

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 ~ 2021

Alcove	A	\$489
Alcove	B & C	\$492
One Bedroom	D & E	\$551

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
Web Page: 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: 2021

Alcove: A \$489

Alcove: B & C \$492

One Bedroom: D & E \$551

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 _____

