

## APPLICATION INFORMATION

Enclosed are an application form and a financial sheet. When you have completed them, please return them to the Sundial and you will be placed on our waiting list. When your name appears near the top of the list, we will call you for an interview with the Manager. At that time your application will be reviewed to determine if you meet our eligibility requirements. To live in the Sundial, you must be 62, capable of living independently, and have monthly income of at least \$1,500.

Please note that being on the waiting list does not guarantee eligibility for housing as this can be determined only at the time of apartment availability. .

All applicants are subject to a background and credit check.

**A copy of your birth certificate and financial statements must accompany your application.**

### RENTS FOR ~ 2022

Alcove	<b>A</b>	<b>\$509</b>
Alcove	<b>B &amp; C</b>	<b>\$512</b>
One Bedroom	<b>D &amp; E</b>	<b>\$573</b>

Rents include heat, basic electricity, and water.

On-site parking - \$30/month.

Electricity for an air conditioner - \$150/year.

All income from whatever source may be considered: social security, rents, pensions, dividends, interest, etc. Declared income must be verified.

The Sundial is a ten-story building with 164 apartments. There are 2 on the first floor and 18 on floors 2 through 10. There are 119 Alcove apartments and 45 One Bedroom apartments. The Sundial does not permit pets of any kind to reside or to visit in the building.

If you have further questions, please feel free to contact us at:

Phone: 978-345-1559  
FAX: 978-345-2309

E-mail: [sun.dial@verizon.net](mailto:sun.dial@verizon.net)  
Web Page: [www.thesundialapartments.com](http://www.thesundialapartments.com)



**APPLICATION FORM**

The Sundial  
29 Merriam Parkway  
Fitchburg, MA 01420  
(978) 345-1559

Bedroom Alcove Suites  
Types A, B & C

One Bedroom Suite  
Types D, E

REQUIREMENTS: 1) You or your spouse must be 62 or over.  
2) You must be able to live independently.  
3) Income of \$1,500.00 per month.

RENTS FOR: 2022

**Alcove: A \$509**

**Alcove: B & C \$512**

**One Bedroom: D & E \$573**

Monthly rent includes heat, electricity, and water

NAME Spouse 1 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

NAME Spouse 2 \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL \_\_\_\_\_

MARITAL STATUS (circle) MARRIED ~ DIVORCED ~ SINGLE ~ WIDOW ~ WIDOWER

Spouse 1 – Social Security No. \_\_\_\_\_

Spouse 2 – Social Security No. \_\_\_\_\_

1. Do you own or rent your current housing? Own \_\_\_\_\_ Rent \_\_\_\_\_

Why do you want to move from current residence? \_\_\_\_\_

2. What type of apartment would you prefer, if possible?

Bedroom-Alcove (for singles)    A    B    C    (circle one)

One Bedroom (for couples)                    D    E    (circle one)

3. Do you have a car?    Yes \_\_\_\_\_ No \_\_\_\_\_

4. Your approximate ANNUAL income from all sources    \$ \_\_\_\_\_

If presently working, estimated income after retirement    \$ \_\_\_\_\_

5. Is there any reason which would preclude you from living independently at the Sundial? Yes/No

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 there any criminal charges pending now? **Yes**  **No**  **If YES, Please explain** \_\_\_\_\_

Are you or any member of your household subject to a lifetime registration requirement under a sex offender program.

**Yes**  **No**  **If YES, Please explain** \_\_\_\_\_

6. Personal references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Current landlord (if renting):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Most recent former landlord (if any):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Personal physician:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Consent to release information.** [Check the applicable sentence.]

\_\_\_\_\_ I authorize the personal physician and current and former landlord(s) listed above to provide information to the Sundial Manager.

\_\_\_\_\_ I do not authorize the personal physician and current and former landlord(s) listed above to provide information to the Sundial Manager.

10. If you are not financially able, do you have a relative who will guarantee a portion of the monthly rental? Yes\_\_\_\_\_ No\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

After reading the above, I attest that I understand it. I certify that all information I have given here is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INCOME INFORMATION**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

**ASSETS**

Real Estate Value \_\_\_\_\_ Equity, if any \_\_\_\_\_

**ANNUAL INCOME**

	Spouse 1	Spouse 2
Social Security	_____	_____
SSI	_____	_____
Veterans Benefits	_____	_____
Pension	_____	_____
Interest	_____	_____
Dividends	_____	_____
Annuities	_____	_____
Rental Income	_____	_____
Other Income	_____	_____
TOTAL	_____	_____

I understand that this information will be held in strictest confidence by First Parish Housing of Fitchburg, Inc. I hereby certify that the information I have provided is true and complete to the best of my knowledge.

I also understand that any deposit (equal to one month's rent) is non-refundable after 72 hours of receipt.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: First Parish Housing of Fitchburg, Inc., The Sundial  
29 Merriam Parkway, Fitchburg, Ma 01420

Date received by The Sundial \_\_\_\_\_

