

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.

Fold on this line

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

- ☐ 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 _____



200 RESERVOIR STREET, SUITE 200 · NEEDHAM, MA 02194-3146
TEL (617) 448-7887 · FAX (617) 449-8003 · TDD # (800) 439-2370

APPLICATION FOR HOUSING AT BETHANY HILL SCHOOL, INC.

Name: _____ Soc. Sec. #: _____

Address: _____

City/Town _____ Zip: _____

Telephone #- (Days) _____ (Evenings) _____

What size apartment are you applying for?

_____ Studio _____ 1 BR _____ 2BR _____ 3BR _____ 4BR

_____ Do you have a car?

_____ Do you have a pet?

_____ Do you require a unit it adapted for wheelchairs?

_____ Do you require a unit adapted for the sensory impaired?

_____ Do you have a section 8 or other rental subsidy?

How did you hear about this property? **via the HousingWorks.net website**

(1) HOUSEHOLD INFORMATION

Please complete the chart below, starting with yourself on the first line, listing all other persons who will live with you in the apartment.

Name	Date of Birth	Sex	Social Security Number	Relation to Head of Household
				Head of Household

(2) HOUSING HISTORY (last 5 years - include shelters, if applicable)

PRESENT ADDRESS _____

Length of time at present address From _____ to Present Day

Reason for leaving _____

Present landlord's name _____

Present landlord's Phone _____

Present landlord's Address _____

Monthly rent _____ Monthly fuel and electric costs _____

PREVIOUS ADDRESS

Dates at this address: From _____ to _____

Reason for leaving _____

Landlord's name _____

Landlord's Phone _____

Landlord's Address _____

Monthly rent _____ Utilities Cost _____

PREVIOUS ADDRESS

Dates at this address: From _____ to _____

Reason for leaving _____

Landlord's name _____

Landlord's Phone _____

Landlord's Address _____

Monthly rent _____ Utilities Cost _____

If more space is required, please attach a separate page.

(3) INCOME AND ASSETS

Our housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income which may include, but not be limited to: Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker's Compensation.

PLEASE PROVIDE DOCUMENTATION FOR ALL INCOME SOURCES.

Income Source and Address	Gross Amount
Employer: _____	
Contact Name: _____	
Phone # _____	

List all checking and savings accounts. IRAs. Keoughs, and Certificates of Deposit below

Family member	Bank Name/Address	Current Balance

Do you own any Stocks and Bonds?

Yes No *If yes, describe on separate page.*

Do you own Real Estate?

_____ Yes _____ No

(4) CREDIT REFERENCES

Please list any outstanding debts

Creditor	Account Number	Amount Owed
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(5) PROGRAM INFORMATION

Formal education: highest grade achieved by *applicant* and *co-applicant*

NAME	GRADE
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Please list your educational/program goals and organizations through which you are working to achieve them:

PERSONAL AND PROGRAM REFERENCES:

NAME	RELATIONSHIP	PHONE
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Is there any additional information you would like us to know about your situation?

(6) ELIGIBILITY FOR PREFERENCE STATUS

Are you currently a resident of Framingham? _____ Yes _____ No

Have you been a resident of Framingham in the past? _____ Yes _____ No

(7) RACE/NATIONAL ORIGIN

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished

_____ White/Non-Minority _____ Black _____ Hispanic _____ Asian

_____ American Indian/Native American _____ Other

_____ I do not wish to furnish the above Information

(8) APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give Maloney Properties, Inc. authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

Applicant's Signature

Date

Co-Applicant's Signature

Date

**Managed by; Maloney Properties, Inc.
200 Reservoir Street
Suite 200
Needham, MA 02194
(617) 449-7887**

27 Mica Lane, 3rd Floor · Wellesley, MA 02481-1707
TEL: (781) 943-0200 · FAX: (781) 237-5078 · Mass Relay: 1-800-439-2370



Maloney Properties, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for housing at the following:

APPLICANT FOR HOUSING RELEASE OF INFORMATION

Property Name: **Bethany Hill School**

I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature: _____

**APPLICANT INFORMATION
(PLEASE PRINT)**

Last Name First Name Middle Name

Maiden Name or Alias (if Applicable)

Date of Birth Social Security Number

Street

City, State, ZIP

.....
FOR CRIMINAL HISTORY SYSTEMS BOARD AND PROPERTY MANAGER ONLY

Please type the following applicant information:

Last Name First Name Middle Name

Maiden Name or Alias (if Applicable)

Date of Birth Social Security Number

Requested by _____
Signature of CORI Authorized Employee

+++++
CHSB USE ONLY

Record Attached [] No Record []

AUTHORIZATION RELEASE FORM



I, _____ do hereby authorize Bethany Hill School and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials deemed necessary to complete my application process.

Further, I release Bethany Hill School and its staff to discuss with these agencies, offices groups or organizations matters which relate to my participation in the Bethany Hill School program, when and if they feel it pertinent.

This would include information on income, employment and program participation. It is my understanding that Bethany Hill School is requesting this release to assist them, only for the processing of my application and the monitoring of my status as a resident or applicant of the Bethany Hill School program.

Signed _____ Date _____

Bethany Hill School Staff _____