

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.

SECTION BELOW 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*

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

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

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 ☐ Cellphone

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→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ 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: _____



Application for Phoenix Row



Phoenix Row Apartments

22 Phoenix Row
Haverhill, MA 01832
978-374-2164
96 units, Section 223(f)



Phoenix Row Apartments is managed by
Bethany Community Services, Inc., 10 Phoenix Row, Haverhill, MA 01832.

Application Received → Date: _____ Time: _____

Applications for housing (age restricted 62+) are placed in order of date and time received. Please note that the Applicant is the First Family Member and will provide information in section I. If there will be two people residing in one apartment, the Second Family Member's Information will be provided in Section II. Section III asks questions that apply to everyone in the family. Please provide complete names and addresses of those who will verify your information. If you are declared eligible for housing you will be placed on the waitlist and called for an interview when an opening is anticipated. We cannot finalize your eligibility unless each person listed in Section III also signs the **Authorization for Release of Information Form**. If you provide incomplete or false information your application may be rejected. If requested we will provide assistance in completing the application. You may request this form in large print or in alternative formats.

I. Applicant Information

| Applicant Information (First Family Member) | | | |
|--|--|----------------------|------------------|
| Last Name | | First | M.I. |
| Today's Date | | | |
| Social Security Number | | Date of Birth | Age |
| Present Street Address | | | |
| Present City, State and Zip | | | |
| Present Telephone | | Work Telephone | |
| Closest Relative | | Relative's Telephone | |
| Street Address | | City, State, Zip | |
| Physician | | Physician Telephone | |
| Marital Status | | Gender | Male Female |
| Apartment Type Preference (circle one or both) | | Studio | 1 Bed |
| Do you require an accessible unit? (please attach documentation) | | Yes | No |
| How many people will live in your unit? (including yourself): | | | |
| Please list <u>all states</u> where you have lived: | | | |

| Applicant Information (Continued) | | |
|--|------|----|
| 1. Do you have a legal right (citizen or legal alien) to be in the United States?* | Yes* | No |
| 2. Are you pregnant, adopting, or seeking legal guardianship of a child? | Yes | No |
| 3. Are you a full-time student? (If yes, answer the next section of questions) | Yes | No |
| 4. Are any full-time student(s) married and filing a joint tax return? | Yes | No |
| 5. Are you enrolled in a training program under the Job Training Partnership Act? | Yes | No |
| 6. Are any full-time student(s) a TANF or a title IV recipient? | Yes | No |
| 7. Are any full-time student(s) a single parent living with a minor child who is not a dependent on another's Tax return? | Yes | No |
| *If you answered yes, but are not a citizen you must provide valid documentation for verification of eligible immigration status. | | |
| The following are optional and are used for statistical purposes only. Check any that apply. <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | |
| Racial classification is optional and are used for statistical purposes only. Check any that apply. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White </div> <div style="width: 45%;"> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other </div> </div> | | |

II. Household Member Information

(Please list information on the Second Family Member below. If there is no Second Family Member, please write N/A.)

| Second Family Member Information | | | |
|--|---------------------------|------|----|
| Last Name | First | M.I. | |
| Gender Male Female | Date of Birth | Age | |
| Social Security Number | Marital Status | | |
| Occupation | Relationship to Applicant | | |
| Do you require an accessible unit? | | Yes | No |
| Please list all states where you have lived: | | | |
| 1. Do you have a legal right (citizen or legal alien) to be in the United States?* | | Yes* | No |
| 2. Are you pregnant, adopting, or seeking legal guardianship of a child? | | Yes | No |
| 3. Are you a full-time student? (If yes, answer the next section of questions) | | Yes | No |
| 4. Are any full-time student(s) married and filing a joint tax return? | | Yes | No |

| | | |
|---|-----|----|
| 5. Are you enrolled in a training program under the Job Training Partnership Act? | Yes | No |
| 6. Are any full-time student(s) a TANF or a title IV recipient? | Yes | No |
| 7. Are any full-time student(s) a single parent living with a minor child who is not a dependent on another's Tax return? | Yes | No |

***If you answered yes, but are not a citizen you must provide valid documentation for verification of eligible immigration status.**

The following are **optional** and are used for statistical purposes only. Check any that apply.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Racial classification is **optional** and are used for statistical purposes only. Check any that apply.

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ Black or African American

☐ Caucasian/White ☐ Other

III. Family History

(Questions in Section III are applicable to everyone in the family.)

| | |
|--|---|
| Do you live or have you ever lived in subsidized housing? (circle one) | Yes OR No |
| Where? | |
| Have you ever been evicted from housing (circle one)? Yes OR No | |
| If you answered yes to the above question, why were you evicted? | |
| Will any family members live anywhere else? Yes OR No | Will any of these live here part-time? Yes OR No |
| Will this information change? Yes OR No | Do any require a live-in aide? Yes OR No |

Please provide additional information if you have answered yes to any of the above:
(Provide the name and contact information for your physician if you are requesting a live-in aide).

| |
|--|
| |
|--|

Name and address of current landlord (if you rent)

| | |
|--------------|------------------------------------|
| Name | Telephone |
| Street | City State Zip |
| Current Rent | Length of Tenancy/security deposit |

Please provide the following information for other landlords where you have lived in the past 5 years.

| | |
|--------------|------------------------------------|
| Name | Telephone |
| Street | City State Zip |
| Current Rent | Length of Tenancy/security deposit |

References: Please provide two (2) personal references. Do not include family members.

| | |
|--------|----------------|
| Name | Telephone |
| Street | City State Zip |

| | |
|--------|----------------|
| Name | Telephone |
| Street | City State Zip |

Credit References: Please provide two (2) credit references.

| | |
|----------------|------------|
| Name | Telephone |
| Account Number | Amount Due |

| | |
|----------------|------------|
| Name | Telephone |
| Account Number | Amount Due |

Legal History:

Please answer these questions about your legal history. You will be asked to sign a criminal records search release form at a later date. Your answers will be used to determine eligibility.

Failure to answer these questions may result in your application being rejected.

| | | |
|--|-----|----|
| 1. Have you or any member of your household been charged or convicted of a felony or any other involving fraud, dishonesty, or violence? | Yes | No |
| 2. Do you or any member of your household use an illegal drug or other controlled substance? | Yes | No |
| 3. Have you or any member of your household been charged or convicted of distribution or manufacture of an illegal drug or controlled substance? | Yes | No |
| 4. Have you, your spouse, or co-applicant used different names at any time in the past, from the names provided on his application? | Yes | No |
| 5. Have you, your spouse, or co-applicant ever been evicted or involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with certification procedures, or for any other reason? | Yes | No |
| 6. Is the applicant or any member of the household subject to a state sex offender lifetime registration requirement? | Yes | No |

If you answered yes to any of the above, please explain below.

| |
|--|
| |
|--|

Do you plan to have pets living in your unit?

| | | | | |
|-----|----|-------------|--------|--------|
| Yes | No | Type of Pet | Weight | Height |
|-----|----|-------------|--------|--------|

How did you hear about Bethany (Phoenix Row Apartments)?

| |
|--|
| |
|--|

IV. Financial Information

Earned Income: Include wages, salary, alimony, child support, social security, supplemental security income (SSI), IRA's, 401(k), 403(b), Veteran's or other Pensions, Annuities, etc.

| | |
|----------------------------|----------------------------|
| Household Member Last Name | First Name, Initial |
| Type of Income | Estimated Annual Income \$ |
| Name of Income Source | |
| Address | City, State, Zip |
| Contact Person | Telephone |

| | |
|----------------------------|----------------------------|
| Household Member Last Name | First Name, Initial |
| Type of Income | Estimated Annual Income \$ |
| Name of Income Source | |
| Address | City, State, Zip |
| Contact Person | Telephone |

| | |
|----------------------------|----------------------------|
| Household Member Last Name | First Name, Initial |
| Type of Income | Estimated Annual Income \$ |
| Name of Income Source | |
| Address | City, State, Zip |
| Contact Person | Telephone |

Assets: Include checking accounts, savings accounts, trusts, savings bonds, certificates of deposit, real estate, life insurance policies, mutual funds, stocks, and bonds.

| | |
|------------------------------|--------------------------|
| Household Member Last Name | First Name, Initial |
| Current Total Value of Asset | Annual Income from Asset |
| Financial Institution/Bank | Type of Asset |
| Address | City, State, Zip |
| Contact Person | Telephone |

| | |
|------------------------------|---------------------|
| Household Member Last Name | First Name, Initial |
| Current Total Value of Asset | Annual Income |
| Financial Institution/Bank | Type of Asset |
| Address | City, State, Zip |
| Contact Person | Telephone |

| | |
|------------------------------|---------------------|
| Household Member Last Name | First Name, Initial |
| Current Total Value of Asset | Annual Income |
| Financial Institution/Bank. | Type of Asset |
| Address | City, State, Zip |
| Contact Person | Telephone |

Disposed Assets: Include assets disposed of, given away or any trust you have established within the past two years.

| | | | |
|---|---------------------|-----|----|
| Did you dispose of any assets in the past two (2) years? | | Yes | No |
| If yes, type of asset | Location | | |
| Appraised Market Value | | \$ | |
| Mortgage or outstanding loans balance due | | \$ | |
| Amount of annual insurance premium | | \$ | |
| Amount of most recent tax bill | | \$ | |
| Have you sold/disposed of any property in the last two years? | | Yes | No |
| If yes, type of property | Date of transaction | | |
| Market value when sold/disposed | | \$ | |
| Amount sold/disposed for | | \$ | |
| Have you disposed of any assets in the last 2 years (set up an Irrevocable Trust or given away money to relatives)? | | Yes | No |
| If yes, describe the asset | Date of disposition | | |
| Amount disposed | | \$ | |
| Do you have any other assets not listed above (excluding personal property)? | | Yes | No |
| If yes, please list | | | |

Expenses: include Medicare and medical/dental insurance premiums only.

| | |
|----------------------------|----------------------|
| Household Member Last Name | First Name, Initial |
| Type of Expense | Annual Total Expense |
| Provider Name | |
| Address | City, State, Zip |
| Contact Person | Telephone |

| | |
|----------------------------|----------------------|
| Household Member Last Name | First Name, Initial |
| Type of Expense | Annual Total Expense |
| Provider Name | |
| Address | City, State, Zip |
| Contact Person | Telephone |

Total from each source on the previous pages and above.

| | |
|----------------------|----------------------|
| Earned Income | Annual Income |
| | |
| | |
| | |
| Annual Total | |

| | | |
|---------------------------|--------------------|----------------------|
| Income from Assets | Total Value | Annual Income |
| | | |
| | | |
| | | |
| Annual Total | | |

| | | |
|-----------------------------------|----------------|--------------------|
| Deduct Medical expenses | Monthly | Annual Exp. |
| | | |
| | | |
| | | |
| Subtract this annual total | () | |

| | |
|---|--|
| Grand Total Income less Medical expenses | |
|---|--|

V. Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our rental agreement.

We authorize management to make any and all required inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment. These persons will maintain no other place of residence and further we certify that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We authorize management to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available to the household for its needs.

We understand that all adult members of the household must sign the HUD required "Authorization for Release of Information Form" before we can be offered a unit.

We do not expect any change in the conditions or income reported on this application and will report any unexpected changes at once to the property Manager.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

| | |
|---|------|
| Signature of Second Family Member/Spouse/Co-Applicant | Date |
|---|------|



Phoenix Row Apartments
 22 Phoenix Row
 Haverhill, MA 01832
 (978) 374-2164

Managed by Bethany Community Services, Inc.

