

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

- ☐ I do not have mobile rental assistance
- ☐ Mobile Section 8 voucher
- ☐ MRVP
- ☐ AHVP
- ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$ .00

☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:  
☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

# BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_



For office use only:

Date application received:

Time application received:

By:

# COUNTERPOINT MANAGEMENT

BOSTON REHABILITATION ASSOCIATES I, 1395 COMMONWEALTH AVENUE, ALLSTON, MA 02134

Telephone: 617-566-0773 Fax: 617-487-5125

TTD/TTY 711 National Relay

1. Please print all sections in ink. Do not leave any section blank, even those which do not apply to you. Please use N/A (not applicable) if you cannot fill in a section.
2. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
3. Management will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large type, or other alternate formats. Should you need help in completing this application, please contact the rental office.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing you will be placed on a waiting list, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

Applicant Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to disclose
Citizenship Status	<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen
What is your relationship to the Head of Household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide ( <i>Live-in aides complete different application and must be approved before move in</i> )		
How did you hear about us?			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Birth			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because: <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> you were 62 as of 1/31/2010 and were receiving HUD housing assistance as of 1/31/2010			
Are you current receiving housing assistance from HUD/MassHousing/ PHA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the Head of Household or Co-head or Spouse is not 62, do you claim eligibility because the Head of Household or Co-head or Spouse is disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a student enrolled in an institution of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?			
Are you currently using marijuana for recreational or medicinal purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate each state where you have lived. <i>This is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
List Foreign Countries resided in: _____			

### **RENTAL HISTORY:**

Are you/your family currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Landlord		
Address		
Address		
City, State, Zip Code		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord trying to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #1		
Address		
Address		
City, State, Zip Code		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord trying to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

If you are the Head of Household (HOH), please complete this section which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member.

Will anyone else live in the unit with you? <i>If yes, please complete the following. If no, please skip to the next section.</i>				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
How many people will live in the unit		Adults				Minors	
Member # & Household Member's full name				Relationship to Head of Household			
2				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose					
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen					
SSN				Date of Birth			
Please indicate each state where you have lived. <i>This is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.							
List Foreign Countries resided in: _____							
Are you a student enrolled in an institution of higher education?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have ever been convicted of a crime?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both				<input type="checkbox"/> Felony		<input type="checkbox"/> Misdemeanor	
Are you required to register with any state lifetime sex offender or other sex offender registry?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, when?							
Are you currently using marijuana for recreational or medicinal purposes?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Member # & Household Member's full name				Relationship to Head of Household			
3				<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose					
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen					
SSN				Date of Birth			
Please indicate each state where you have lived. <i>This is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.							
List Foreign Countries resided in: _____							

Are you a student enrolled in an institution of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is any of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?			
Are you currently using marijuana for recreational or medicinal purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member # & Household Member's full name	Relationship to Head of Household		
4	<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
SSN		Date of Birth	
Are you a student enrolled in an institution of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?			
Are you currently using marijuana for recreational or medicinal purposes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate each state where you have lived. <i>This is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> <input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			
List Foreign Countries resided in: _____			

**Pets and Assistance/Companion Animals:** The presence of any animal must be approved before the animal is allowed to be kept in the unit in accordance with the property pet policy.

Do you plan to house an animal in the unit? ☐ Yes ☐ No

If no, please move on to the next section. If yes, please provide the following information,

Animal Type (i.e. Dog, Cat, Bird, etc.)	Breed (If applicable)	Height (measured at the withers if applicable)	Weight

Is this animal required to live in the unit to alleviate the symptoms of a disability for a household member? ☐ Yes ☐ No

**Unit Size:** The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of 2 persons per bedroom. If you request a unit size different from these standards, owner/agent is required to verify the need for a larger or smaller unit in accordance with the HUD Handbook 4350.3 Revision 1. Please indicate the unit size preference below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

<input type="checkbox"/> 1 bedroom unit		<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> 2 bedroom unit		<input type="checkbox"/> Communication Accessible Unit—Hearing
		<input type="checkbox"/> Communication Accessible Unit—Visual
		<input type="checkbox"/> Special Features: Please list below

**Income and Asset Information:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Member 1	Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hire Date			
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Do you work for yourself? (Example, Uber/Lyft driver, personal cook, housekeeper, caregiver, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what you do:			

Member 2	Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hire Date			
If yes, please provide the name and address of your present employer below.			
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Do you work for yourself? (Example, Uber/Lyft driver, personal cook, housekeeper, caregiver, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe what you do:			

How much do you expect to receive in other income in the next 12 months? Enter details below: If no income from an income source, please enter zero. **Do not leave fields blank.**

**The owner/agent will not process the application if these fields are not complete**

<input type="checkbox"/> Social Security	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Disability Benefits/SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Mass SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Veteran's Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$

<input type="checkbox"/> Workman's Compensation Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Income from a pension or annuity or other asset?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Regular contributions from organizations or from individuals not living in the unit?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Payments for Long term Care Insurance, Disability or Death Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Are you entitled to child support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Other Income including income received on behalf of a child – such as SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	\$
<input type="checkbox"/> Are you entitled to alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annual amount	\$
<input type="checkbox"/> Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annual amount	\$

#### **ASSETS**

Have you sold or given away cash, real property or other assets, valued at more than \$1000 in the past two years? This includes charitable contributions.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your benefits deposited to a Direct Express Debit Card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please provide the previous six bank statements or other documents showing average balance</i>			
Do you have a savings account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you have cash that is not deposited in an account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you have a 401K or other employment savings account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own an IRA or other retirement account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do any of your retirement accounts have a required minimum distribution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own a home or other property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own a business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own stocks/bonds/certificates of deposit (CD)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Revocable	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you own an annuity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Is there a trust fund in your name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value: Please write in 0.00, NA or None if the balance is Zero		\$	
Do you have a Safety Deposit Box?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets, stocks stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets? Deeds		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset below:			

**DEDUCTIONS:** Household annual income can be reduced based on the amount of qualified monthly expenses.

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or elderly** qualify for deductions based on out-of-pocket medical expenses for all household members. Please let us know if you have out-of-pocket expenses for the following. You will need to provide receipts for any over-the-counter medical expenses or expenses related to a service animal. Please provide copies of receipts, prescription print outs, mileage information, etc.

<input type="checkbox"/> Health Insurance (amount you pay out of pocket each year)	\$
<input type="checkbox"/> Dr. visit/medical treatments (amount you pay out of pocket each year)	\$
<input type="checkbox"/> Prescription Drugs (amount you pay out of pocket each year)	\$
<input type="checkbox"/> Over-the-counter medical expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis) (amount you pay out of pocket each year)	\$
<input type="checkbox"/> Expenses to maintain a service/companion animal (food, grooming, veterinary bills, etc. Do not include toys, treats or clothes) (amount you pay out of pocket each year)	\$
<input type="checkbox"/> Personal use items (amount you pay out of pocket each year)i.e., incontinence supplies, glasses, dentures	\$
<input type="checkbox"/> Other (amount you pay out of pocket each year)i.e., scooter, wheelchair repair	\$
<input type="checkbox"/> One-time medical expenses that have been paid in full such as costs for surgery (amount you paid)	\$
<input type="checkbox"/> Mileage to and from medical appointment	

**Disability Assistance Expense:** These are expenses that are incurred by or on behalf of a disabled family member. Because of the service or item purchased, an adult family member is able to work. The person that is able to work may be the disabled person. For example, a mother may hire a caregiver for a disabled child to allow the mother to work or a disabled adult may purchase a converted van so he/she may drive to work.

<input type="checkbox"/> Care for a disabled family member 13 years old or older which allows an adult to work	\$
Provider Name	
Disabled Member Name	
Provider Address	
City, State, Zip	
Phone	
<input type="checkbox"/> Other expenses for auxiliary aides for a disabled family member	\$

**Child care:** HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or go to work. Please indicate any child care expense for any child listed on the HUD 50059 who is 12 years of age or younger.

<input type="checkbox"/> Child care for a minor 12 years of age or younger. Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school	\$
In order to pay for child care, do you receive assistance from a person who does not live in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name	
Child(ren) Name(s)	
Provider Address	
City, State, Zip	
Phone	

## APPLICANT CERTIFICATION

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).

### Counterpoint Management/Boston Rehabilitation Associates I Disclaimer

I hereby authorize Counterpoint Management and Boston Rehabilitation Associates I to obtain a consumer report and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records licensing records, and/or any other necessary information. I hereby expressly release Counterpoint Management. and Boston Rehabilitation Associates I, and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information. I understand such information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.