CEDAR MEADOWS

P.O. Box 397 - 784 Teaticket Highway
E. Falmouth, MA 02536
Tel. 508-540-2828 **Fax 508-495-0105 ** TDY 711

Dear Applicant,

Thank you for your interest in becoming part of the Cedar Meadows community. Cedar Meadows is a YEAR ROUND fifty-nine unit "Nantucket Style" apartment development, located just off route 28 in the village of Teaticket. Town of Falmouth beaches, parks, schools, fire station, and shopping mall are all within 3 miles, and the hospital, police station and Town Hall are within 5 miles. Public transportation is also available along Route 28 through the Cape Cod Regional Transit.

Cedar Meadows tenants will be responsible for their utilities, (exclusive of water). They will also need to provide their own stackable washer and dryer if they so choose.

***Unit rates per month are:**

One Bedroom	***$1,425.00***
Two Bedroom	***$1,775.00***
Three bedroom	***$2,200.00***

***** rates do NOT include utilities***

If you have any additional questions, you can leave a message at the above telephone number and a Cedar Meadows representative will return your call.

Pets are not allowed, unless for assisted living purposes.

Equal Housing Opportunity

Fair Housing and Equal Opportunity:

The management and staff of this property will not discriminate on the basis of race, color, creed, national origin, religion, sex, family status, or handicap in any phase of the occupancy process. The occupancy process includes, but is not limited to, application, access to common facilities, and termination of tenancy.

Name of Development: **Cedar Meadows Apartments**

784 Teaticket Highway

P.O. Box 397, E. Falmouth, MA 02536

Phone **508-540-2828 TTY: 711**

Application Process

An applicant is a person or family that has completed a written application provided by management. The following criteria needs to be met, in order to be placed on the waitlist.

- Applicants must fill out the application in its entirety. If it is not filled out entirely, it will be returned or rejected.

- If there is a waiting list, an applicant must respond to the update letters sent by management. If an applicant moves or circumstances regarding housing changes, the applicant is responsible for notifying management. If an applicant fails to respond to an update letter, the application will be removed from the waitlist. Placement on the waitlist in no way guarantees the applicant will be offered a unit.

Reasonable Accommodation in Policies, Procedures, and Services

This property will make reasonable accommodations in policies, procedures, services and facilities, if necessary, to afford a person with disabilities equal opportunity to use and enjoy a dwelling unit or the common areas and facilities of the property. We enthusiastically endorse the rights of individuals with handicaps to request reasonable accommodation at any time to make our property or services more accessible.

Management Agent

The management agent for this property is

JSS Management LLC. P.O. Box 397, E. Falmouth, MA 02536.
(508) 540-2828 (Voice), 711 (TDY Relay)

Section 504 Coordinator

Julene Augusta is the section 504 Coordinator for this property. She, or another staff member, may be contacted by calling the management agent's office # 508-540-2828.

Professionally managed by
JSS Management LLC

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Tel. 508-540-2828 **Fax 508-495-0105 ** TDY 711

Name_____ Date_____ SS #_____

Other names you have used _____ Date of Birth_____

Desired Unit: One-Bedroom_____ Two-Bedroom_____ Wheelchair Accessible (optional)_____

I am applying for a Market Rate Unit _____ Affordable unit (must be income eligible)_____

LIST EVERYONE WHO WILL BE LIVING IN THIS UNIT	RELATIONSHIP TO HEAD	GENDER	AGE
	Head		

Mailing Address _____

Current Address (inc City, State, Zip)_____

Your phone_____ How long at this address? _____

Current Landlord's Name_____ Phone _____

Current Landlord's Address _____

Present Rent $_____ Including what utilities?_____

Reason for moving _____

_____

PREVIOUS ADDRESS_____ZIP CODE_____

Previous Landlord's Name, Address and Phone _____

_____

Reason for moving_____

_____ How long at this address? _____

PREVIOUS ADDRESS_____ ZIP CODE_____

Previous Landlord's Name, Address and Phone _____

_____

Reason for moving_____

_____ How long at this address? _____

EMPLOYMENT HISTORY:

Present Employer: (Include address and phone #) Dates of Employment:

_____

_____

Past Employers (Include address and phone #) Dates of Employment:

_____

_____

_____

REFERENCES (OTHER THAN FAMILY):

NAME	RELATIONSHIP	PHONE #

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER(S)_____

Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance? ___Yes ____No

If yes, when did this occur?_____

Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape, robbery, burglary, arson, kidnapping, carrying a dangerous weapon ____Yes _____No

Do you have pets for assisted living? ___ Yes ___No
If Yes, What kind?_____

Do you or any family members smoke? ___ Yes ___ No

Providing this information is optional.

Ethnicity: Hispanic _____ Non-Hispanic_____

Race: American Indian/Alaskan Native _____ Asian _____ White_____
Black *or* African American _____ Native Hawaiian or Other Pacific Islander _____

Multi Race: American Indian or Alaskan Native *and* White _____ Asian *and* White_____
Black or African American *and* White _____ Other Multiple Races _____
American Indian or Alaskan Native *and* Black or African American_____

APPLICANTS ARE SELECTED WITHOUT REGARD TO RACE, SEX, NATIONAL ORIGIN, COLOR, CREED, MILITARY STATUS, MARITAL STATUS, FAMILIAL STATUS, SEXUAL ORIENTATION, DISABILITY OR HANDICAP

ANNUAL INCOME - (*Earned/Unearned*) include all household members whose income is included in ability to pay rent.

Source	Applicant	Co-Applicant	Other Household Members 18 & over	Total
Salary (annual)				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc. Received periodically				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				

Do you receive rental assistance in the form of a rental subsidy program? Yes___No___

If so, please circle the program: Section 8, MRVP, Shelter Plus Care, Other (please explain)

_____

Have you ever received a rental subsidy ___Yes ___ No What kind? _____

With what agency?_____ Why did it terminate_____

_____

ASSETS – For all household members 18 years and older

Type	Cash Value	Annual Income from assets	Bank Name	Account No.
Checking Accounts				
Savings Accounts				
Real Estate Owned				
Stocks				
Other (i.e. rental property, lump sum payment)				

LIABILITIES – For all household members 18 years and older

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

_____

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe:_____

3. Is your present apartment too small for your family? Yes_____ No _____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes_____ No _____
If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

_____

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). _____

Have you or any member of your household resided outside of Massachusetts? _____. If yes, please list all other states of residence for each household member. _____

_____.

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

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.

I/We hereby certify that we have received a notice form 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

JSS MANAGEMENT, acting as management agent for CEDAR MEADOWS 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 the Development, its employment, or in its programs, activities, functions or services.

To Be Signed by All Applicants

I understand that any false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's signature_____Date_____

Co-Applicant's signature_____Date_____

Co-Applicant's signature_____Date_____

When is the best time for you and your household members to schedule an interview?

Weekday_____ Time_____

ALL ADULTS OVER THE AGE OF 18 WHO WILL BE RESIDING IN THE UNIT WILL BE REQUIRED TO PROVIDE A SIGNED RELEASE FORM SO THAT THEY MAY GO THROUGH A CREDIT, EVICTION HISTORY, AND ARREST/CONVICTION RECORD CHECK. A FEE WILL BE CHARGED FOR EACH CHECK DONE.

Cedar Meadows Apartments
Tenant Release and Consent

I/We_____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to JSS Management LLC, Augusta 2002 LLC, dba Cedar Meadows (owner or agent) for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement System

Public Housing Agencies)
Support and Alimony Providers
Credit and Criminal Records

Social Security Administration
Medical and Child Care Providers

Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

In consideration for being permitted to apply for this apartment/condominium, 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. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine by credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, 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. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or Command Credit Corp., 208 Main St., Suite 106, Milford, MA 01757, OR National Tenant Network, P.O. Box 908, Tewksbury, MA 01876, 1-877-342-5686

Applicant Name (Print) _____

Applicant Signature_____

Date_____

Release Form

In consideration for being permitted to apply for this apartment/condominium, 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. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine by credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, 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. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or Command Credit Corp., 208 Main St., Suite 106, Milford, MA 01757, OR National Tenant Network, P.O. Box 908, Tewksbury, MA 01876, 1-877-342-5686

Co-Applicant Name (Print) _____

Release Form

In consideration for being permitted to apply for this apartment/condominium, 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. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine by credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, 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. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or Command Credit Corp., 208 Main St., Suite 106, Milford, MA 01757, OR National Tenant Network, P.O. Box 908, Tewksbury, MA 01876, 1-877-342-5686

Co-Applicant Name (Print) _____

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for HUD assisted housing must include completed Form HUD-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for non-HUD assisted housing may use Form HUD-920006 or provide supplemental or optional contact information below:

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone No: _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: _____