

# Megansett Crossing

## APPLICATION CHECKLIST

Each household member, 18 years of age or older, must complete and submit a checklist with the completed application. **Initial** below for the documents that are attached and apply to you; write **“N/A”** on the line if it does not apply. You must reply to every line.

- \_\_\_\_\_ **Documentation to prove local preference**, if applicable e.g., utility bills, tax bills, rental agreement, etc. (if not previously provided)
- \_\_\_\_\_ **Identification (picture id)** Driver’s license or state id (if not previously provided)
- \_\_\_\_\_ **5 most recent consecutive pay stubs** if pay is steady without significant variations, or 12 months for inconsistent or seasonal pay (all working members of household 18 or older)
- \_\_\_\_\_ **Verification of any other household income** e.g., social security, SSI, SSDI, TAFDC, VA Benefits, unemployment, pensions, retirement funds, etc. \*must provide official statement of monthly amount received for current year.
- \_\_\_\_\_ **Verification of child Support or Alimony:** copy of child support order, divorce decree, etc.
- \_\_\_\_\_ **6 months of all Checking Account Statements** (Identification of all cash deposits over \$100 into Checking Accounts (including Venmo, PayPal, Zelle, etc. You must identify by highlighting or circling and providing source documents)
- \_\_\_\_\_ **3 months of all Savings Account Statements** (Identification of all cash deposits into Savings Accounts (including Venmo, PayPal, Zelle, etc. You must identify by highlighting or circling and providing source documents)
- \_\_\_\_\_ **2021 Federal Tax Return (1040) & 2021 W2:** Must be signed. If you have not filed a tax return, please provide a copy of IRS form 4868 verifying a request for extension. Call #800-829-1040 and request a printout. Only Federal Taxes, please no state taxes. I did not file taxes in year \_\_\_\_\_. Initial \_\_\_\_\_ and provide written statement as to why you did not file a tax return.
- \_\_\_\_\_ **Verification of cash value of all assets:** Assets are generally non-cash items that can be converted to cash, such as stocks, certificates of deposit, IRA’s retirement funds. This does not include cars or furniture. A detailed list can be provided upon request.

**\*SELF EMPLOYMENT: People who are self-employed will need to submit ALL of the above applicable documentation plus the following:**

- \_\_\_\_\_ Copies of Schedule C: Latest year filed and two (2) years prior
- \_\_\_\_\_ A Notarized Profit and Loss Statement reflecting your earnings and expenses, to date for the current year. The name of the business must be on the statement. It must include quarterly or yearly profit and loss, include income and expenses and must be for the previous 12 months.

**Model Application Form**

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS. CALL MASS RELAY AT 711 FOR HARD OF HEARING ASSISTANCE**

**OR**

**508-444-8711 FOR LANGUAGE ASSISTANCE,  
PARA LA ASISTENCIA LINGÜÍSTICA PARA  
A ASSISTÊNCIA LINGÜÍSTICA, POUR  
L'AIDE À LA LANGUE**

**SITE NAME:** Megansett

**PRELIMINARY RENTAL APPLICATION  
Equal Housing Opportunity**

<b>ADDRESS:</b> <u>676 North Falmouth Hwy</u>	Please print and fill in ALL Information.  Date _____
<b>CITY, STATE:</b> <u>Falmouth, MA</u>	
Phone #: <u>508.444.8711</u>	
FAX #: <u>508.444.8712</u>	
TDD #: _____	

**APPLICATION FOR ADMISSION**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
Street city state zip

**Mailing Address**  
**(if different)** \_\_\_\_\_  
Street city state Zip

**Email Address:** \_\_\_\_\_



Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native                       Asian or Pacific Islander  
 Black(not of Hispanic origin)                               Hispanic  
 White(not of Hispanic origin)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?  
 Yes  No If yes, please explain. \_\_\_\_\_

Present housing cost per month \$\_\_\_\_\_ Including utilities?  Yes  No  
 How long have you lived at present address? \_\_\_\_\_ years.  
 What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? \_\_\_\_\_

**FAMILY COMPOSITION**

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	Date of Birth	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	_____	_____	_____	Yes or No
2. _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No



EQUAL HOUSING OPPORTUNITY

OPPORTUNITY

4 \_\_\_\_\_ Yes or No  
 5 \_\_\_\_\_ Yes or No  
 6 \_\_\_\_\_ Yes or No

**REFERENCES**

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_. If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.



Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

Member # \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_  
 Current Gross Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_  
 Current Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_  
 Current Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____ week, month, year
_____	_____	per _____ week, month, year
_____	_____	per _____ week, month, year



**INCOME FROM ASSETS**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ week, month, year



### III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.  
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
35. Are any income changes expected in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe:						

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

### IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 <sup>nd</sup> checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 <sup>nd</sup> savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 <sup>nd</sup> prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<i>For each asset checked YES above, please complete the following:</i>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

*Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.*

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Co Head and/or Other Member Signature**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**



**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_ . If yes, list the name of the persons and

the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

**Local Preference-at initial rent-up only**

two (2) 80% units at Megansett Crossing will be made available first to households who meet the local preference guideline. Please attach proof of:

- \_\_\_\_\_ Current residents of the town of Falmouth, MA. A household in which one or more members is living in Falmouth at the time of application. \*Please provide rent receipts, utility bills, or voter registration.
- \_\_\_\_\_ Current employees of the town of Falmouth, MA. This includes applicants that can verify a bona fide offer of employment. Please provide pay stubs or offer letter.
- \_\_\_\_\_ Current employees of businesses located within the town of Falmouth, MA. Please provide pay stubs or offer letter.
- \_\_\_\_\_ Households with children attending Falmouth, MA public schools. Please provide Current report card or copy of letter from school confirming current registration.

The length of time a person has retained a tenancy is not considered in the application process.

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

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I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.**

I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

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*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant      Date      \_\_\_\_\_  
Co-Applicant      Date

C.A.N. Property Management Services, LLC, acting as management agent for Megansett Crossing (the "Development") does not discriminate on the basis genetic information, gender identity, race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, pregnant, or in the process of adopting a child, disability, military/veteran status, source of income, age, and other protected class in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

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Attachment 4

**Consent for Release of Information**

Development: \_\_\_\_\_

Agent: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

\_\_\_\_\_

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS CONSENT IS VALID FOR A PERIOD OF  
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.

