

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**
Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use *cursive*.
2. The adult completing this application is considered the *Head of Household*.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN? ☐ Yes ☐ No **DATE OF BIRTH** **NODE ID** **GENDER**

We will reject all applications with a partial SSN or ITIN Y Y Y Y - M M - D D Office will enter this F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit ☐ Bathroom modifications ☐ Vision Impaired Unit ☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor) ☐ Hearing Impaired Unit ☐ Domestic Violence Victim

☐ First-Floor unit only ☐ Unit designed for Environmental Allergies ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION: **ANNUAL INCOME** **DOCUMENTED DISABILITY?**

← # Adults ← # Children ← Total # in Household \$.00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake

☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS ☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BEDROOMS NEEDED→ NONE OF THESE PRIORITIES and PREFERENCES APPLY TO GRANT MANOR



☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate

☐ Victim of Hate Crime ☐ Community Based Housing

Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____

Quabbin Estates Apartments

41 Church Lane
P.O. Box 201
Wheelwright, MA 01094
Phone 413-477-6496
TDD # (800) 439-2370

Dear Applicant:

Thank you for your recent inquiry for the Quabbin Estates apartment community. Please fill out all the required paperwork. We have put down the basic requirements in Hopes that it will make the application process easier and we will be able to process your application in a timely manner.

Please fill out the application form with no questions unanswered. If the question does Not pertain to you please put N/A or draw a line through the space.

Please include all projected income on the application so we can qualify you for income Eligibility. This includes the income of all people who live in the apartment.

Please sign the applicant authorization which gives us permission to perform a credit and criminal check which is part of the application process. Return this form with the application and be sure that everyone over 18 in your household has signed a separate form.

In addition, you must provide us with a **government issued form of identification.** (Photo ID)

Please sign the verification forms for prior landlord reference for at least two prior Landlords. **Please return with your application. We will mail references from our office.**

Should you have any questions, please contact us so that we can help you through this process. We are looking forward to processing your application as rapidly as possible and sincerely hope we can assist you in your housing needs.

Sincerely.

Lori Johnson, Manager



"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER."

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis for race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, and 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer."



OFFICE USE ONLY

Date of Application: _____

Time of Application: _____

Quabbin Estates41 Church LaneWheelwright, MA 01094Office Phone #(413) 477-6496TDD# 1-800-439-2370**RESIDENTIAL RENTAL APPLICATION**

Type and Size of Unit Wanted _____

Desired Move-In Date _____

PERSONAL INFORMATION

Applicant's Full Name _____

List All Residents That Will Reside in Unit:

<u>Name</u>	<u>Social Security #</u>	<u>D.O.B.</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			_____

Does anyone live with you now who is not listed above? ☐ Yes ☐ NoDoes anyone plan to live with you in the future not listed above? ☐ Yes ☐ No

If you answered yes to either question, please explain. _____

PRESENT ADDRESS _____

Present Telephone _____ Length of Time at This Address _____

Landlord _____ Telephone _____

Landlord Address _____

Amount of Rent _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Length of Time at This Address _____

Landlord _____ Telephone _____

Landlord Address _____

Amount of Rent _____ Reason for Moving _____

g:\annmarie\alice\qe\residential rental application

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OPPORTUNITY

EMPLOYMENT INFORMATION**HEAD OF HOUSEHOLD PRESENT STATUS:**Employed: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Retired ☐ Student

Employed by: _____

Address: _____

Telephone: _____ Position Held: _____

Department: _____ Supervisor: _____

Present Income: \$ _____ per _____

CO-RESIDENT'S EMPLOYMENT:Employed: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Retired ☐ Student

Employed by: _____

Address: _____

Telephone: _____ Position Held: _____

Department: _____ Supervisor: _____

Present Income: \$ _____ per _____

IF STUDENT, LIST SCHOOL: _____

Address of School: _____

Present Grade Level: _____ Expected Date of Graduation: _____

BANKING/CREDIT/ PERSONAL REFERENCES

BANK: _____

Branch Address: _____

Account #: _____ ☐ Checking Account #: _____ ☐ LoanAccount #: _____ ☐ Savings Account #: _____ ☐ CD

BANK: _____

Branch Address: _____

Account #: _____ ☐ Checking Account #: _____ ☐ LoanAccount #: _____ ☐ Savings Account #: _____ ☐ CD

CREDIT REFERENCE: _____

Address: _____ Account #: _____

CREDIT REFERENCE: _____

Address: _____ Account #: _____

PERSONAL REFERENCE: _____

Address: _____ Phone #: _____

PERSONAL REFERENCE: _____

Address: _____ Phone #: _____

ASSET INCOME

List Value of Current Assets: _____

Approximate Yearly Asset Income: _____

DO YOU HAVE ANY ASSETS DISPOSED OF WITHIN THE PAST TWO YEARS? ☐ Yes ☐ No

Type	Amount Disposed for	Date Disposed
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

NUMBER OF VEHICLES (including company cars) _____
 Make/Model _____ Year _____ Color _____ Tag _____ State _____
 Make/Model _____ Year _____ Color _____ Tag _____ State _____
 Applicant's Drivers License #: _____
 Co-Resident's Drivers License #: _____
 Do you own pets? _____

The Fair Housing Amendment Act of 1988 now prohibits rental agencies from determining if an applicant is handicapped, disabled or capable of independent living. Therefore, it is the applicant's responsibility to request the following if applicable. I request:

1. \$400 disability or handicap adjustment to income _____
 (Please realize eligibility must be verified.)
2. A handicap accessible unit _____
3. Reasonable accommodations to unit _____

Approximate attendant care & auxiliary apparatus expense: _____
 To whom paid: _____ Amount paid: \$ _____

Approximate yearly out-of-pocket medical expense: _____

Approximate yearly childcare expense: _____
 To whom paid: _____ Amount paid: \$ _____

Are you being evicted? ☐ Yes ☐ No If yes, explain: _____

Are you being displaced? ☐ Yes ☐ No If yes, explain: _____

Are you legally capable of entering into a lease agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the ability to pay your rent in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the ability to respect the rights and property of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently an illegal abuser or addict of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you been convicted of the illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No

Have you, or any member listed on this application, been involved in any criminal activity?

☐ Yes ☐ No If yes, please explain: _____

Does your tenancy pose a "direct threat to the health or safety of others"? ☐ Yes ☐ No

Do you currently have any outstanding debts? ☐ Yes ☐ No

If yes, please explain: _____

Have you filed bankruptcy in the last three years? ☐ Yes ☐ No

If yes, please provide date: _____

I/We certify that the housing I/we occupy is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location.

I/We certify that the information in this application is true to the best of my/our knowledge. I/We understand that any false information given is punishable under Federal laws.

I/We authorize Residential Management to verify all information provided in this application in order to determine my/our eligibility for housing.

The undersigned applicant(s) hereby authorize(s) Residential Management Corporation and any credit or consumer reporting agency or bureau employed by it to make a consumer or credit report and criminal check report in connection therewith. You also authorize us to investigate statement made with this application and to inquire of and check with the persons and references named herein.

Applicant _____ Applicant _____

Date

Date

For future marketing purposes will you please let us know how you heard about us: via the HousingWorks.net housing search at _____

<https://www.infoweb.org/HousingSeekers.html>

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

I do not wish to furnish this information ☐

RACE/NATIONAL ORIGIN:

- | | |
|---------------------------------------|--------------------------|
| 1.American Indian or Alaskan Native | <input type="checkbox"/> |
| 2.Asian | <input type="checkbox"/> |
| 3.Black or African American | <input type="checkbox"/> |
| 4.Native Hawaiian or Pacific Islander | <input type="checkbox"/> |
| 5.White | <input type="checkbox"/> |

ETHNICITY:

- | | |
|------------------------|--------------------------|
| Hispanic or Latino | <input type="checkbox"/> |
| Not Hispanic or Latino | <input type="checkbox"/> |

SEX:

- | | |
|--------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, and marital or familial status. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

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(Rev. 10/29/21)

LANDLORD REFERENCE

TO: _____ DATE: _____

_____ RE: _____

To Whom It May Concern:

The above-named person is an applicant for housing programs administered by the Rural Development. We are required to verify REFERENCES for all applicants for the purpose of determining eligibility. Please complete the portion below that is applicable. PLEASE RETURN IT TO THIS OFFICE AS SOON AS POSSIBLE as this information is necessary to complete the Tenant Selection Process. Your prompt attention to this matter will be greatly appreciated.

Sincerely,

I hereby authorize the release of the requested information.

Manager

(Signature of Applicant)

Previously lived at: _____

Dates of tenancy: From _____ to _____
Monthly rent: \$_____ Paid Promptly? ☐ Yes ☐ No (Please attach 12-month pmt. history)
Are there any arrears at this time? ☐ Yes ☐ No Amount: \$_____

Housekeeping habits: _____

Any damages to unit? _____

Tenant's behavior: _____

Would you rent to applicant again? _____

Comments: _____

Signature of Landlord: _____

Date: _____

Phone Number: _____

g\annmarie\alice\landlord reference



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g\annmarie\alice\landlord reference



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110 Mountain Road, Suffield, CT 06078
Phone: (860) 668-5342
Fax: (860) 668-9008

CORI REQUEST FORM

Residential Management Corporation has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an **applicant**/employee for the position at Redbrook Village/Quabbin Estates, 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/EMPLOYEE SIGNATURE

(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

ID Theft Index PIN
(If applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: __ ft. __ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING
FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure accuracy of the CORI request process.

**All CORI request forms that include this field are required to be
submitted to the CHSB via mail or by fax to 617-660-4614.**