tri
the resource inc.
Community & Economic Development

Dear Prospective Tenant,

We are pleased that you would like to be a part of our New Bedford Community.

Attached to this letter you will find our Application for Tenancy along with a document checklist. Please be advised that this office will only accept full applications, this means that your application for Rental Housing must be filled out and signed where applicable and submitted with all supporting documents as requested in the attached checklist.

As a prospective tenant you must supply us with all requested documentation as it applies to your household. We will be unable to process your application if incomplete documentation is given.

Please indicate on your application which property you are applying for and whether or not you have a subsidy or if you believe that you are eligible for subsidy.

Please feel free to contact this office with any questions regarding this process.

TRI-The Resource Inc

melissa@theresource.org
508-696-3285

NEW BEDFORD TENANT DOCUMENTATION CHECKLIST

_____**COMPLETED Application:**

Please do not fill-out these forms, please <u>just sign them</u>:

_____ Tenant Income Certification (TIC)

_____ 4506-T Form (if Self Employed)

Please provide copies of these forms for <u>ALL Household occupants:</u>

_____ Birth Certificates

_____ License (for any occupant 18 years or older)

_____ Social Security Cards

Please provide applicable INCOME documents from list below:

_____ 8 Weekly, 4 Bi-Weekly Pay stubs OR Employer Verification Form completed by employer

_____ Proof of Social Security Income including any benefits received by minor children(Benefit Letter NOT Statement)

_____ Proof of Veterans Benefits (If any)

_____ Proof of Unemployment/ Workman's Comp.

_____ Proof of Alimony or Child Support

_____ Proof of Foster Care

_____ Proof of Public Assistance (food stamps or cash assistance)

_____ Proof of any Other Income Documents

_____ Student Status Affidavit

_____ Bank Statements, Investments, IRAs & 401Ks and Pensions for **6 months**

_____ 2 Years Federal Tax Returns with ALL schedules attached OR Non-Filing Status Notarized

_____ Affidavit for NO Assets/ Income

_____ Section 8 or Housing Assistance Award Letter

<u>INCOME GUIDELINES</u>

Family size	1	2	3	4	5	6	7	8
Very Low Income 50%	46,000	52,550	59,200	65,750	71,050	76,300	81,550	86,800
Low Income 60%	55,200	63,060	71,040	78,900	85,260	91,560	97,860	104,160

TRI-The Resource Inc
HOUSING
Tenant Application Form

Property/Address:_____ **Date:** _ _ _ _ _ _ _ _ _

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name *(Last, First, MI)*	Relationship to the Head of Household	Sex (M/F)	Birth Date *(mm, dd, yyyy)*	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: _____

Email: _____

Are you claiming a "Preference"? *Certain* preferences are *assigned to applicants in order to provide housing opportunities for households with special* needs. See *Tenant* Selection *Plan for* greater *detail.*

☐ Displaced by Government Action or Presidentially Declared Disaster.

☐ Victim of Domestic Violence.

☐ Working, Elderly, or Disabled.

☐ Other or Local Preference:

Type:

1st Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other_ _ _ _ _ _ _ _

2nd Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _ _ _ _ _ _ _ _

Would you or anyone in your household benefit from a special needs unit?

(Mobility, vision, or hearing impairment) ☐Yes ☐No

Will you or anyone in your household require a live-in care attendant? ☐Yes ☐No

Name of Live-In Care Attendant: _____

Relationship *(If any):* _____

***Housing_* References:**

List the **past 3 years** of housing references. *(If additional space* is *required,* use *the back* of *this page.)*

	Landlord's Name/Address / *Your Address*	*Own/Rent*	*Dates*
I.	_____	**Own** ☐	From: _____
	_____	**Rent** ☐	To: _____
	Phone: ( ) _____		
2.	_____	**Own** ☐	From: _____
	_____	**Rent** ☐	To: _____
	Phone: ( ) _____		
3.	_____	**Own** ☐	From: _____
	_____	**Rent** ☐	To: _____
	Phone: ( ) _____		

Household Information (continued)

I. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ **Yes** ☐ **No**

If YES, explain _____

2. Do you expect the number of household members to change in the future? ☐**Yes**☐ **No**

If YES, explain how many members will be added or reduced, and when that change will take place.

_____

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐**Yes**☐ **No**

If YES, explain _____

4. Are any or ALL members of the household full-time students? ☐ **Yes** ☐**No**

If YES, explain

_____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐**Yes**☐ **No**

If YES, provide the nature of the crime(s):_____

Date: _____State: _____ City_____

County: _____

Are any of the above convictions a felony? ☐ **Yes** ☐ **No If YES, Please explain**

_____

Are any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ **Yes** ☐ **No If YES, Please explain** _____

_____

Are there any criminal charges pending now? ☐ **Yes** ☐ **No If YES, please explain**_____

_____

6. Do you live in subsidized housing now or have you in the past? ☐ **Yes** ☐**No**

If YES, where?_____ From _____To _____

Were you evicted? ___ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

☐**Yes**☐ **No**

If YES, explain?

_____

8. Have you ever filed or are you currently filing for bankruptcy? ☐ **Yes** ☐**No**

If YES, give reason ----------

Date of filing :_____

9.Have you ever lived at any other property managed by _____ ***TRI-The Resource Inc)***

☐**Yes**☐ **No**

If YES, where? _____

TRI-TR

10. Why do you want to move from your current residence? _____

11. How did you hear about us?_____

12. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of TRI (If so this will not necessarily disqualify your application) ? _____

_____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all *GROSS* income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or **ANYONE** in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ **Yes** ☐**No**

(Include overtime, tips, bonuses, commission and payments received in cash.)

Household Member	*Name of Company (or note if self-employed)*	*Amount*

2. Unemployment benefits or worker's compensation? ☐ **Yes** ☐**No**

Household Member	*Name of Company*	*Amount*

3. Public Assistance, General Relief or Temporary Aid to Needy Families **(TANF)?** ☐ **Yes** ☐**No**

Household Member	*Name of Company*	*Amount*

4. (a) Child Support or Spousal Support (alimony)? ☐ **Yes** ☐**No**

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member	*Name of Company*	*Amount*

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency — Name of Agency:_____

☐ Court of Law — Name of Court:_____

☐ Directly from Individual — Name of Person:_____

☐ Other — Explain:_____

(c) If money is not actually received, are you taking legal action to remedy? ☐ **Yes** ☐ **No**

Explanation:_____

5. Social Security, SSI or any other payments from the Social Security Administration? ☐ **Yes** ☐ **No**

Household Member	*SSA Office*	*Amount*

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

7. Regular payments from a severance package? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

8. Regular payments from any type of settlement? *(For example, insurance settlements)* ☐ **Yes** ☐ **No**

Household Member	*Source o(Benefit*	*Amount*

9. Disability, death benefits or life insurance dividends? ☐**Yes**☐ **No**

Household Member	*Source o(Benefit*	*Amount*

10. Regular gifts or payments from anyone outside of the household? ☐**Yes**☐ **No**

(This includes anyone supplementing your income or paying any of *your bills.)*

Household Member	*Source o(Benefit*	*Amount*

11. Educational grants, scholarships, or other student benefits? ☐Yes☐ No

Household Member	*Source o(Benefit*	*Amount*

12.Regular payments from lottery winnings or inheritances? ☐Yes☐ No

Household Member	*Source o(Benefit*	*Amount*

13. Regular payments from rental property or other types of real estate transactions? ☐Yes☐ No

Household Member	*Source of Benefit*	*Amount*

14. Any other income sources or types not listed above? ☐Yes☐ No

Household Member	*Source o(Benefit*	*Amount*

15. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

☐ Yes ☐ No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? ☐ Yes ☐ No

Household Member	*Bank or Financial Institution*	*Amount*

2. CDs, money market accounts or treasury bills? ☐ Yes ☐ No

Household Member	*Bank or Financial Institution*	*Amount*

3. Stocks, bonds or securities? ☐ Yes ☐ No

Household Member	*Source (Broker's Name)*	*Amount*

4. Trust funds? ☐ Yes ☐ No

Household Member	*Bank or Financial Institution*	*Amount*

Are any of the above listed trusts irrevocable? ☐ Yes ☐ No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? ☐ Yes ☐ No

Household Member	*Location of Account*	*Amount*

6. Cash on hand? ☐Yes☐ No

Household Member	*Source of Benefit*	*Amount*

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? ☐ Yes ☐ No

Household Member	*Life Insurance Company*	*Amount*

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? *(This includes your personal residence, mobile homes, vacant land, forms, vocation homes or commercial property)* ☐ Yes ☐ No

Household Member	*Source o[Benefit*	*Amount*

9. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)* ☐ Yes ☐ No

Household Member	*Source o[Benefit*	*Amount*

I0. Do you have a safe deposit box containing contents with a monetary value? ☐Yes☐ No

Household Member	*Source of Benefit*	*Amount*

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ☐ **Yes** ☐ **No**

Household Member	*Description of Asset Disposed*	*Amount Received*

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License#:	State Issued:	Make/Model/Year:
2.	License#:	State Issued:	Make/Model/Year:

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that that this application is not an offer housing. I understand I should not make any plans to move or end my present tenancy until I have received an offer of housing from TRI-The Resource Inc, based on this application and the additional materials needed to complete the application process.

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant *TRI-The* Resource *Inc.* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I(We) Certify that the information I/We have given in this application is true and correct. I/We understand that TRI may request a Criminal Offender Record Information Report(CORI) from the Criminal History Systems Board and/or perform credit checks and internet searches for all adult members of the household.
Signed under the pains and penalties of perjury.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only		
Check here if Pre-Application is on file. ☐	**Application Date:** **Time:**__ **Application Received By:** _____	**Desired Move-In Date:** **As Agent for Owner**

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

This verification may be used for either child support or alimony paid or received. A copy of a divorce decree or settlement agreement showing the amount in question should be attached to this form.

1. Declaration of Payment Received: The applicant or tenant requiring the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form, if the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce decree or settlement agreement. This form must be notarized.

I, _____ who reside at _____
{Name} {Address}

Do certify that I receive the sum of $_____ per _____ for the obligation of
{Week/month}

_____. If child support, list names of children cared for.
{Alimony or child support}

1.	
2.	
3.	
4.	

Please return to:

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

If child support or alimony is $0.00, answer the following questions:

□ I am not entitled to receive child support

□ I am not entitled to receive alimony

□ I am entitled to receive child support but to not currently receive any

□ I am entitled to receive alimony but do not currently receive any

Please explain the likelihood of receiving either child support or alimony in the future and *attach* a copy of your divorce decree and/or separation agreement. If there is no agreement, please state so. If the amount being received is different than the amount specified in the divorce decree or settlement agreement, please explain the difference and what attempts have been made to collect the amount specified.

_____
_____
_____
_____
_____

Signature: _____ Date: _____

Witness: _____ Date: _____

Please return to:

-OFFICE USE ONLY-

Date Sent: _____

Date Received: _____

Comments: _____
_____
_____
_____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

TRI-The Resource Inc

Fair Information Act - Statement of Rights

TRI-The Resource Inc for Community and Economic Development (TRI) will collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy on information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by TRI staff in the course of their duties.

The Fair Information Practices Act established requirements governing the use and disclosure of the information collected from Applicants. Applicants and tenants may give or withhold their permission when requested by TRI to provide information. However, failure to permit TRI to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from TRI about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. Any such objection and/or subsequent investigation will be duly noted and made part of your file.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature ..... Date .....

Print Name _____

TRI-THE Resource Inc for Community and Economic Development does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.

STUDENT STATUS AFFIDAVIT

Applicant/tenant Name: _____ Address:

Completed For: (check one)

) Move-in; effective date:
] Annual recertification; effective date:

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? [] Yes []No

If YES, then is anyone in your household:

A Student and receiving AFDC/TANF? □Yes □No

A student who was previously in a foster care program under Part B or PART E of title IV of the Social Security Act? □Yes □No

A student enrolled in a job training program under the Job Training Partnership ACT (federal, state or local)? □Yes □No

A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? □Yes □No
Married and file a joint return □Yes □No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false *or* misleading information may subject me to criminal penalties.

_____ _____
(Signature of Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Manager) Date

Self Employment or No Employment

SELF EMPLOYMENT:

People who are self-employed need to provide the following:

1. Two (2) years of your IRS Tax Return 1040 with ALL Schedules attached for the years 2023 and 2024, (or 2025 is available).

2. Complete the attached IRS Form 4506-T requesting Certified copies of the 2023 and 2024 Federal Income Tax Transcripts with all attached Schedules. All Self Employed Adults in your Household will need to fill this form out. Please make copies if needed. You may also call the IRS on their 1 800 number as shown on the attached 4506 T Form and its instructions. Please return this completed form along with your copies of your Tax Returns with your other requested documentation.

3. Please fill out the attached "Self-Employment Income Affidavit" if you are self-employed. This form is to be filled out to determine your anticipated Self Employment Income for this year.

NO EMPLOYMENT NO INCOME:

If you or anyone in your household over the age of eighteen (18) who is not in school full time is "unemployed" or has no form of income please fill out the attached "Certification of Zero Income" form. Please return this signed form with all other documentation in your "Rental Application".

NON FILING OF FEDERAL INCOME TAXES:

If anyone in your household is over the age of eighteen and not claimed as a "Dependent" on your Federal Tax Return and does NOT file taxes because their income is below the Federal filing threshold (please see threshold below) they must sign and have notarized the attached " Federal Income Filing Status" form. Please return this signed and notarized document with all other requested documents in your rental application.

IRSTaxpayer Assistance Center

Need a Tax Return Transcript?

We offer 3 Easy Options

1 **Online** - Go to **IRS.gov/transcript** to download a copy of your tax return transcript immediately.

2 **Mail** - You can use the Get Transcript by Mail online at IRS.gov/transcript or complete **Form 4506-T to request your tax account transcript or Form 4506T-EZ** to get your tax return transcript and mail it to the IRS. **Form 4506-T** is available at **IRS.gov/form4506t. Form 4506T-EZ** is available at **IRS.gov/form4506tez.**

3 **Call** - **800-908-9946** and follow the voice prompts.

Transcripts sent to your home address will be mailed free **of charge.** Please **allow** 5 - **10 calendar days from the time the IRS receives the request for delivery.**

You can order an exact copy of a previously filed and processed tax return, including attachments and **Form W-2,** by completing **Form 4506,** *Request for Copy of Tax Return.* Mail the completed form with $50 for each tax year requested to the address in the instructions. **Form 4506** is available at **IRS.gov/form4506.** Generally copies are available for the current year and the past six years. Either spouse can submit and sign **Form 4506** to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.

SELF EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: _j_

Anticipated Annual Business Expenses: _j_

Anticipated Annual Profit: _j_

Previous Year Profit (or Loss): _j_

Cash Withdrawals from Business: _j_

Do you file tax returns? [] **YES** Taxpayer ID# _____ **[]NO**

If YES please submit tax returns with schedule C for past 3 years

If NO please state why: _____

- *If tax returns were not filed please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____

Applicant Signature Date

CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

Applicant/Tenant:_____ **Unit #:**_____

1. I currently have no income of any kind and I do not expect this to change in the next 12 months [ ] **YES** [ ] **NO**

2. I have been living with zero income for_____..Years and_____months

3. I hereby certify that I do not individually receive income from any of the following sources:

   a. Wages from employment (including commissions, tips, bonus, etc.)
   b. Income from the operation of a business
   c. Rental income from real or personal property
   d. Interest or dividends from assets
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
   f. Unemployment or disability payments
   g. Public assistance payments
   h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
   i. Sales from self employed resources (Avon, Mary Kay, etc.)
   j. Cash payments
   k. Any other source not named above

4. The reason I have no income is: _____

5. I will be using the following sources of funds to pay for:

   Rent:
   Utilities:
   Food:
   Clothing:
   Transportation:
   Internet/Cable/Phone:
   Toiletries:
   Credit cards/loans/bills:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____

(Signature of Tenant) Date

(Signature of Manager) Date

FEDERAL INCOME FILING STATUS- filing not required

To Whom It May Concern:

This is to certify that I, _____, have not filed an annual Federal Income tax return since _____ due to my taxable income not being sufficient to meet the minimum filing requirements of $ _____

Sincerely, _____

Print name:

Street:

Town:

COMMONWEALTH OF MASSACHUSETTS

_____ *ss*

Date:

Then personally appeared the above-named _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name are signed on the preceding document and acknowledged that she executed the foregoing instrument voluntarily for its stated purpose.

_____

Notary Public

My Commission expires: _____