

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 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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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 \_\_\_\_\_



*The information requested in this form is required by the gov't. agency regulating this project.*



I(A)

*Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.*

## APPLICATION FOR HOUSING

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>	<b>Spring Meadow Apartments</b>
	<b>Address:</b>	<b>28 Canon Circle</b>
		<b>Springfield, MA 01118</b>
Please complete this application and return to:	<b>Name:</b>	<b>Spring Meadow Apartments</b>
	<b>Address</b>	<b>28 Canon Circle</b>
		<b>Springfield, MA 01118</b>

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

**Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.**

### **A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BRs in current unit: \_\_\_\_\_

Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? **F23** ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$\_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR

Do you need an accessible unit? ☐ Yes ☐ No

This question is asked solely for the purpose of providing you an equal opportunity to enjoy your housing.

### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head of household	Birth Date	Age Optional	SS#	Full Time Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Do you anticipate any additions to the household in the next twelve months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

Will all of the persons in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <b>F1</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IF YES, ANSWERS THE FOLLOWING QUESTIONS F1</b>		
Are any full-time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANK or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	Pension <b>F13</b> List source:	\$
	Pension <b>F13</b> List source:	\$
	Pension <b>F13</b> List source:	\$
	Veteran's Benefits <b>F8</b> List claim #:	\$
	Veteran's Benefits <b>F8</b> List claim #:	\$
	Unemployment Compensation <b>F11</b>	\$
	Unemployment Compensation <b>F11</b>	\$
	Worker's Compensation <b>F11</b>	\$
	Title IV/TANF/Public Assistance <b>F9</b>	\$
	Title IV/TANF/Public Assistance <b>F9</b>	\$
	Title IV/TANF/Public Assistance <b>F9</b>	\$
	Full-Time Student Income (18 & Over) <b>F5</b>	\$
	Full-Time Student Income (18 & Over) <b>F5</b>	\$
	Interest Income <b>F19</b> List source:	\$
	Interest Income <b>F19</b> List source:	\$
	Interest Income <b>F19</b> List source:	\$
	Interest Income <b>F19</b> List source:	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Alimony F15, F16</b>	
	Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support F15, F16</b>	
	Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b> (rental property, lottery winnings, etc.)	\$
	<b>Other Income</b> (rental property, lottery winnings, etc.)	\$
	<b>Other Income</b> (rental property, lottery winnings, etc.)	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
<b>Do you anticipate any changes in this income in the next 12 months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write N/A.

Household Member Name:

Checking Accounts <b>F19</b>		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Savings Accounts <b>F19</b>		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Trust Account <b>F22</b>		Bank: Acct:	Balance \$
Certificates of Deposit <b>F19</b>		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Credit Union <b>F19</b>		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Savings Bonds <b>F19</b>		Maturity Date	Value \$
		Maturity Date	Value \$
		Maturity Date	Value \$
Life Insurance Policy <b>F20</b>	Ins. Co:          Acct:		Cash Value \$
Life Insurance Policy <b>F20</b>	Ins. Co:          Acct:		Cash Value \$

Mutual Funds <b>F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value
Stocks <b>F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Bonds <b>F19</b>	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$

Application

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	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Annuities, 401(k), IRA, Keogh <b>F21</b>	Name: Source:			Value \$
Investment Property <b>F23</b>	Name: Source:			Appraised Value \$
Real Estate Property: <i>Does any household member own any property?</i> <b>F24, F25</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Name of Household Member:</i>		<i>Type of property:</i>		
<i>Location of property:</i>				
Appraised Market Value:				\$
Mortgage or outstanding loans balance due:				\$
Amount of annual insurance premium:				\$
Amount of most recent tax bill:				\$
Real Estate Property: <i>Does any household member own any property?</i> <b>F24, F25</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Name of Household Member:</i>		<i>Type of property:</i>		
<i>Location of property:</i>				
Appraised Market Value:				\$
Mortgage or outstanding loans balance due:				\$
Amount of annual insurance premium:				\$
Amount of most recent tax bill:				\$

<i>Has any household member disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?</i> <b>F17, F22</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Name of Household Member:</i>	<i>Describe Asset:</i>	
<i>Date of disposition:</i>		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)? <b>F17</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>		

<b>E. ADDITIONAL INFORMATION</b>	
How were you referred to this property?	
Are you or any member of your family currently illegally using a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes describe:</i>	



Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe.</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>	

### F. REFERENCE INFORMATION

**You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary.)**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From: _____	To: _____
Credit Reference #1			
Address:			
Account #:		Phone #:	
Credit Reference #2			
Address:			
Account #:		Phone #:	
Credit Reference #3			
Address:			
Account #:		Phone #:	
Personal Reference #1			
Address:			
Relationship		Phone #:	
Personal Reference #1			
Address:			
Relationship		Phone #:	
Personal Reference #3			
Address:			
Relationship		Phone #:	
In case of emergency, notify:			
Address:			
Relationship		Phone #:	
In case of emergency, notify:			
Address:			
Relationship		Phone #:	

### **G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Please be advised that parking may not be available. Please inquire with management regarding the parking policy

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets? Please inquire with management regarding the pet policy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

### **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 We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

**SIGNATURE(S):**

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

Attachment: Application Addendum HUD subsidized properties ONLY)

## MANDATORY ETHNICITY AND RACIAL DATA

**Head of Household:** \_\_\_\_\_  
(Last) (First) (MI)

Social Security# \_\_\_\_\_

*Ethnicity (Select One)*

- ☐ *Hispanic or Latino*
- ☐ *Not Hispanic or Latino*

*Race Select all which apply)*

- ☐ *American Indian or Alaska Native*
- ☐ *Black or African American*
- ☐ *Native Hawaiian or Other Pacific Islander*
- ☐ *White*
- ☐ *Asian*
- ☐ *Other or Choose not to say*

Signature: \_\_\_\_\_ Date. \_\_\_\_\_

**Co-Head of Household:** \_\_\_\_\_  
(Last) (First) (MI)

Social Security# \_\_\_\_\_

*Ethnicity (Select One)*

- ☐ *Hispanic or Latino*
- ☐ *Not Hispanic or Latino*

*Race Select all which apply)*

- ☐ *American Indian or Alaska Native*
- ☐ *Black or African American*
- ☐ *Native Hawaiian or Other Pacific Islander*
- ☐ *White*

Signature: \_\_\_\_\_ Date. \_\_\_\_\_