

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](mailto: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 A SINGLE 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

Any Misdemeanor Conviction?

☐ Yes

☐ No

Other Members:

Any Felony Convictions?

☐ 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 MAILING ADDRESS)

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED 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:



CORNERSTONE CORPORATION

Hotel Worthy  
193 Worthington Street  
Springfield, MA 02125  
Tel # (413) 736-2502

Received \_\_\_\_\_ By \_\_\_\_\_  
BR size \_\_\_\_\_ List \_\_\_\_\_

Management will provide help in reviewing this application. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

PRELIMINARY RENTAL APPLICATION

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 city state zip

Landlord/Management Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord/Address: \_\_\_\_\_  
street city state zip

Monthly rent: \$ \_\_\_\_\_ Ave. monthly utility bills: (except telephone) \$ \_\_\_\_\_

Length of Residence: \_\_\_\_\_ Own Home? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
street city state zip

Landlord/Address: \_\_\_\_\_  
street city state zip

Monthly rent: \$ \_\_\_\_\_ Ave. monthly utility bills: (except telephone) \$ \_\_\_\_\_

Length of Residence: \_\_\_\_\_ Own Home? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_

We require at least 7 years of rental history – use additional pages if needed

Do you own a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about Hotel Worthy? \_\_\_\_\_

Family Composition: List all those who will occupy the apartment - INCLUDE YOURSELF AS HEAD.

Full Name of Each Person Relationship Birthdate/Sex Social Security Number

1.	Head of Household
2.	
3.	
4.	
5.	
6.	

Are all household members full-time students? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the income received and assets held by each member of your household. List each member according to the corresponding order above.

Sources of Income: List all income, such as Employment, Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Member #	Earnings Before Taxes	Source of Income	Address	Amount/Period



**Income from Assets:** Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings, and Cash Value of any Whole Life Insurance Policy(ies).

Member #	Earnings Before Taxes	Type of Asset	Gross
			per
			per
			per
			per
			per

**For Priority Consideration:**

1. Have you or are you being displaced from your home? If so, please explain:  

voluntary involuntary (circle one)
2. Has your present apartment been condemned for health code violations within the past 90 days?  
Yes No
3. Have you or any member of your household suffered actual or threats of physical violence (that has been reported) by a spouse or other member of the household within the past 6 months? Yes No  
If so, please provide details:

**Race:** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)  
American Indian/Native American. Asian or Pacific Islander.  
Black (not of Hispanic Origin). Hispanic. White (not of Hispanic Origin).

Have you ever been convicted of any crime other than a minor traffic violation? Yes No  
If yes, please explain:

Do you have a subsidy certificate? Yes No

**Certification**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my 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 (CORI) 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, and may be grounds for rejection.

I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

**Signed under the penalties and pains of perjury.**

Head of Household/Applicant:

Date:

Co-Applicant:

Date:

Cornerstone Corporation 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, activities, functions or services.