



**Newly Renovated Studios and One Bedrooms
in a 55+ Community!**

Anticipated Move-In Date: Winter 2017

All utilities included! Brand new interiors, fitness center, community room, central laundry, business center, planned resident activities, on-site management, & 24-hour emergency maintenance*

**Excluding cable, internet and telephone charges*

Affordable, Reduced Rent, and Voucher Programs.
Select Homes Sensory & Mobility Adapted
-An Equal Housing Opportunity-

Attend our Informational Meeting on

6/20/2017 | 4 pm - 6 pm

To be held at the
Lenox Town Hall

*Applications for the Lottery
will be accepted from
5/22/2017 - 7/22/2017*

LOTTERY APPLICATION DEADLINE 7/22/17

Applicants for all units will be chosen through a lottery which
will be held at the Lenox Town Hall on

August 1, 2017 at 1:00 pm*.

**Date, time and location subject to change*

Monthly Rent

for apartments without Section 8 PBV

Size	Monthly Rent
Studio	\$689 - \$874
1 Bedroom	\$936

There are 4 units with Section 8 Subsidies.

Rent for these units will be 30% of household adjusted gross income.

***Preference for these units will be given to homeless applicants.**

INCOME LIMITS

	Project Based Section-8*	50% Low Home	60% Tax Credit
Household Size	30%	50%	60%
1	\$16,800	\$29,150	\$33,600
2	\$19,200	\$33,300	\$38,400
3	\$21,600	\$37,450	\$43,200

HUD published gross income limits effective 4/14/17. Subject to change annually.

Section 8 Voucher Holders Encouraged to Apply (subject to adequate payment standard)
(Participants in Project-Based Subsidy Programs and Voucher Holders
are Exempt from Minimum Income Requirements)

**TO REQUEST AND SUBMIT
AN APPLICATION
or reasonable accommodation:**

email: LenoxSchoolhouse@HallKeen.com

Application available for download at
www.LenoxSchoolhouse.com

Call: (781) 915-3055

Fax: (781) 915-3155

TDD: Call 7-1-1

Also available at:

Lenox Town Hall

6 Walker St. Lenox, MA 01240

**Applications must be fully completed
and received or postmarked by
July 22, 2017.**

Mail completed applications to:

**Lenox Schoolhouse Apartments
109 Housatonic St.
Lenox, MA 01240**





LENOX
SCHOOLHOUSE
APARTMENTS

Thank you for your interest in being placed in the lottery for residency at the Lenox Schoolhouse, a 55+ community. Applications that are received after the deadline of 7/22/2017 will be kept and placed on the waitlist.

Please complete the attached application and mail it to:
Lenox Schoolhouse
109 Housatonic Street
Lenox, MA. 01240

Or, email it to:
LenoxSchoolhouse@Hallkeen.com

Or, fax it to:
781-915-3155

We have included a list that will help you to determine what income and assets are used to calculate annual household income.

If you are claiming a preference, Proof of the preference must be submitted along with this application.

Preferences:

- Homeless or at risk of Homelessness
- Local Preference – Lives in or your employment requires you to live in the Town of Lenox.

This is a 55+ community so either the head of household, spouse or co-head MUST be 55 years of age or older.

Any application that is not fully complete will be returned.

Thank you.



HALLKEEN MANAGEMENT
PRELIMINARY RENTAL APPLICATION
-Equal Housing Opportunity-

MANAGEMENT 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.

Application Date: _____

Property Name: **Lenox Schoolhouse**
Address: **109 Housatonic Street**
City, State, Zip: **Lenox, MA. 01240**
Telephone Number: **781-915-3055**
TDD#: **Call 7-1-1**
Email Address: **LenoxSchoolhouse@Hallkeen.com**

Return Completed Application To:
See Attached Cover Letter

APPLICATION FOR ADMISSION

Note: *Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A".* Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address:

Street	Apt. #
City, State	Zip Code

Current Landlord:

Name	Telephone
Street	Apt. #
City, State	Zip Code

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 Other (not white or Hispanic)

Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

0BR 1BR

ADDITIONAL INFORMATION:

- Do you currently hold a *Mobile Voucher*? Yes No
- Are you requesting a *Hearing/Visual Adapted Unit*? Yes No
- Are you requesting a *Wheelchair Adapted Unit*? Yes No
- Do any members of the household have any *accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you*? Yes No

If yes, please explain/provide details: _____

- Do you or a member in your household *consider yourself to be homeless or at-risk of being homeless*? Yes No

If yes, please explain/provide details: _____

- Have you ever been *evicted* from your home for any reason? Yes No

If yes, please explain/provide details: _____

- Have you or any household member ever been *convicted* of any crime? Yes No

If yes, please explain/provide details: _____

- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household? Yes No

If yes, please explain/provide details: _____

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No

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):

CURRENT HOUSING:

- Present Housing Cost Per Month \$ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? Yes No
- How Long Have You Lived at Present Address? _____ Years / _____ Months
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

FAMILY COMPOSITION: List all who will occupy the apartment.

YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	Gender (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Full-time/FT Part-time/PT
1) _____	Head of Household _____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
2) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
3) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
4) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
5) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
6) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
7) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA
8) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA

Does the Head of Household have full custody of all household members under the age of 18 Yes No

If no, please explain _____
 (Please be prepared to supply copy of child support/custody agreement and divorce decree.)

If you have no social security number, you claim you are exempt because:

- You are an ineligible non-citizen You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

LANDLORD REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

1) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

2) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

3) Previous Address _____
 Dates Lived at This Address _____
 Name of Landlord _____
 Landlord Telephone # _____ Landlord E-mail address _____
 Landlord Address _____

4) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

Please list all states where the applicant and/or members of the applicant's household have resided.

CHARACTER REFERENCES: (If you are unable to furnish landlord or other housing references)
They must have known you for one (1) year or more and not be related to you.

1.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

2.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

3.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

EMPLOYMENT: Is any member of the household employed? Yes No
If yes, please list below. *List each member by their corresponding number from Page 3.*

Member # _____
Name of Present Employer _____ Telephone _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: Seasonal Temporary Permanent Part-Time Full-Time
Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____
Name of Present Employer _____ Telephone _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: Seasonal Temporary Permanent Part-Time Full-Time
Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____
Name of Present Employer _____ Telephone _____
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Length of Employment: _____ Position: _____
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Do you receive tips? Yes No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

Member # _____

Name of Present Employer _____ Telephone _____

Employer's Address _____

Length of Employment: _____ Position: _____

Job Type: Seasonal Temporary Permanent Part-Time Full-Time

Do you receive tips? Yes No If yes, how much do you average each week? \$ _____

If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours

Gross earnings (before taxes): \$ _____ Weekly Bi-Weekly Monthly

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)? Yes No

If yes, list below by household member and income type:

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

DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS (*Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.*)? Yes No

If yes, list below:

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____
 Name of Financial Institution: _____
 Financial Institution Address: _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.? Yes No **If yes, list below:**

Household Member	Type of Asset	Cash Value of Asset
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____
 Phone# _____ Email Address: _____
 Address: _____

Name: _____ Relationship: _____
 Phone# _____ Email Address: _____
 Address: _____

CONFLICT OF INTEREST:

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).
 Yes No

If yes, please describe relationship and company:

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

IF YES, ANSWER THE FOLLOWING QUESTIONS:

- Are any full-time student(s) married and filing a joint tax return? Yes No
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No
- Are any full-time student(s) an AFDC or a title IV recipient? Yes No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another’s tax return? Yes No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):

- Do you live in the town of Lenox, MA? (if yes, please provide proof of residency) Yes No (only applicable during lottery lease-up).
- Does your employment require you to live in the Town of Lenox? Yes No (only applicable during lottery lease-up).
- Are you homeless or at risk of becoming homeless? (This is a priority preference for the Project Based Section 8 units only). If yes, please describe and provide proof.) Yes No

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. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury:

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by: HallKeen Management
 1400 Providence Highway, Suite 1000
 Norwood, MA 02062
 (781) 762-4800**



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
 ADDRESS: _____

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

Child Care Expenses	Veteran’s Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self-Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman’s Compensation	School & College Tuition Fees
Health & Accident Insurance	Debit Cards
Direct Express Cards	Other Sources not listed above

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen Management 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 HallKeen Management 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.

Signed under pain and penalty of perjury.

Head of Household **Date**

Spouse **Date**

Other Adult Member **Date**

Other Adult Member **Date**

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at Lenox Schoolhouse I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager/Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the Owner/Manager/Employee/Agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or Credit/Criminal Background Checking Agency having any information on me, to release any and all such information to the Owner/Manager/ Employee/Agent or Credit Checking Agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all Owners, Managers, and Employees, or Agents, both of Landlord and their Credit Checking Agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over the age of 18 must sign:

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Applicant: _____
Signature Social Security # Date

Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800