

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:**

<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 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 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

TOTAL HOUSEHOLD SIZE	How much money does your family receive in a <u>year</u>?
<input type="radio"/> ←# Adults ←# Children ←Total #	<input type="radio"/> _____ .00

YOUR HOME TELEPHONE	SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - <i>some programs may assign you a priority status</i>
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence
	<input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other



1(A)

The information requested in this form is required by the gov't agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Please Print Clearly

This is an application for housing at	Project: Greenfield Gardens Apartments	
	Address: 2 Pray Drive Greenfield, MA 01301	
Please complete this application and return to:	Name: Tracy M. Warner, Assistant Property Manager	
	Address:	2 Pray Drive
		Greenfield, MA 01301

Applications are placed in order of specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to your for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head, and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? **F23** Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Three BR

Do you need an accessible unit? Yes No (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)

B. HOUSEHOLD COMPOSITION

Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Full-Time Student Y/N
Head:					
Co-T:					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

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 education institution (other than a correspondence school) with regular faculty and students?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, ANSWER THE FOLLOWING QUESTIONS F1				
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
Do you file income tax returns? (If yes, please provide a copy with your application)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write *NA*.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security F12	\$
	SSI Benefits F12	\$
	Pension F13 (list source)	\$
	Pension F13 (list source)	\$
	Pension F13 (list source)	\$
	Veteran's Benefits F8 (list claim #)	\$
	Veteran's Benefits F8 (list claim #)	\$
	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
	Worker's Compensation F11	
	Title IV/TANF/Public Assistance F9	\$
	Title IV/TANF/Public Assistance F9	\$
	Title IV/TANF/Public Assistance F9	\$
	Full-Time Student Income (18 & Over Only) F5	\$
	Full-Time Student Income (18 & Over Only) F5	\$
	Interest Income F19 List source:	\$
	Interest Income F19 List source:	\$
	Interest Income F19 List source:	\$

Application

Household Member Name	Source of Income	Gross Monthly Amount
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Alimony F15, F16	\$
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support F15, F16	
	Are you legally entitled to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

Application

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

	Household Member Name:	Bank	Account #	Balance
Checking Accounts F19				\$
				\$
				\$
Savings Accounts F19				\$
				\$
				\$
Trust Account F22			\$	
Certificates of Deposit F19			#	\$
			#	\$
			#	\$
			#	\$
Credit Union F19			#	\$
			#	\$
Savings Bonds F19		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$

Application

	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Annuities, 401(K), IRA, Keogh F21	Name: Source:		Appraised Value \$	
Investment Property F23	Name: Source:		Appraised Value \$	

Real Estate Property: Do any household member own any property? F24, F25	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member	Type of Property:
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Has any household member sold/dispensed of any property in the last 2 years? F17	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member	Type of Property:
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years F17, F22 Example: Given away money to relatives, set up Irrevocable Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed:	\$

Do you have any other assets not listed above (excluding personal property)? F17	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION	
How were you referred to this property?	
Do you currently receive or do you anticipate receiving a Section 8 Voucher/Certificate? (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining suitability for housing, specifically, ability to pay rent.)	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>If yes, describe:</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	From: _____ To: _____

Credit Reference #1:	
Address:	
Accounts #:	Phone #:
Credit Reference #2:	
Address:	
Accounts #:	Phone #:
Credit Reference #3:	
Address:	
Accounts #:	Phone #:
Personal Reference #1:	
Address:	
Accounts #:	Phone #:
Personal Reference #2:	
Address:	
Accounts #:	Phone #:
Personal Reference #3:	
Address:	
Accounts #:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

Do you own any pet(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or holder, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE (S):

 (Signature of Tenant) Date _____

 (Signature of Co-Tenant) Date _____

 (Signature of Co-Tenant) Date _____

 (Signature of Co-Tenant) Date _____

Attachment: Application Addendum (HUD subsidized properties ONLY)