

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

- ☐ 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 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 _____

Morgan Square / Armoury Commons

15 Taylor Street

Springfield MA 01103

Pre- Application rental information

There is a \$30.00 processing fee for all applicants, with an additional \$7.00 fee for out of state applicants. The following is general information and eligibility requirements.

Rental History:

- Minimum of 3 years of verifiable rental history.
- First time renter: In lieu of rental history two (2) written personnel letters if recommendations.
- No eviction proceedings.

Credit Check:

- Positive credit history via two of the three major credit-reporting se Criminal History
- Positive criminal history for the past five (5) years.

Income Qualifications:

Minimum annual income requirements of the following: (excluding Section 8 holders)

| | | |
|-------------------------|----------------|-------------|
| Studio | | \$22,000.00 |
| • One (1) bedroom three | (3) rooms | \$24,000.00 |
| • One (1) bedroom four | (4) rooms | \$26,000.00 |
| • Two (2) bedroom four | (4) rooms | \$29,000.00 |
| • Two (2) bedroom five | (5) rooms | \$32,000.00 |
| • Two (2) bedroom five | (5) rooms plus | \$34,000.00 |
| • Three (3) bedroom | | \$36,000.00 |

Other rental Information:

1. Heat and hot water are included in the monthly rate.
2. A one (1) year lease is required.
3. A Security Deposit equal to one month's rent is required in advance.
4. Deposits are non-refundable they will be applied to your balance if approved.
5. No pets are all allowed.
6. This form can and will be used in the collection of any monies due to: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.
7. This form can and will be sent to any agency providing collection services for: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

Thank You for submitting your application for an apartment home here at Armoury Commons/ Morgan Square. We are committed to making your living environment a pleasant one.

Sincerely,

Management of Arnoury Commons and Morgan Square

applicants initials: _____

Rental Application

Morgan Square/Armoury Commons

15 Taylor Street, Springfield MA 01103
413-739-9629 fax: 413-746-5532

*First Name: _____ * Last Name: _____ *Middle: _____
*Social Security #: _____ Date of Birth: _____ Optional
*Address: _____ *City: _____ * State: _____ *Zip: _____
(Length of Tenancy) _____ *Home: # _____ *Work #: _____
Present Landlord: _____ *Home: # _____ *Work #: _____
Previous Address *(if less than 2 years ago): _____ *City: _____ *State: _____ *Zip: _____
Previous: _____ *Home: # _____ *Work #: _____
Number of People Moving in to Unit: _____ Adults _____ Children: _____
All tenants over the age of 18 require individual applications & credit reports.
A national criminal report is carried out on every application.

EMPLOYMENT

*Present Employer: _____ Phone #: _____
*Address: _____ *City: _____ *State: _____ *Zip: _____
Position: _____ Supervisor: _____
Length of Employment: _____ Income: _____ Week/Month/Year
Previous Employer _____ Phone #: _____
Length of Employment: _____ Income: _____ Week/Month/Year
A national criminal report is carried out on every application.

Do you have a section 8: _____
Your certificate is for how many bedrooms? _____
Who is your leasing officer? _____
Where is your section issued from? _____
Have you give your present landlord a written 30 day notice? _____

Office Information

Apartment interested in: _____
Rent Begins at \$ _____ Length of Lease (start & Finish date) _____ Pets _____
Names of All Co-Tenants: _____
Names & Ages of Minor Children: _____

\$30/\$37 Credit Check Fee Received: Yes or No _____
\$100 Holding deposit Received: Yes or No _____ Non-refundable if approved, applied to amounts due.

Equal Housing Opportunity

This form can and will be used in the collection of any monies due to: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

This form can and will be sent to any agency providing collection services for: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

Other Income Sources

| Type of Income | Source Bank | Gross Annual Income |
|----------------|-------------|---------------------|
|----------------|-------------|---------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever been evicted from your home for any reason? If so, please give explanation/details:

Have you ever been arrested or convicted of any crime? If so, please give explanation/details:

Relatives/Emergency contacts (Not residing with you):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Applicant Car Description:

| Model | Make | Year | Plate # | Note: |
|-------|------|------|---------|-------|
|-------|------|------|---------|-------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

How did you hear about us?

_____ Advertisement _____

_____ Printed Ad _____

_____ Website _____

_____ Friend, Family member of Co-worker? **Please provide name** so that we may thank them.

Referred by: **the HousingWorks.net website**

Base rent and other monthly charges are due and payable on the first day of each month in advance management shall not make any inquiry concerning race, religious creed, color, national origin, sex sexual orientation, age (except if minor), ancestry or marital status of the application or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the management and or rental agency to obtain or cause to be prepared a consumer credit report and criminal background report relating to the applicant.

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Neither the owner nor the management is responsible for the loss of personal belongings, caused by fire, theft, smoke, and water or otherwise, unless caused by their negligence.

Signature

Date

Authorization

I/We hereby authorize Waterford Morgan LC/Waterford Hamden LLC and its staff or authorized representative to contact agencies, local police departments, office, groups or organizations to obtain and verify all information or materials which are deemed necessary to determine my/our eligibility for housing.

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Tenant/Applicants Signature

Co-Tenant/Applicant

Date: _____

Date: _____

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a lease agreement in the usual for, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein is not true.

Deposit is to be applied to actual damages sustained by the owner. This application and deposit are taken subject to previous applications.

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Signature of applicant

Date

Signature of Applicant

Date

Apartment of interest: _____

Base Rent per month _____ .00

Other monthly charges: _____
(Parking, storage, etc.)

Application Fee _____ .00 Date Paid ____/____/____

Holding Deposit _____ .00 Date Paid ____/____/____
(Holding Deposit is non-refundable, will be applied to your balance if approved.)

Security Deposit _____ .00 Date Paid ____/____/____

Balance Due upon acceptance: \$ _____ .00