ASSETS STATEMENT (continued)**

Other Source of Income (i.e. - social security - retirement fund - disability - workmen's compensation - pension - alimony/child support - investments - etc.)

Type _____ Amount \$ _____

Type _____ Amount \$ _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

FINANCIAL INFORMATION

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS (Applicant Read Carefully)

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.

Any 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 he rejects this application.

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.

Date You Completed this Application _____

Applicant's Signature _____



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.





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.

_____ 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. _____ has authorized
(Organization)
_____ 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 _____

(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 _____

(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 _____

(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the

_____, on behalf of
(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: 617-660-4806 | 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