

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 A SINGLE 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:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit for Environmental Allergies
- ☐ 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 MAILING ADDRESS)

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED 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:

Trinity Village
283 Grove Street
Brockton,MA 02302
Tel: (508) 587-1030



Rental Application

Date of Application _____

Applicant	
Applicant Name _____	
Applicant Address _____	

Applicant Social Security # _____	
Applicant Date of Birth _____	
Applicant Telephone # _____	

Co-Applicant	
Co-Applicant Name _____	
Co-Applicant Address _____	

Co-Applicant Social Security # _____	
Co-Applicant Date of Birth _____	
Co-Applicant Telephone # _____	

Applicant Current Landlord Information	
Current Address _____	

Length of Time at Current Address _____	
Current Landlord _____	
Current Landlord Address _____	

Current Landlord Telephone _____	

Prior Landlord Information	
Prior Address _____	

Length of Time at Prior Address _____	
Prior Landlord _____	
Prior Landlord Address _____	

Prior Landlord Telephone _____	

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

Employment		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Sources of Other Income		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Assets		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferences		
Do you qualify for the following MassHousing Preferences?		
a) 1 st Priority: Homelessness due to Displacement by Natural Forces	Yes_____	No _____
b) 2 nd Priority: Homelessness due to Displacement by Public Action (Urban Renewal)	Yes_____	No _____
c) 3 rd Priority: Homelessness due to Displacement by Public Action (Sanitary Code Violations)	Yes_____	No _____
d) 4 th Priority: Involuntary Displacement by Domestic Violence	Yes_____	No _____
Before being granted a preference, you will be given the opportunity to show that you qualify for these preferences.		

Emergency Contact	
Name _____	Relationship _____
Address _____	Telephone _____

Rental Application

Page 2

Questionnaire

How many people will be residing in the apartment? _____

What unit size do you require? _____

Have you or a member of your household ever been charged with a crime? Yes _____ No _____

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes _____ No _____

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes _____ No _____

Are you, or any member of your household, subject to a State lifetime sex offender registration in any state? Yes _____ No _____

Has your housing assistance in a subsidized housing program ever been terminated? Yes _____ No _____

List all the states that you and all the members of your household have ever lived in _____

The Department of Housing and Urban Development (HUD) requires **Weston Associates Management Co., Inc.** as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor **Weston Associates Management Co., Inc.’s** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

_____ White/Non-Minority

_____ Hispanic

_____ Black

_____ Native American/Alaskan Native

_____ Asian/Pacific Islands

_____ I do not wish to furnish this information

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here. ____Yes ____No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

Applicant’s Signature/Head of Household

Date

Co-Applicant’s Signature/Co-Head of Household

Date

