

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- This waitlist is closed. The only waitlists open at present are:

- This is not the right application. We have enclosed the correct application.
- You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- HEAD OF HOUSEHOLD'S FIRST NAME
- HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) SUFFIX
- YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: Yes No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- HEAD OF HOUSEHOLD'S DATE OF BIRTH
- GENDER

- ETHNICITY
- RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
 - Fully Accessible Wheelchair Unit
 - Blind Accessible Unit
 - Need an Interpreter
 - No-Steps unit (elevator to any floor)
 - Deaf Accessible Unit
 - Domestic Violence Victim
 - First-Floor unit only
 - Unit for Environmental Allergies
 - Personal Care Attendant

- HoH's CAREER STAGE ANY VETERANS in HH? Yes No
 - Employed
 - Unemployed
 - Retired
 - FT Student
 - PT Student

- PERMANENT MOBILE RENTAL ASSISTANCE, if any
 - I do not have mobile rental assistance
 - Mobile Section 8 voucher
 - MRVP
 - AHVP
 - VASH or similar

- CRIMINAL RECORD AND SEX OFFENDER
 - Head of Household:** Any **Felony/Conviction?** Yes No
 - Other Members:** Any **Felony Convictions?** Yes No
 - Any **Misdemeanor Conviction?** Yes No
 - Any **Misdemeanor Conviction?** Yes No
 - Is **anyone** in HH subject to a **lifetime sex offender registration** in any state? Yes No

- ANY PETS? Yes No Describe: _____

- HOUSEHOLD SIZE AND COMPOSITION ANNUAL INCOME DOCUMENTED DISABILITY?
 - _____ ← # Adults _____ ← # Children _____ ← Total # in Household
 - Yes No

- CURRENT HOUSING STATUS Homeless Housing Loss in 14 days Homeless under other federal status
 - Homeless because Fleeing domestic violence
 - At risk of homelessness
 - Stably Housed

- BEST TELEPHONE NUMBER TO USE SECOND TELEPHONE

- EMAIL ADDRESS

- WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS

Address Line 1 Apt # or "care of" name
City State Zip

- # BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
 - Disability Elder Local Resident Local Employee Local Student Homeless Vet. Fleeing Dom. Viol.
 - Rent-burdened 40% Rent-burdened 50% HUD VAWA Certification Victim of Hate Crime.
 - Displaced by: Urban Renewal Sanitary Code Natural Forces Other _____

HALLKEEN MANAGEMENT PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE OF APPLICATION _____

PROPERTY NAME
Return Completed Application To:

ADDRESS
CITY, STATE
Phone #:
FAX #: _____ **TDD#: 800-439-2370**

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Telephone _____

Present Address (Street and Apt #) _____
Apt.
City, State _____ Zip _____

Mailing Address (if different) _____
Street City State Zip

Present Landlord Name _____
Address _____
Street City State Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> White (not of Hispanic origin) | |

SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR

UNIT TYPE REQUESTED:

<input type="checkbox"/> Market Rent	Wheelchair Adapted Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Basic Rent	Hearing/Visual Adapted Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Low Rent			

Work Telephone: _____ Cellular Telephone: _____

E-Mail: _____



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Present housing cost per month \$_____ Including utilities? Yes No

How long have you lived at present address? _____ Years.

Do you own any pets? _____

What are the reasons for moving? _____

How did you hear about our property? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF.

(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT?
1 _____	Head of Household	_____	_____	_____	Yes or No
<i>Date of Birth of Head of Household only: _____</i>					
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

Does the Head of Household have full custody of all household members under age 18? Yes or No

If No, please explain _____

(Please be prepared to supply copy of child support/custody agreement and divorce decree.)



REFERENCES – Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive. (Include Shelters)

1) Previous Address _____

How long have you lived at this address? _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address of this Landlord / Official _____

2) Previous Address _____

How long have you lived at this address? _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address of this Landlord / Official _____

3) Previous Address _____

How long have you lived at this address? _____

Name of **Previous** Landlord/Official _____ Telephone _____

Address of this Landlord / Official _____

Note: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: _____ Telephone _____

Address _____

Name of Character Reference: _____ Telephone _____

Address _____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been convicted of any crime? If so, please give details:

—



EMPLOYMENT INCOME BY HOUSEHOLD MEMBER: Please indicate the income received and assets held by each member of your household. *List each member by the corresponding number from the previous page.*

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hrs per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)



INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____



OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone# : _____

Address: _____, _____

Email: _____



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

(Applies only to certain subsidized housing programs.)

1. Have you been displaced from your home? If so, please explain:

2. Does your present home have health code violations? If so, please describe:

3. Is your present home too small for you family? Yes ___ No ___ If so, please explain:

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:



Will all of the persons in the household be or have they been full-time students during five calendar years of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 registrations is required.) _____

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 report (CORI) or other criminal background report may also be requested.** I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

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

HallKeen Management 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 its programs or employment, or in its programs, activities, functions or services.



To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, 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. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and 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.

All applicants over 18 must sign

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.

