

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 _____

JARVIS HEIGHTS APARTMENTS ASSOCIATES

MANAGEMENT OFFICE
5 Gerard Way
Holyoke, Mass 01040
Telephone (413) 532-3709
TTY to Voice 1-800-439-2370
FAX (413) 536-0454

THE FOLLOWING INFORMATION MUST BE THE APPLICATION BEFORE WE CAN PROCESS IT.

PLEASE BE SURE TO DOUBLE CHECK OUR APPLICATION SO THAT IT IS COMPLETE:

1. SOCIAL SECURITY CARD & BIRTH CERTIFICATES FOR ALL APPLICANTS.
2. ID FOR ALL APPLICANTS 18 AND OVER.
3. CURRENT INCOME SOURCE AND AMOUNT COPIES OF LAST 4 PAYCHECK STUBS.
4. PRESENT LANDLORD AND PREVIOUS LANDLORD NAME, ADDRESS AND TELEPHONE NUMBER.

**TO ALL PERSPECTIVES RESIDENTS FIRST PAYMENT MADE AT MOVE-IN MUST BE MADE IN THE
FORM OF MONEY ORDER. CASH IS NOT ACCEPTED AT ANYTIME.**

LA SIGUIENTE INFORMACION DEBE DE ESTAR EN LA SOLICITUD PARA PODER PROCESARLA.

FAVOR DE REVISAR LA SOLICITUD PARA ASEGURAR QUE LA INFORMACION ESTA CORRECTA.

1. TARJETAS DE SEGURO SOCIAL Y CERTIFICADOS DE NACIMIENTO DE TODOS LOS SOLICITANTES.
2. ID PARA TODOS LOS SOLICITANTES QUE TENGAN 18 O MAYOR.
3. COPIA DE CADA CORRIENTE INGRESO A LA CASA COMO LOS ULTIMOS 4 TALONARIOS O CUALQUIER OTRO MODO O TIPO DE INGRESO QUE SE RECIBA.
4. NOMBRE, DIRECCION Y NUMERO DE TELEFONO DE SU DUENO PRESENTE Y ANTERIOR.

**PARA TODOS LOS PERSPECTIVO RESIDENTES, EL PRIMER PAGO PARA MUDARSE TIENE QUE
SER DADO EN FORMA DE GIRO. PAGO EN EFECTIVO NO SERA ACEPTADO EN NINGUN MOMENTO.**

RENTAL APPLICATION FOR JARVIS HEIGHTS APARTMENTS



<u>Date</u>		<u>Name (First, Middle, Last)</u>			<u>SS #</u>		<u>Date of Birth</u>	
<u>Home Phone</u>		<u>Work Phone</u>		<u>Cell Phone</u>		<u>Drivers License</u>		<u>State of Issue</u>
<u>Current Address (Apt. # and Street)</u>			<u>City</u>	<u>State</u>	<u>Zip</u>	<u>How Long</u>	<u>Owned/Rented/Parent's/Student Housing</u>	
<u>Current Landlord Name</u>		<u>Apartment Name</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>	<u>Monthly Rent</u>
<u>Former Address (Apt. # and Street)</u>			<u>City</u>	<u>State</u>	<u>Zip</u>	<u>How Long</u>	<u>Owned/Rented/Parent's/Student Housing</u>	
<u>Former Landlord Name</u>		<u>Apartment Name</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>	<u>Monthly Rent</u>
<u>Current Employer Name</u>					<u>How Long</u>		<u>Monthly Gross Income</u>	
<u>Street Address</u>			<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>		
<u>Former Employer Name</u>		<u>Street Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>How Long</u>	<u>Phone #</u>
<u>Additional Income (describe source and monthly amount)</u>								
<u>Are you currently attending college (Y or N)</u>			<u>Name of College/University</u>		<u>Date of Graduation</u>		<u>Major/Minor</u>	
<u>Motor Vehicles/Make Model</u>				<u>Year</u>	<u>Color</u>	<u>License Plate #</u>		<u>State</u>
<u>Bank Name</u>		<u>Bank Address</u>		<u>Savings Account #</u>		<u>Checking Account #</u>		<u>Phone #</u>
<u>Person to Notify in Case of Emergency, Death, Incapacity, or Incarceration</u>				<u>Name</u>		<u>Relationship</u>	<u>Phone #</u>	
<u>Street Address</u>				<u>City</u>	<u>State</u>	<u>Zip</u>		
<u>Personal Reference Name</u>			<u>Street Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>
<u>Occupation</u>			<u>Relationship to Applicant</u>		<u>Phone #</u>		<u>Years Known</u>	
<u>Credit Reference Name</u>			<u>Street Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>
<u>Credit Reference Name</u>			<u>Street Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone #</u>

Have you ever been served a Notice to Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been served an Eviction Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a civil judgment entered against you or them for the collection of a debt in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed for bankruptcy or been in foreclosure? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a sexual offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you intend to possess, sell or use illicit drugs or narcotics in or about your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted for possession, use or sale of illegal substances? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Why are you moving from your current address?			

☐ 1 Bedrooms

☐ 2 Bedrooms

☐ 3 Bedrooms

LEASE CONTRACT GUARANTY

You, as Guarantor signing this Lease Contract Guaranty, guarantee all obligations of tenant(s) under the Lease Contract described below.

Date of Lease _____

Landlord's name (or name of apartment community)

Jarvis Heights Apartments

Tenant's name(s) (list all tenants on Lease Contract)

Street Address of dwelling being leased

Jarvis Heights Apartments

Unit No. _____

City/State of Dwelling **Holyoke, Massachusetts**
01040

You agree that your obligations as Guarantor will continue and will not be affected by amendments, changes, renewals or extensions of the Lease Contract which may be agreed to from time to time between tenant(s) and us. If we, as landlord of the dwelling,

delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to you, as Guarantor, you will not consider it as a waiver of our rights, as owner. All our remedies against the tenant(s) apply to Guarantor, as well. All tenants and Guarantors are jointly and severally liable. In the event the tenant(s) fail(s) to pay the rent when due, we may notify you in writing, of such failure.

You understand that we are relying on this guarantee in evaluating the application for this Lease Contract and that the following information is offered for consideration and verification. You hereby give permission to us to obtain information on your credit for the purpose of this guarantee. A facsimile signature by you on this Guaranty will be just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease Contract itself or to be named in the Lease Contract. This Guaranty does not have to be referred to in the Lease Contract.

Any time there is a change in occupancy, a new Guarantor Form will need to be completed.

Proposed Tenants: _____

Guarantor's Name: _____

Relationship to Tenant: _____

Address: _____

Phone: () _____ (include area code)

Guarantor's Employer: _____

Length of Employment: _____

Occupation: _____

Supervisor: _____

Employer's Address: _____

Zip: _____

Employer's Phone Number: () _____

Monthly Income: _____ *

(*Attach verification in form of two (2) most recent paycheck stubs, tax forms, bank or investment statements, etc.)

Guarantor's Date of Birth: _____

Guarantor's Social Security Number: _____

Guarantor's Signature

Date

Date: _____ Then personally appeared the above named _____, and acknowledged the foregoing instrument to be his/her/their free act and deed before me.

Notary Public
My commission expires on: