

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

150 STANFORD STREET
BOSTON MA 02114



PHONE 617-720-4646
FAX 617-725-1888

WEST
END
PLACE

APPLICATION FOR COOPERATIVE HOUSING

Applicant's Last Name: _____ First Name: _____ MI: _____

Street: _____

City/Town: _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Ext: _____

Co-Applicant's Last Name: _____ First Name: _____ MI: _____

Street: _____

City/Town: _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Ext: _____

What size unit do you need (1, 2 or 3 bedroom apartment)? _____

Do you need a wheelchair accessible apartment? ☐ yes ☐ no

Do you need an apartment with any other accommodations due to a disability? ☐ yes ☐ no

If so, please explain: _____

Do you have a pet(s)? ☐ yes ☐ no How many? _____ What kind? _____

Do you need a parking space? ☐ yes ☐ no

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on the application.)

Phone: _____ Relationship: _____

ELIGIBILITY FOR PREFERENCE STATUS

Former residents of the Old West End are eligible for preference status as follows: a former West Ender is defined as a person who was living in the West End of Boston and displaced by urban renewal AFTER MARCH 1, 1953 BUT NO LATER THAN MARCH 31, 1964* Displacees are defined as heads of household, their spouses, children and/or other person for whom any member of the household had a legal obligation to provide care.

YES NO

☐ ☐ If you answered yes, what year you displaced? _____

Please list your street address in the Old West End _____ (Urban Renewal Site 2-3).

The eligibility for a preference will need to be verified prior to the offer of an apartment by a birth certificate or census record that verifies the applicant lived in the West End at the street address given above. In lieu of a birth certificate or census record, other acceptable verifications can include a utility bill, a displacement notice or a telephone listing for the year of displacement.

Date of West End close-out relocation Report.

Section 8 Rental Assistance:

YES NO

☐ ☐ 1. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person Name: _____

☐ ☐ 2. Will your household be eligible or are you applying to receive Section 9 rental assistance in the next 12 months?

Explanation: _____

Name of Agency: _____

Race/National Origin:

Race/National origin, information will be used for statistical purposes only, and will not affect the status or selection of applicants. Answering this question is completely optional.

☐ White ☐ Black ☐ Latino ☐ Asian ☐ Native American Indian ☐ Other

Answer either YES or NO to each question

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next twelve months
Name & Relationship: _____
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have full custody of your child(ren)?
Explanation of custody arrangements: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever filed for bankruptcy?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you, your co-applicant or household members ever been convicted of a felony (except minor auto offenses)?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you, your co-applicant or household members ever been arrested or convicted of any offense involving drugs?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you, your co-applicant or household members ever been evicted or asked to leave your apartment within the last five years?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you, your co-applicant and household members U.S. Citizens? |

Income Information:

Include all income anticipated for the next 12 months. Include the dollar amount in the space provided.
(Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

- | YES | NO | | | | | | | | | | | | | |
|--------------------------|--------------------------|--|--------|------------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Employment wages or salaries?
(Include overtime, tips, bonuses, commissions and payments received in cash) | | | | | | | | | | | | |
| | | <table border="0"> <thead> <tr> <th>Source</th> <th>Household Member</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Source | Household Member | Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Source | Household Member | Amount | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you worked overtime in the last three (3) months? | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will it continue? Comments: _____

_____ | | | | | | | | | | | | |

YES NO

☐ ☐
(EMC #02)

2. Self-employment?

Source

Household Member

Amount

☐ ☐
(EMC #03)

3. Regular pay as a member of the Armed Forces?

Source

Household Member

Amount

☐ ☐
(EMC #04)

4. Unemployment benefits or workman's compensation?

Source

Household Member

Amount

☐ ☐
(EMC #05)

5. Public Assistance, General Relief or Aid to Families with Dependent Children

Source

Household Member

Amount

☐ ☐
(EMC #06)

6. Child support or alimony? (Any AWARDED amounts-collected or uncollected)

Source

Household Member

Amount

☐ ☐
(EMC #07)

7. Social Security, SSI or any other payments from the Social-Security Administration?

Source

Household Member

Amount

☐ ☐
(EMC #08)

8. Veteran's benefits, pensions, retirement benefits or annuities?

Source

Household Member

Amount

☐ ☐
(EMC #08)

9. Severance payments?

Source

Household Member

Amount

YES NO

☐ ☐
(EMC #08)

10. Settlements? (Such as insurance settlements)

Source	Household Member	Amount

☐ ☐
(EMC #08)

11. Disability, death benefits or life insurance dividends?

Source	Household Member	Amount

☐ ☐
(EMC #08)

12. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)

Source	Household Member	Amount

☐ ☐
(EMC #08)

13. Educational grants, scholarships, or other student benefits?

Source	Household Member	Amount

☐ ☐
(EMC #08)

14. Lottery winnings or inheritances?

Source	Household Member	Amount

☐ ☐
(EMC #08)

15. Payments from rental property, land contracts or other forms of 'real estate?

Source	Household Member	Amount

☐ ☐
(EMC #08)

16. Any other income sources or types not listed?

Source	Household Member	Amount

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from, the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include **ALL** assets held by **ALL** household members *including minors*.

Do YOU or ANYONE in your household hold:

YES **NO**

☐ ☐
(EMC #09)

1. Checking or savings accounts?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐
(EMC #09)

2. CDs, money market accounts or treasury bills?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐
(EMC #09)

3. Stocks, bonds or securities?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐
(EMC #09)

4. Trust funds?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐
(EMC #09 or #10)

5. Pensions, IRAs, KEOGH or other retirement accounts?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ ☐
(EMC # 13)

6. Cash on hand over \$500?

Household Member: _____
Amount: _____

YES NO

- ☐ (EMC # 10) ☐ 7. **Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** (This includes, your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Type	Household Member	Amount
_____	_____	_____
_____	_____	_____

- ☐ (EMC # 10) ☐ 8. **Personal property as an investment?** (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

Type	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ (EMC # 13) ☐ 9. **A safe deposit box?**

Household Member: _____
Monetary Value of Contents: _____

- ☐ (EMC # 11) ☐ 10. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: _____
Amount: _____
Explanation: _____

Zero income Verification:

Are YOU or is ANY OTHER ADULT member of your household:

YES NO

- ☐ (EMC # 13) ☐ 1. **Claiming zero income?** If so, who? _____

Student Information:

Are YOU or is ANYONE in your household:

YES NO

- ☐ (EMC # 12) ☐ 1. **Currently a full-time student, or planning to be one within the next 12 months?**
IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS:
(You will need to provide verification of all items to *which you* answered YES.)
- ☐ ☐ a. Are you married and currently filing a joint tax return?
- ☐ ☐ b. Are you receiving AFDC (Aid to Families with Dependent Children)?
- ☐ ☐ c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?
- ☐ ☐ d. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
- ☐ ☐ e. Will you be living with someone who is not a full-time student? If so, who?

Live-in Care Attendant:

YES NO

☐
(EMC # 15)☐

1. Will you or anyone in your household require a live-in care attendant?

Name of Live-in Care Attendant: _____

Relationship (if arty): _____

Housing References:

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

Landlord's Name/Address	Your Address	Own /Rent	Dates
1. _____ _____ _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	_____ to _____ Amount Paid /Mo. _____
Phone _____	How long did you live there?	Mo. Utility Costs: _____	
2. _____ _____ _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	_____ to _____ Amount Paid /Mo. _____
Phone _____	How long did you live there?	Mo. Utility Costs: _____	
3. _____ _____ _____	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	_____ to _____ Amount Paid /Mo. _____
Phone _____	How long did you live there?	Mo. Utility Costs: _____	

Personal Reference:

List a personal reference other than a relative.

1. Name /Address of Reference

Phone: _____ Relationship: _____ Years Known: _____

Applicant's Certification:

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is true and correct to the best of my knowledge.
2. I understand that this application and verifications will be necessary to complete the Standard Application process.
3. I hereby give Maloney Properties, Inc Marketing and Managing Agent for West End Place' authorization to verify the information in this application through credit, landlord and criminal history checks.
4. I understand that it is my responsibility to inform Maloney Properties, Inc, in writing of any changes of address, household composition, or any other information provided in this application.

IS THERE ANY QUESTION ON THIS APPLICATION THAT YOU DO NOT UNDERSTAND OR THAT NEEDS CLARIFICATION?

YES

NO

☐☐

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds, for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this application and may be grounds for denying residency.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For disabilities access information please call (617) 449-7997, Extension 255.

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:

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