

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



RENTAL APPLICATION
R D 515 Program



Office Use only

Date / Time

Please Print

This is an application for housing in the Berkshire Landings Apartments, located in North Adams, MA. Please complete this application and return to Rental Office at the address listed at the bottom of this page. Complete applications are placed in order of date and time received. An applicant may be interviewed only after the Manager receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
Street Apt # City Zip

Tel # _____ No. of Bedrooms in Current Unit _____

Do you Own _____ or Rent _____

If Rental, Amount of Current Monthly Rental Payments \$ _____

Check Utilities Paid By You:

Heat _____

Electricity _____

Gas _____

Other _____

Approximate Monthly Cost of
Utilities Paid by You (excluding
phone & cable tv) \$ _____

Total Length of Residency:
_____ Years _____ Months

Bedroom Size Requested One Bedroom _____
Two Bedroom _____

Would you or any one in your household benefit from the special features of a handicapped accessible unit _____ Yes _____ No.

Berkshire Landings Apartments is an Equal Housing Opportunity company, with projects in compliance with 504 and Fair Housing Regulations.

Berkshire Landings Apartments accommodates any applicants who need assistance in filling out this application.

RETURN TO :
Berkshire Landings Apartments
93 Cleveland Avenue
North Adams, MA 01247
Tel # 413-663-6082
Fax # 413-663-6082

List all persons who will live in the apartment. List Head of Household First:

Name	Relationship	Birthdate	Age	Social Security Number
------	--------------	-----------	-----	------------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Is anyone in this household a full time student? Yes _____ No _____

Name(s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW: FAMILY

MEMBER NAME	SOURCE OF INCOME			
_____	A. Social Security	Monthly Amount	\$	_____
	Social Security	Monthly Amount	\$	_____
_____	B. Pension	Monthly Amount	\$	_____
	Pension	Monthly Amount	\$	_____
	Source of pension (s) _____			

_____	C. Veterans Benefits	Monthly Amount	\$	_____
_____	D. SSI Benefits	Monthly Amount	\$	_____
	SSI Benefits	Monthly Amount	\$	_____
_____	E. Unemployment Comp.	Monthly Amount	\$	_____
	Unemployment Comp	Monthly Amount	\$	_____
_____	F. AFDC	Monthly Amount	\$	_____
_____	G. Wages Gross	Monthly Amount	\$	_____
	Employer _____			
	Position Held	How Long Employed		_____
	Wages Gross	Monthly Amount	\$	_____
	Employer _____			
	Position Held	How Long Employed		_____
_____	H. Full Time Student Income (Only full Time Students 18 & Over)			
		Monthly Amount	\$	_____
	Full Time Student Income (Only Full Time Students 18 & Over)			
		Monthly Amount	\$	_____
_____	I. Alimony	Monthly Amount	\$	_____
_____	J. Child Support	Monthly Amount	\$	_____ Source _____
_____	K. Interest Income	Monthly Amount	\$	_____ Source _____
	Interest Income	Monthly Amount	\$	_____ Source _____
_____	L. Other Income	Monthly Amount	\$	_____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply X 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? _____ Yes _____ No

If Yes, Explain: _____

C. ASSETS

Checking Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Credit Union	# _____	Name _____	Balance \$ _____
	# _____	Name _____	Balance \$ _____
Savings Bonds	# _____	Maturity Date _____	Value \$ _____
	# _____	Maturity Date _____	Value \$ _____
Whole Life Insurance Policy #	_____		Face Value \$ _____
Cash Value of Life Insurance Policy \$	_____		

Real Property: Do you own any property? Yes _____ No _____

If YES, Type of Property? _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most recent Tax Bill \$ _____

Have you Sold / Disposed of any Property in the last 2 years? Yes _____ No _____

If Yes, Type of Property _____

Market Value when Sold / Disposed \$ _____

Amount Sold / Disposed For \$ _____

Date of Transaction _____

1. Have You Disposed of Any Other Assets in the Last 2 Years (Example: Giving any money to Relatives, Set up Irrevocable Trust Accounts)? _____ Yes _____ No

If Yes, Describe Asset _____

Date of Disposition _____

Amount Disposed _____

2. Do You Have Any Other Assets Not Listed Above (Excluding Personal Property)? Yes ___ No

If Yes, List _____

D. MEDICAL / CHILDCARE / HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part only if Head or Spouse is 62 or Older, Handicapped or Disabled.

1. Medicare Premiums Monthly Amount \$ _____
Monthly Amount \$ _____
2. Medical Insurance Coverage- Name Of Insurance Company _____
Address _____

3. Anticipated Medical / Drug / Prescription / Costs NOT Covered by Insurance NOR Reimbursed :
Monthly Amount \$ _____
4. Medical Bills or Outstanding Costs You Are Making Monthly Payments For:
Balance Due \$ _____ Monthly Payments \$ _____ Payable To: _____
5. Medical Related Traveling Costs \$ _____
6. Are You Seeing A Physician Regularly?
Name _____
Address _____
Projected Costs NOT Covered by Insurance Nor Reimbursed for the Next 12 Months \$ _____
7. Any Other Medical Expenses: List Type & Amounts: _____ \$ _____

Childcare Costs: Complete ONLY for Children 12 or Younger:

8. Name(s) of Children Cared For _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____
9. Name & Address of Person OR Agency Caring for Children _____

10. Weekly Cost for Childcare Due to Employment \$ _____
11. Weekly Cost for Childcare Due to Education \$ _____

Handicap Assistance Expenses: Attendant care and / or apparatus expense that enables Handicapped applicants and others in the household to work.

Complete ONLY if Handicap Expenses Allow someone in the household to work.

12. List Type of Expense, Weekly Amount, Paid to Whom:

E.

F. PROGRAM INFORMATION

1. Are You Displaced? Yes _____ No _____. If Yes, Displacement Agency _____

2. Is Your Current Unit Condemned / Substandard? Yes _____ No _____

3. If Yes, Describe _____

4. Are You Paying More Than 50% of Your Gross Income for Rent and Utilities? Yes _____ No _____

5. Are You Applying for status as an "Elderly Household", where the tenant or Co-tenant is 62 or older, handicapped or disabled as defined by FmHA? _____ Yes _____ No _____

6. If so, do you realize you will be eligible for a \$400. and a medical deduction.

7. Are You Currently Living in Subsidized Housing? _____ Yes _____ No _____

8. Have You Ever Resided in a Project Financed and / or Subsidized by the Government? Yes _____ No _____ If Yes, Name and Address _____

9. Have You Ever Been Evicted From Public Housing or Any Other Federal Housing Program?
Yes _____ No. If YES, Where _____
When _____ Describe Reasons _____

1. Have You Ever Been Evicted From Other Housing? Yes _____ No _____

2. Have You Ever Been Convicted of a Felony? Yes _____ No _____

3. Are you currently using illegal drugs? Yes _____ No _____

4. Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes _____ No _____

5. Are you now or will you become a part time or full time student prior to move-in. Yes _____ No _____

6. How Did You Hear About This Housing? _____

7. Will You Take an Apartment When One is Available? Yes _____ No _____

8. Briefly Describe Your Reasons for Applying

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
County _____
Home Phone _____ Business Phone _____
Length of Residence _____

Previous Rental Information: Prior Landlord _____
Address _____
County _____
Home Phone _____ Business Phone _____
Length of Residence _____

Prior Landlord _____
Address _____
County _____
Home Phone _____ Business Phone _____
Length of Residence _____

G. CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In Case of an Emergency Notify: _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year / Make _____ Color _____
License Plate # _____
Driver License # _____

Type of Vehicle _____ Year / Make _____ Color _____
License Plate # _____
Driver License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes, Describe _____

CERTIFICATION / AUTHORIZATION

CERTIFICATION

I/ We hereby certify that I/ We do / will not maintain a separate subsidized rental unit in another location. I/ We further certify that this will be my/ our permanent residence. I/ We understand I/ We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on USDA - RD or Section 8 income limits and by Berkshire Landings Apartments section criteria. I/ We certify that all information in this application is true to the best of my/ our knowledge and I/ We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupation.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

AUTHORIZATION

I/ We Do Hereby Authorize Property Management Corporation and its staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/ our application for housing in programs administrated/ managed by Property Management Corporation.

I/ We further authorize Property Management Corporation to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

I do not wish to furnish this information _____

Ethnicity	Hispanic or Latino	_____	Sex	Male	_____
	Not Hispanic or Latino	_____		Female	_____

Race	American Indian/Alaskan Native	_____
	Asian	_____
	Black or African American	_____
	Native Hawaiian	_____
	White	_____

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 7206382 (TDD)

This institution is an Equal Opportunity Lender, Provider, and Employer. To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410

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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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