

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

BERKSHIRE HOUSING DEVELOPMENT CORP.
74 NORTH STREET
PITTSFIELD, MASSACHUSETTS 01201
Tel: 413-499-4887 Fax: 413-445-7633

For Office Use Only	
Date received:	____/____/____
Time:	____:____:____
# of Bedrooms:	1 2
Control:	_____
Priority:	1 2

APPLICATION FOR SECTION 8 HOUSING

REDFIELD PROGRAM

✓REDFIELD HOUSE (1 & 2 BEDROOMS)

**Please print clearly, applications that are not legible may be returned.*

PERSONAL DATA:

1) NAME: _____ SS# _____
STREET: _____ D.O.B. _____
CITY/STATE: _____ TEL: _____
IF DIFFERENT MAILING ADDRESSES: _____

2) Members of Household: Please list everyone to live in household.

Name:	SS#	D.O.B.
1) _____	_____	____/____/____
2) _____	_____	____/____/____
3) _____	_____	____/____/____

Relation:

Sex:

1) _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2) _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
3) _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Racial/Ethnic Designation (Optional)
Ethnicity:

Race: _____
☐ Hispanic ☐ Non-Hispanic

Is a change in household expected? ☐ Yes ☐ No

If yes, what type of change: _____

INCOME:

- 3) Please list all monies to be earned or received in the next (12) twelve-months by each household member who is 18 years or older; including Full-time students. **E.g.** Salaries, Wages, Social Security/SSI, Pension, TAFDC, Public Assistance, Unemployment, Disability benefits, Child support, or Alimony.

List person (s)

Receiving income	Source of income	Employer's name/address	Gross monthly income

**If you are collecting benefits under another social security number, please list the claim number below:*

- 4) All assets of any family member must be reported. Please check any applicable to your household:
IF YOU HAVE NO ASSETS, PLEASE COMPLETE NO ASSET CERTIFICATION ON PAGE 4.

☐ Savings ☐ Checking ☐ CD's ☐ Stocks ☐ Bonds ☐ Real Estate ☐ Other

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
_____ \$ _____
_____ \$ _____

Have you sold any property or disposed of any assets for less than fair market value in the last two years? ☐ Yes ☐ No

Type of Asset Amount	Date of Disposal	Fair Market Value	Received

EXPENSE:

- 5) Do you pay for childcare for any children under the age of 13? Or for a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school? ☐ Yes ☐ No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months: _____

Do you pay for any medical expenses that are not covered by insurance? (Premiums included). ☐ Yes ☐ No

If yes, please list amount: _____

- 6) Have you or any member of your household received Section 8 assistance in the past? ☐ Yes ☐ No

If yes, name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Authority or Regional Agency: _____

Address of subsidized unit: _____

City/State: _____

Date Moved Out: _____

Reason for moving: _____

Did you leave as a tenant in good standing? ☐ Yes ☐ No

If no, please explain: _____

- 7) If you answered yes to question 6, have you ever been terminated for fraud while receiving assistance? Or terminated for non-payment? Or have failed to cooperate with re-certification procedures? ☐ Yes ☐ No

- 8) Have you or any member (s) in your household ever been convicted or evicted due to manufacturing, selling, using, distributing or possessing drugs? ☐ Yes ☐ No

If yes, when did this occur? _____

If yes, have you and/or any member (s) of your household received treatment? ☐ Yes ☐ No

- 10) Have you or any member (s) in your household ever been convicted or evicted due to violent criminal activity? ☐ Yes ☐ No

If yes, have you and/or any member of your household received treatment? ☐ Yes ☐ No

*(*If household member was an addict, treatment has been received, and the household member does not currently use or possess drugs, you may not be denied Section 8 Assistance).*

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I certify that my household qualifies for a preference because of the above reason (s), which I have checked off. I understand that I will be required to verify this information before I may receive Section 8 assistance. If I am unable to supply the proper verification when I am requested to do so, my name will remain on the Section 8 waiting list, but I will no longer have a preference over other applicants.

APPLICANT'S SIGNATURE

____/____/____
DATE

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

____/____/____
DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME

RELATION

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

No ASSET CERTIFICATION

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Berkshire Housing immediately.

APPLICANT'S SIGNATURE

____/____/____
DATE

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
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Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A