

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

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 designed for Environmental Allergies | |

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



Warren House

Number _____
Priorities _____
of Bedrooms _____
Race _____
Date Received _____

1600 Washington Street • West Newton, MA 02465 • (617) 527-6616

RENTAL APPLICATION

Apartments are financed by the Massachusetts Housing Finance Agency and managed by Newton Community Development Foundation. Apartments are available on in open occupancy basis.

Note: Please complete this application in its entirety. Failure to do so will result in processing delays or rejection of your application. Should you need assistance in completing this application, please contact the ADA/504 Coordinator at 617 244-4035.

Date _____
Name _____
Street Address _____
City _____ State _____ Zip Code _____
Mailing Address (if different) _____
Phone # _____

Please complete the following information about each person who will occupy this apartment. (Use reverse side if necessary)

Name	Relationship to Head of household	Date of Birth	Sex	SS#	Full-time Student
Self					
#1					
#2					
#3					
#4					

LANDLORD REFERENCES (Landlord references must be supplied for the past five years. Use reverse side if necessary.)

Dates you have lived at present address: From _____ until present
Present housing costs per month: Rent \$ _____ Heat \$ _____ Gas \$ _____ Electric \$ _____
Is your current rent subsidized? _____ If yes, amount of monthly tenant rent \$ _____

Landlord's name _____ Phone # _____
Landlord's address _____

Previous address _____
Rent \$ _____ Lived there from _____ (month/yr) to _____ (month/yr)
Landlord's name _____ Phone # _____
Landlord's address _____

Why do you want to move from your present address? _____



Managed by the Newton Community Development Fund, Inc. • (617) 244-4035



EMPLOYMENT

Name of person employed _____

Present employer's name, address and phone _____

Gross annual wages \$ _____ Employed since _____

If employed less than one less than one year, please provide information about previous employer:

Name, address and phone # _____

Gross annual wages from previous employment \$ _____

If other members of the household are employed, please complete the following information (*use reverse side if necessary*)

Name of person employed _____

Name, address and phone of present employer _____

Gross annual wages \$ _____ Employed since _____

STUDENT STATUS

Is the head of household currently a full-time student? _____

If yes, what school do you attend? _____

Is the full-time student married and filing, a joint tax return? Yes _____ No _____

Is the full-time student a TAFDC recipient?
(Transitional Assistance for Families with Dependant Children) Yes _____ No _____

Is the full-time student enrolled in a job training program and receiving
assistance under the Job Training Partnership act? Yes _____ No _____

Is the full time student a single parent living with his/her
minor child who is not a dependant on another's tax return Yes _____ No _____

OTHER SOURCES OF INCOME

	Name of Person(s) receiving benefits	Gross amount per month
Social Security/SSI	_____	_____
Address	_____	_____
Public Assistance	_____	_____
Address	_____	_____
Veterans Benefits	_____	_____
Address	_____	_____
Unemployment Benefits	_____	_____
Address	_____	_____
Pension Benefits	_____	_____
Address	_____	_____
Alimony/Child Support	_____	_____
Address	_____	_____
Workman's compensation	_____	_____
Address	_____	_____

ARE YOU OBLIGATED TO PAY

Child support _____ amount \$ _____ Explain _____

Alimony _____ amount \$ _____ Explain _____

Child care expenses _____ amount \$ _____ Explain _____

Unreimbursable medical expenses _____ amount \$ _____ Explain _____

Medical living expenses for a person riot living with you _____ amount \$ _____ Explain _____

ASSETS

Bank accounts	Bank name and address	Account #	Balance
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Savings	_____	_____	_____
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Checking	_____	_____	_____
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Money Markets/CDs/	_____	_____	_____
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Mutual Funds	_____	_____	_____
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Have you sold a home within the last two years? _____

If yes, selling price \$ _____ Market value \$ _____

Do you presently own a home? _____ Monthly mortgage \$ _____

Market value \$ _____

Monthly utilities \$ _____

REFERENCES

Credit: Please list firms with which you now have or formerly had credit

Company	Address	Account #	Amount owed
---------	---------	-----------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal: Please list the names, addresses, and telephone number of at least 3 persons other than relative. You may include your doctor, former employer or co-workers, your clergyman, friends, etc.

Name and address	Telephone #	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any pets? _____ What kind? _____

Do you own a car? _____ Make/model /year _____

Registration _____

How did you hear about Warren House? _____

RACE: This information is optional. The information will be used only for the affirmative marketing program as required by federal and state laws

Black _____ Hispanic _____ Native American _____ Asian _____ White _____ Other (Specify): _____

NEED PRIORITIES

ARE YOU: (If yes please explain)

WLI A current resident of Warren House who is overhoused? YES___ NO ___
Explain _____

WL2 A current resident of Warren House who is paying over 50% of income for rent'
Explain _____

WL3 A current resident of Warren House who is overcrowded? YES___ NO ___
Explain _____

WL4 Are you displaced from housing due to:
A.

- natural disaster such as fire or flood?
- public action such as eminent domain?
- withdrawal of home from rental market?
- actual or threatened physical violence directed by a member of applicant household?

YES ___ NO ___ Explain _____

B. Are you presently living in substantially substandard living conditions?

YES ___ NO ___ Explain _____

This category is also applicable if applicant or a member of applicant's household has a disability and is in need of an accommodation to have an equal opportunity to live in their current unit, but whose landlord is not obligated by law to provide such an accommodation.

C. Are you paying more than 50% of your income for rent"? YES ___ NO ___
Explain _____

D. Are you presently living in overcrowded conditions YES ___ NO ___
Explain _____

E. Are you an applicant whose situation does not fit any of the preceding priorities?
YES ___ NO ___ Please explain any special circumstances _____

I hereby certify that the information that I have provided in this application is true and complete to the best of my knowledge and I understand that it is a CRIMINAL OFFENSE to make WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS ON THIS RENTAL APPLICATION. I acknowledge and understand that this application constitutes my request for an apartment. It DOES NOT constitute a lease or a promise by the Owner or Agent that an apartment will be made available to me I give my consent to the Newton Community Development Foundation to obtain a consumer report and to contact all references on this application and verify all information contained in this application 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, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release Newton Community Development Foundation and any other procurer or furnisher of information from any liability what-so-ever in the use, procurement or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies.

NCDF does not discriminate on, the basis of Race, Color, Religion, National Origin, Sex, Sexual Orientation, Age, Children. Ancestry, Marital Status, Veteran History, Public Assistance Reciprocity or Mental/Physical Disabilities.

Signatures:

Head of Household _____ Date _____

Spouse _____ Date _____