

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 Explain: |
| <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 Details

- ☐ 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 AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Site Name:	<u>Hayward Landing</u>	PRELIMINARY RENTAL APPLICATION Equal Housing Opportunity Please print and fill in ALL Information. Date _____
Address:	<u>26 North Street</u>	
City, State:	<u>Douglas, MA 01516</u>	
Phone #:	<u>(508) 476-3777</u>	
Fax #:	<u>(508) 476-3187</u>	
TDD #:	<u>(800) 439-2370</u>	

APPLICATION FOR ADMISSION

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 Tel** _____

Present Address _____

street city state zip

Mailing Address (if different)	street	city	state	zip
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Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander
☐ Black(not of Hispanic origin) ☐ Hispanic
☐ White(not of Hispanic origin)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

SIZE OF APARTMENT NEEDED:

0BR	1BR	2BR	3BR	4BR	5BR	6BR
[]	[]	[]	[]	[]	[]	[]

UNIT TYPE REQUESTED:

- ☐ Market Rent
- ☐ Basic Rent
- ☐ Low Rent

Wheelchair
Adapted Unit:
☐ Yes ☐ No
Hearing/Visual
Adapted Unit:
☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. _____

Present housing cost per month \$_____ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	____	____	_____	Yes or No
Birth date (for head of household only) : _____					
2 _____	_____	____	____	_____	Yes or No
3 _____	_____	____	____	_____	Yes or No
4 _____	_____	____	____	_____	Yes or No
5 _____	_____	____	____	_____	Yes or No
6 _____	_____	____	____	_____	Yes or No
7 _____	_____	____	____	_____	Yes or No

REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone _____
Address _____

Name of Previous Landlord/Official _____ Telephone _____
Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? _____. If yes, list the household members and type of assistance being received.



Location

		per _____
		per _____
		per _____
(week, month, year)		

INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
		per _____
		per _____
		per _____
(week, month, year)		

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe: _____

3. Is your present apartment too small for your family? Yes ____ No ____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ____ No ____

If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____



Have you or any member of your household resided outside of Massachusetts? _____. If yes, please list all other states of residence for each household member. _____.

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our 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 or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

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

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

HallKeen Management acting as management agent for Hayward landing (the “Development”) 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 the Development, its employment, or in its programs, activities, functions or services.



NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

**Name of Additional Contact
Person or Organization:**

Address:

Telephone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact:

NOTE: the formal application form must include an Equal Opportunity logo and a Handicapped Access logo (where appropriate).



Consent for Release of Information

Development: Hayward Landing

Agent: HallKeen Management

Name: _____

Phone: _____

Address: _____

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date

THIS CONSENT IS VALID FOR A PERIOD OF
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.