

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
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 ANY 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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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 ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST 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 _____



BAY MEADOW APARTMENTS

100 Bay Meadow Road | Springfield, MA 01109

Phone: 413-733-3316 | MA TTY: 711 or 800-439-2370 | Email: baymeadow@poahcommunities.com
 www.baymeadow-apts.com



A SMOKE-FREE COMMUNITY

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

The agent will provide reasonable accommodation and/or language assistant in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type or other alternate formats.

☐ Marque esta casilla si lee o habla español.

Please complete application electronically or **print clearly in blue or black ink pen**. If any items do not apply to you, answer "NO" or "N/A". **Do not leave anything blank**. If you need to make corrections, draw a line across and initial. **DO NOT** use Liquid Paper, correction tape, White Out, etc.

! Remember to attach the required documentation. If the requested documentation is not received by the deadline you will not be eligible for the lottery.

- ☐ 5 most recent consecutive pay stubs **for all household members 18 and older**.
- ☐ 3 most recent monthly bank statements for all bank accounts for all household members.
- ☐ Copies of documentation to verify your status for any preference.

APPLICANT INFORMATION

Applicant Name:		SSN:	
Address:			
City:	State:	Zip:	Email:
Home #:	Cell #:	Work #:	
Driver's License or Government Issued ID #:		ID State:	
Co-Applicant Name:		SSN:	
Address:			
City:	State:	Zip:	Email:
Home #:	Cell #:	Work #:	
Driver's License or Government Issued ID #:		ID State:	
RENTAL ASSISTANCE	Do you have a mobile Section 8 or MRVP voucher?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SECURITY DEPOSIT	Please indicate how much money you have for a security deposit:	\$	
CITIZENSHIP	Are you a US Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If no, do you have a permanent resident alien status?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



DATE APARTMENT IS NEEDED:	APPLICANT NAME:		
APARTMENT DESIRED			
APARTMENT TYPE - Eligibility is based on occupancy standards defined in the Tenant Selection Plan.			
1ST CHOICE <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	<i>A copy of the Tenant Selection Plan is available at the property management office.</i>		
2ND CHOICE <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom			
Would you or anyone in your household benefit from an apartment with special features?			
Mobility Accessible	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Communication Accessible (Hearing)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Communication Accessible (Visual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Special Features (please describe below)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you claiming a "Preference"? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances. Please see Tenant Selection Plan for greater detail.			
Displaced by Gov't Action or Presidentially Declared Disaster	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Victim of Domestic Violence	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Working, Elderly or Disabled	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HOUSEHOLD INFORMATION			
How many people will live in the unit?			
What is the total Gross Annual Income for all household members? Use the worksheet provided on page 4 of this application. Include unearned income such as SSA or SSI benefits, gifts, child support and income from assets.	\$		
Are you or any member of your household required to register as a sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed and length of time for which the registration is required.)			
List all members of your household and their relationship to the Head of Household. A household shall mean an individual or 2 or more persons who will live in the apartment as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.			
Household Member	Relationship	Student Status for Members 18 & Over	Last 4 Digits of SSN
1)	Head of Household		
2)			
3)			
4)			
5)			
6)			



APPLICANT NAME

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

RACE OR NATIONAL ORIGIN (Your response to this section is voluntary.)

- | | |
|--|--|
| <input type="checkbox"/> White / Non-Minority | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Hispanic / Latino |

SIGNATURES REQUIRED

Please read each statement below carefully before you sign.

- I/we hereby certify the information provided in this Lottery Application is correct to the best of my knowledge.
- I/we understand if all the required documentation requested in this application is not submitted by the application deadline, we will not be eligible for the lottery.
- I/we understand this is a lottery application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the tenant selection process.
- I/we understand I may submit only one Lottery Application per household and that duplicate household applications will disqualify my household from the lottery.
- I/we understand the information submitted in this application may be verified and that this application and documentation will be given to the property management company after the lottery.

Applications can be submitted as soon as they are complete but they must be received *no later than* **FRIDAY, May 5, 2016 at 4:30pm EST**. Completed applications and required documentation must be submitted in person or by mail to: **BAY MEADOW APARTMENTS, 100 BAY MEADOW ROAD, SPRINGFIELD, MA 01109**

Your signature confirms you have read the above statements. All household member 18 and over must sign below:

SIGNATURE	LAST 4 DIGITS OF SSN	DATE

It is the policy of POAH Communities, LLC to comply fully with all applicable federal, state and local non-discrimination laws. POAH Communities will not discriminate on the basis of race, color, national origin, sex, age, physical or mental disability, religion, familial status, sexual orientation, military status, ancestry, marital status, or receipt of public assistance in the admission or access to its programs, housing and activities.

THIS SECTION IS FOR OFFICE USE ONLY

DATE RECEIVED	TIME RECEIVED	RECEIVED BY AS AGENT FOR OWNER



APPLICANT NAME				
INCOME INFORMATION WORKSHEET				
<p><i>Income must be reported for all household members 18 and over. Total annual gross (before taxes) income includes all income for all sources such as employment, social security, child support, alimony, VA benefits, unemployment, etc. Assets are cash on hand, held in savings and checking accounts, and stocks, bonds, IRAs, 401ks, pension funds and real estate owned. You must submit 5 most recent consecutive pay stubs and 3 most recent consecutive checking and savings account statements with this application.</i></p>				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 & OVER	TOTAL
Salary/Regular Pay				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income from Business				
Net Rental Income				
Periodic SS, Pensions, Retirement Funds, Etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				
Total Each Household Member				\$
TOTAL HOUSEHOLD INCOME:				

- !

Remember to attach the required documentation. If the requested documentation is not received by the deadline you will not be eligible for the lottery.
- ☐ 5 most recent consecutive pay stubs for all household members 18 and older.
☐ 3 most recent monthly bank statements for all bank accounts for all household members.
☐ Copies of documentation to verify your status for any preference.