

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.**

Your Name: \_\_\_\_\_

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

GOOD SAMARITAN HOMEOWNERSHIP PROGRAM
REGISTRATION FORM

1) Applicant(s) Name(s)
2) Address
3) City State Zip
4) Home Phone Work Phone
5) Household Size: # of Adults # of Children
6) Current amount available for down payment \$

The program is designed to help first time buyers with gross annual household incomes at or under the limits specified below:

Table with 4 columns: Household Size, Household Income, Household Size, Household Income. Rows show income ranges for household sizes 1 through 8.

7) Please check which income range most closely agrees with your own (include all salaries, child support, etc. in the household).

Income range selection options: \$14,999 or under, \$15,000 to \$19,999, \$20,000 to \$24,999, \$25,000 to \$28,999, \$29,000 to \$32,999, \$33,000 to \$37,999, \$38,000 to \$42,999, \$43,000 or over.

8) Please check which outstanding debts you pay & how much you pay each MONTH?

Debt reporting section for Car Loan #1, Car Loan #2, Bank Loan, Visa / MasterCard, Child Support / Alimony, Student Loan, and Other Debt.

9) Please check how you first heard of the Good Samaritan Homeownership Program? You may also wish to indicate what realtor, bank etc. you heard about us from?

Source of information options: From a relative or friend, From the radio, From my Bank, From a realtor, From the Newspaper, Other.

10) Please check which type of housing you would consider buying? (more than one type may apply)

Housing type options: Single Family, Duplex, 3 to 4 Family Home, 4+ Family Home.

11) Please check where you are interested in purchasing housing? (more than one area may apply.)

Location options: Southern Berkshire, Northern Berkshire, Pittsfield & Central Berkshire.

2) If you have a specific town(s) in mind, please list :

3) What school district do you need/want to live in?

14) What price range are you looking in or what price range can you afford? \$

All adults within the household & whose name will appear on the mortgage, who wish to utilize our program funds, MUST be willing to attend the entire series of seminars.

We ( I ) are/am interested in the GSHP. The fee for the seminar is \$25.00 per household. I/we have enclosed a check or money order made payable to Berkshire Fund so a seat may be reserved for us (me) at your next available seminar series.

SIGNATURE OF APPLICANTS: DATE:

RETURN FORM TO: Berkshire Housing Development Corp., 74 North St., Room 302, Pittsfield, MA 01201-5171

# 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

## 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

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DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

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

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