

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:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ 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 designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

BROOKSIDE PARK - HALLKEEN MANAGEMENT

Preliminary Rental Application

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE OF APPLICATION _____	
PROPERTY NAME:	BROOKSIDE PARK
Please return completed application to:	
ADDRESS:	BROOKSIDE PARK – HallKeen Management 155 Maynesboro Street Berlin, NH 02570
PHONE #:	603-752-4004
FAX #:	603-752-4552
EQUAL OPPORTUNITY HOUSING	

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Telephone # _____

Present Address _____

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

0BR	1BR	2BR	3BR	4BR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU REQUIRE AN ADAPTED UNIT FOR:

Mobility: ☐ Yes ☐ No

Hearing: ☐ Yes ☐ No

Vision: ☐ Yes ☐ No

UNIT TYPE REQUESTED: ☐ Market Rent ☐ Basic Rent ☐ Low Rent

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? [] Yes [] No If yes, please explain:

Present Housing Cost Per Month \$_____ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

Do You Own Any Pets? _____

What are the reasons for moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1_____	Head of Household	____	____	_____	Yes No
2_____	_____	____	____	_____	Yes No
3_____	_____	____	____	_____	Yes No
4_____	_____	____	____	_____	Yes No
5_____	_____	____	____	_____	Yes No
6_____	_____	____	____	_____	Yes No
7_____	_____	____	____	_____	Yes No
8_____	_____	____	____	_____	Yes No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters. If you have had more than two landlords within the past five (5) years, please list them on the reverse side.

1) Previous Address _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____ Date: _____
From-To

2) Previous Address _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____ Date: _____
From-To

From-To

3) Previous Address _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____ Date: _____
From-To

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

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

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____ (week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____ (week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain.

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____

If so, please describe _____

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

CREDIT REFERENCES

Name: _____ Tel # _____ Acct # _____

Address _____

Name: _____ Tel # _____ Acct # _____

Address _____

Name: _____ Tel # _____ Acct # _____

Address _____

CHARACTER REFERENCES

(Do not use family members. Use employer – former/present/ teacher, neighbor, etc.)

Name of Character Reference: _____ Telephone #: _____

Address: _____

Name of Character Reference: _____ Telephone #: _____

Address: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ Yes

☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS		
Are any full-time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **Consumer Credit Report and a Criminal Offenders Record Information (CORI) report will also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



OWNER'S SUMMARY OF FAMILY

ATTACHMENT 10

Mrb. No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth	Declaration				Date Verified
						1	2	3	4	
HoH										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Declaration Legend: 1 – Citizen/National 3 – All other noncitizens
 2 – Noncitizen tenant 62 or older 4 – Not contending eligibility

•

NAME: _____
ADDRESS _____

- Child Care Expenses
- Criminal Activity (CORI)
- Courts.
- Family Composition
- Law Enforcement Agency
- Credit Bureau
- Veteran's Benefits
- Federal, State, or Local Benefits
- Banks, Credit Unions
- IRAs, CDs, 401K, 403b
- Employment
- Self Employment
- Unemployment Compensation
- Pensions
- Annuities
- Social Security
- Supplemental Security Income
- State Welfare Agencies
- State Employment Security Agency
- Workman's Compensation
- Health & Accident Insurance
- Interest, Dividends
- Financial Institutions, Brokerages
- Mutual funds
- Alimony, Child Support
- Other income – regular gifts or allowances from another person
- Commissions, Tips, Bonuses
- Landlords, Rental History
- Identify & Marital Status
- Handicapped Assistance Expenses
- Medical Insurance Premiums
- Un-reimbursed Medical Expenses
- School & College Tuition Fees

Thank you for your assistance and cooperation.

Head of Household
Date

Spouse	Date
--------	------

Other Adult Member _____ Date _____

Other Adult Member _____ Date _____

TENANT CONSENT (CRIMfNAL HISTORY)

The undersigned applicant(s) and co-signer(s) hereby consent to allow [name of property] ("owner"), itself or through its designated agents or employees, to obtain a consumer report and criminal record information, on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Applicant/Co-signer

Date

Applicant/Co-signer

Date

Applicant/Co-signer

Date

Applicant/Co-signer

Date

430697/4 (vet. 8/01)

HallKeen Management
Brookside Park Apartments
155 Maynesboro Street, Berlin, NH 03570
Tel: 603-752-4004 Fax: 603-752-4552

APPLICANT/TENANT CONSENT

The undersigned applicant(s) and co-signer(s) hereby consent to allow [name of property] ("owner"), itself or through its designated agents or employees, to obtain a consumer report on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us We also agree and understand that owner and its agents and employees may obtain additional consumer reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Applicant/Co-signer

Date

Applicant/Co-signer

Date

Applicant/Co-signer

Date