

BROOKS POND - A 55 AND OLDER HOUSING COMMUNITY

The Fair Housing Act and the Housing for Older Persons Act (HOPA) state that communities and facilities that meet certain conditions demonstrating an affirmative intent to provide housing for older persons are allowed to establish a preference for housing to such persons, including those that are 55 years of age and older. This means that housing that satisfies the applicable HOPA requirements may legally establish such a preference without being in violation of other protective state and federal standards that ensure equal housing to all persons.

Brooks Pond fits within the HOPA category of housing that is intended and operated for occupancy by people 55 years of age or older where at least 80% of occupied units have at least one person who is 55+, and where the housing facility/community publishes and adheres to policies and procedures that demonstrate the intent required under this law, and the housing facility or community complies with rules for verification of occupancy. A facility/community will not violate HOPA if it also includes the rental of units that are not occupied by persons 55 years or older. However, it must meet the HOPA requirement that 80% of its occupied units have at least on occupant who is 55 years or older, along with the adherence to all other applicable regulations.

A facility/community such as Brooks Pond establishes its intent to operate as housing for persons 55+ by virtue of the way it is advertised, its marketing materials, the manner in which the housing is described to prospective residents, property deed restrictions, lease provisions, and the procedures it employs to verify occupancy by such persons.

Although housing that satisfies the HOPA standards for persons that are aged 55 years or older may establish a preference for these individuals, the community cannot discriminate on the basis of other protected classes such as race, disability, national origin, etc. The advertising and leasing of the facility may only include a preference for housing for the desired aged persons.



The following is a list of documents that must be submitted with the application for us to process it. Please submit completed application packets only.

Be sure to include social security numbers for each applicant on the front of the application, and that each applicant signs and dates application on the back at bottom. We will be running your credit report using Trans Union.

- 1) Proof of income Each applicant must provide the following documents that apply to you:
 - Pay stubs 3 or 4 of your most recent ones.
 - Social security statement
 - Pension/retirement statements
 - Tax return if you are self-employed.

2) Bank Statements -

We will need a copy of your 2 most recent bank statements, if you are self-employed or
if you have liquid assets you would like to provide us.

3) Employment verification form -

 Each employed applicant must fill out and sign the top section of this form and have their employer fill out and sign the bottom section.

4) Landlord Reference -

- The applicant is to fill out and sign the top section. The landlord must fill out and sign the bottom section.
- If you are a homeowner and selling your property, please note this on your application.

Site
Tenant's Preferred Occupancy Date:
1st Choice: Site:; 1 Bedroom or 2 Bedroom
1st Choice: Site:; 1 Bedroom or 2 Bedroom
Type:
CO-TENANT: Home Phone # (
Type: Location: CO-TENANT: Home Phone # Work Phone # () () Cell Phone # () Soc. Sec. # CURRENT ADDRESS:
CO-TENANT: Home Phone # Work Phone # (
Home Phone # () () Cell Phone # () Soc. Sec. #/ CURRENT ADDRESS:
Home Phone # () () Cell Phone # () Soc. Sec. #/ CURRENT ADDRESS:
Cell Phone # CURRENT ADDRESS: * # of your Street: City & Zip State: * If less than 5 years, please list your last two previous
Cell Phone # (
CURRENT ADDRESS: * # of your Street:
CURRENT ADDRESS: Street: City & State: Code: * # of years, please list your last two previous
Street: here: City & Zip State: Code: * If less than 5 years, please list your last two previous
City & Zip State: Code: * If less than 5 years, please list your last two previous
State: Code: * If less than 5 years, please list your last two previous
* If less than 5 years, please list your last two previous
addiesses prior to the above address.
Street:
State: Code: Landlord name:
candiora name.
Street:
City & Zip
State: Code:
Landlord name:
Editatora fidine.
AUTOMOBILE INFO: Yr: Make:
Model: Color: Plate #
riate #
PERSONAL REFERENCE: (Please list two)
1 Phone #
2Phone #
BANKING REFERENCES:
Name of Bank:
Type of Account: Checking Acct. Savings Acct.
Name of Bank:
Type of Account: Checking Acct. Savings Acct.
IN CASE OF EMERGENCY, CONTACT:
IN CASE OF EMERGENCY, CONTACT: Phone #

Brooks Pond and Stonegate
Rental Office - 978-534-6400 / Fax 978-534-6401
190 Brooks Pond Road, Leominster, MA 01453

Liberty Place Rental Office - 978-342-5028 500 Atlantic Avenue, Leominster, MA 01453

Applicant's Email:	CO TENANT'S EMPLOYER:
TENANT'S EMPLOYER:	Name:
Name:	Address:
Address:	*Years w/Co.
*Years w/Co.	Position:
Position:	* If less than three years, please give previous employer or
* If less than three years, please give previous employer or	school:
school:	EMPLOYER/SCHOOL
EMPLOYER/SCHOOL	Name:
Name:	Address:
Address:	Position:
Position:	
	CO-TENANT'S GROSS MONTHLY INCOME:
TENANT'S GROSS MONTHLY INCOME:	Gross Monthly Income* \$
Gross Monthly Income* \$	Overtime:
Overtime:	Other Income**
Other Income**	Total Monthly Income \$
Total Monthly Income \$	* Please attach a copy of your last income document (pay
* Please attach a copy of your last income document (pay	check stub; direct deposit statement, etc.) to verify income.
check stub; direct deposit statement, etc.) to verify income.	** Please explain:
** Please explain:	
	CO-TENANT: Please list all installment debt (Credit Cards,
TENANT: Please list all installment debt (Credit Cards,	Charges, Loans, Spouse/Child support, etc.)
Charges, Loans, Spouse/Child support, etc.)	Monthly Balance
Monthly Balance	<u>Creditor</u> <u>Payment</u> <u>Due</u>
Creditor Payment Due	
	AND THE RESERVE OF THE PARTY OF
	PLEASE ANSWER THE FOLLOWING QUESTIONS 'YES' OR 'NO
PLEASE ANSWER THE FOLLOWING QUESTIONS 'YES' OR 'NO'	IF ANSWER IS 'YES', PLEASE EXPLAIN.
IF ANSWER IS 'YES', PLEASE EXPLAIN.	Are there any outstanding judgments against you?
Are there any outstanding judgments against you?	Have you declared bankruptcy in the past 7 years?
Have you declared bankruptcy in the past 7 years?	Have you been foreclosed upon in the last 7 years?
Have you been foreclosed upon in the last 7 years?	Are you a party to a lawsuit?
Are you a party to a lawsuit?	Have you ever been subject to an eviction?
Have you ever been subject to an eviction?	Have you ever been convicted of a crime involving a
Have you ever been convicted of a crime involving a	minor child?
minor child?	Are you obligated to pay spouse/child support?
Are you obligated to pay spouse/child support?	Are you bringing a pet with you?
Are you bringing a pet with you?	Do you smoke?
Do you smoke?	Are you a U. S. Citizen?
Are you a U. S. Citizen?	Is any part of the first month or last month's deposit
Is any part of the first month or last month's deposit	borrowed?
borrowed?	EXPLAIN:
EXPLAIN:	
AGREEMENT: All the statements made in this application are true	AGREEMENT: All the statements made in this application are true
and are made for the purpose of obtaining an apartment.	and are made for the purpose of obtaining an apartment.
Verification may be obtained from any source named in the	Verification may be obtained from any source named in the
application. I fully understand that a credit report will be generated	application. I fully understand that a credit report will be generated
to verify credit.	to verify credit.
Date:	Date:
Tenant's Signature	Co-Tenant's Signature

Brooks Pond Apartments 190 Brooks Pond Road, Leominster, MA 01453 978-534-6400 Email: brookspondapartments@gmail.com

Applicant Name(s): Address:		
I hereby authorize the release of the requested information		
X		
X		
To whom it may concern, The above-named person(s) has/have made an application for an apartment at our complex. As a reference check, we are requesting your cooperation in supplying the data below. Sincerely,		
Property Manager		
Landlord Name:		
Landlord Phone number:		
Landlord Address:		
Landlord Email:		
This section to be completed by landlord		
1. The person(s) resided at this property from (mo/yr) to (mo/yr)		
2. The amount of monthly rent was \$ Is this subsidized Housing? Y N		
3. Was the rent paid on time? YN		
4. Were there any rent payment problems? YN		
5. Was the unit well maintained and kept clean by resident and resident's guests? Y N		
6. Did the unit have bedbug, roach or other insect problem? Y N		
7. Were there any resident caused damages that were costly? Y N		
8. Did any unauthorized people live in the unit for a substantial period? (over 3 weeks) Y N		
9. Were there any lease violations? Y N		
10. Were there any unauthorized pets? Y N		
11. Given the opportunity, would you lease another apartment to this person? Y N		
12. Are you related to the tenant or any member of the tenant's household? Y N		
Signature of Landlord: Date:		

EMPLOYMENT VERIFICATION LETTER

Employer's Name:	
Address:	
Address: State:	
Zip:	
Zip: Date:, 20	
RE: Employment Verification for	[Employee's Name]
The individual Named directly above is an applicant/ tenant of income. The information provided will remain confidential to prompt response is crucial and greatly appreciated.	[Employee's Signature] of a housing program that requires verification of satisfaction of that stated purpose only. Your
Matthew M Weagle Vice President of Liberty Rental Corp	Brooks Pond Apartments 190 Brooks Pond Road Leominster, MA Brookspondapartments@gmail.com 978-643-6400
Below is to be filled out be to whom it may concern: Please accept this letter as confirmation that	[Name of
Employee] has been employed with	[Employer Name]
Since [Employee Sta	iri Datej. Empleyaal halda tha Titla
Currently, [Name of of and works on a \square	Employee noids the Title
hours per week while earning \$	
a(n) □ Hourly □ Daily □ Weekly □ Bi-weekly	
basis with □ No Bonus □ a Bonus of \$	
basis with a 140 bolids a bolids of \$\psi	·
If you have any questions or require further inf	ormation, please don't hesitate to
contact me at [Employe	er Phone Number].
Sincerely yours,	
Signature Print N	ame:
Employer Title:	

^{*}Hand sign only – electronic signatures not accepted*