

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

Head of Household or Co-Head MUST have a mobility impairment to apply.

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired 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

If yes, name the agency providing the voucher:

- ☐ 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 Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____



Rental Application for

New Horizons

20 Benson Avenue

Worcester, MA 01605

(508) 852-2711 / TTY (978) 630-6754

For Internal Use Only

Date Received _____

Time Received _____

If you have a disability and as a result of your disability you need a reasonable accommodation in order to participate in the application process, you have the right to request such an accommodation. Contact the Management Office above.

1) HOUSEHOLD COMPOSITION:

Complete the following information for each member of your family (including yourself) who will be occupying the unit. (All household members must provide Birth Certificates and Social Security Cards prior to admission)

Household Member Name	Social Security Number*	Date of Birth	Gender	Marital Status	U.S. Military Veteran	Relation to Head
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	

***If you have no Social Security Number, you claim you are exempt because:**

☐ You are an ineligible non-citizen. ☐ You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10.

2) Are any of the household members listed in Question 1, a person with disabilities requiring the features of a mobility impaired/accessible unit? YES ☐ NO ☐ If YES, you will be required to verify this prior to acceptance.

3) Are all household members U.S. Citizens or Non-Citizens with Eligible Immigration Status? YES ☐ NO ☐

If NO, list household member(s) with Ineligible Immigration Status: _____

4) Are any household members listed above a student enrolled in an institute of higher education? YES ☐ NO ☐

5) CURRENT CONTACT INFORMATION:

PRESENT ADDRESS:		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above):		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	Email Address		

6) Are any household members temporarily absent from the home? YES ☐ NO ☐ If YES, explain _____

7) RENTAL HISTORY (5 years required): Please attach separate sheet, if necessary.

From _____ to <u>Present</u>			
Address: Street _____		City _____	State _____ Zip _____
Landlord Name: _____		Phone: _____	
Address: Street _____		City _____	State _____ Zip _____
Reason for Leaving: _____			

From _____ to _____			
Address: Street _____		City _____	State _____ Zip _____
Landlord Name: _____		Phone: _____	
Address: Street _____		City _____	State _____ Zip _____
Reason for Leaving: _____			

From _____ to _____			
Address: Street _____		City _____	State _____ Zip _____
Landlord Name: _____		Phone: _____	
Address: Street _____		City _____	State _____ Zip _____
Reason for Leaving: _____			

- 8) Are you currently receiving housing assistance from HUD or a PHA? YES ☐ NO ☐
- 9) Has any household member listed in Question 1 ever been EVICTED? YES ☐ NO ☐
If YES, explain _____

- 10) Has any household member listed in Question 1 ever been CONVICTED of a crime? YES ☐ NO ☐
If YES, indicate if the conviction(s) was a felony, misdemeanor or both: ☐ Felony ☐ Misdemeanor ☐ Both
- 11) Are any household members listed in Question 1 currently using marijuana? YES ☐ NO ☐
- 12) Are you or any member of the household required to register with any state lifetime sex offender or other sex offender registry? YES ☐ NO ☐ If YES, list household member(s) _____
- 13) Please indicate **each STATE** in which **any household member listed in Question 1** has lived:
☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA ☐ KS
☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☐ NM
☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VA
☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington DC

14) INCOME:

a) Is anyone listed in Question 1 Employed? YES ☐ NO ☐ If YES, please specify:

Household Member	Employer Name	Employer Address	Employer Phone
How much employment income do you expect to receive in the next 12 months?			\$
How much employment income do you expect to receive in the next 12 months?			\$

b) How much do you expect to receive in **other income** in the next twelve months?

Gross Per Month	Applicant	Co-Applicant
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly SSI? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly SSP? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Express Debit Card	\$	\$
Monthly Pension/Retirement? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Veterans Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Unemployment? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Workmen's Comp? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Public Assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Monthly Alimony? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	\$
Regular contributions from organizations or individuals not living in the unit?	\$	\$
Regular Contributions from family for rent, child care or other bills?	\$	\$
Other (Specify: _____)	\$	\$

c) Does anyone listed in Question 1 have Business Income? YES ☐ NO ☐

If YES, *Net Income of Business \$_____ *Net Income is gross income less business expenses.

d) Is anyone listed in Question 1 Self-Employed? YES ☐ NO ☐ If YES, Annual Income \$_____

15) ASSETS:

a) Does anyone listed in Question 1 have Checking, Savings and/or Certificate of Deposit (CD) Accounts?

YES ☐ NO ☐ (This includes E-payment accounts, Direct Express Debit Cards and Debit Cards)

Owner of Account	Bank Name	Account #	Account Type	Balance
				\$
				\$
				\$
				\$

b) Does anyone listed in Question 1 have a 401K, IRA or other retirement account? YES ☐ NO ☐

If YES, Current Value \$_____

Do any of the retirement accounts have a Required Minimum Distribution? YES ☐ NO ☐ \$_____

c) Does anyone listed in Question 1 own a Mutual Fund? YES ☐ NO ☐

If YES, Current Value \$_____

d) Does anyone listed in Question 1 own Stocks/Bonds/Treasury Bills? YES ☐ NO ☐

If YES, Current Value \$_____

e) Does anyone listed in Question 1 own an Annuity? YES ☐ NO ☐ If YES, Current Value \$ _____

f) Does anyone listed in Question 1 have a Safety Deposit Box? YES ☐ NO ☐

Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.? YES ☐ NO ☐

g) Does anyone listed in Question 1 have a Life Insurance Policy? YES ☐ NO ☐

Whole ☐ Term ☐ Universal ☐ Current Value \$ _____

h) Does anyone listed in Question 1 own a home or other real estate? YES ☐ NO ☐ If YES, please specify:

Type _____ Current Value \$ _____

i) Does anyone listed in Question 1 have any OTHER assets? YES ☐ NO ☐ If YES, please specify:

Type _____ Current Value \$ _____

Type _____ Current Value \$ _____

16) Has anyone listed in Question 1 sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years? YES ☐ NO ☐

If YES, please specify: Type of Asset _____ Date Disposed _____

Dollar Amount Received \$ _____ Market Value \$ _____

17) **MEDICAL EXPENSES:** Households in which the **head-of-household, co-head or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any household members have out-of-pocket expenses for the following:

Health Insurance - 1 - monthly premium	\$
Health Insurance - 2 - monthly premium	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Over-the-Counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (i.e., aspirin to treat a heart condition or calcium suppl. to treat osteoporosis)	\$

If the **head-of-household or co-head/spouse is not 62 or older**, do you claim eligibility because the head-of-household or co-head/spouse is disabled? YES ☐ NO ☐

18) PETS & SERVICE/ASSISTANCE ANIMALS

Do you plan to house an animal in the unit? YES ☐ NO ☐ If YES, specify:

Animal Type	Breed	Height	Weight

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?

YES ☐ NO ☐

19) Please provide three (3) professional/character references (other than family or friends):

Name	Address	Phone

20) How did you hear about our property? _____

21) Bedroom Type Requested:

One Bedroom ☐

Two Bedroom ☐

One or Two Bedroom ☐

22) *Ethnicity (please choose only one): Hispanic or Latino ☐

Non-Hispanic or Latino ☐

23) *Race/national origin (please choose one or more):

White ☐

Black/African American ☐

American Indian or Alaskan Native ☐

Asian ☐

Native Hawaiian or Pacific Islander ☐

Other ☐

*The information regarding ethnicity, race, national origin, and sex designation solicited on this application are requested in order to assure the Federal Government, acting through the US Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against applicants/tenants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

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 and any owner (or any employee of HUD 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 willingly 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 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).

25) APPLICANT CERTIFICATION

By signing this document, I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/agent to verify all information provided on this application and to contact previous or current landlords or sources of credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and will make me/us ineligible for an apartment.

DATE

HEAD OF HOUSEHOLD SIGNATURE

DATE

CO-HEAD/SPOUSE SIGNATURE

PROPERTY MANAGED BY

RCAP *Solutions*
Resources for Communities And People

www.rcapsolutions.org



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