

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

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: YMCA STUDIOS
	Address: 292 North St.
	Pittsfield, MA 01201
Please complete this application and return to:	Name: Berkshire Housing Services, Inc.
	Address: One Fenn St., 3 rd Floor
	P.O. Box 1180
	Pittsfield, MA 01202-1180

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

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? ☐ 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: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

Application

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B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ 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 educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(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 student(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

Application

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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	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Application

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Fdrive:WPDATA\Leasing\Applications-Leasing Only\YMCA Application

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above 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:		

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.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

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Investment Property		Appraised Value \$
------------------------	--	-----------------------

Real Estate Property: <i>Do you own any property?</i>		í Yes í No
<i>If yes</i> , 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	\$	

Have you sold/disposed of any property in the last 2 years?		í Yes í No
<i>If yes</i> , Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		í Yes í 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)?		í Yes í No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	í Yes	í No
Have you or any member of your family ever been convicted of a felony?	í Yes	í No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	í Yes	í No

<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		

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Address:	
Relationship:	Phone #:
Personal Reference #3:	
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 pets?	Yes	No
<i>If yes, describe:</i>		

CERTIFICATION

Apartments are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I understand that if I am contacted regarding this property and I do not respond, my name will be removed from the waiting list.

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 false statements or information

are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Application

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BERKSHIRE HOUSING SERVICES, INC. (BHSI)
1FENN STREET, 3rd FLOOR, P.O. BOX 1180, PITTSFIELD, MA 01202-1180
413-499-4887, FAX: 413-445-7633

**DRUG AND/OR VIOLENT CRIMINAL ACTIVITY
NOTIFICATION/AUTHORIZATION**

I, _____, acknowledge that BHSI has the right to obtain information from enforcement agencies, (e.g., local police departments, Criminal History Systems Board) regarding myself and all members of my household (**18 years or older**) relating to any and all drug-related or violent criminal activity. I further acknowledge that if BHSI determines that I or any family member (**18 years or older**) have participated in such drug-related or violent felonies, then I and my family may be denied eligibility, or may be terminated from a Rental Assistance Program. I authorize BHSI to obtain any criminal offender record information (CORI) from the Criminal Systems History Board (MA Department of Public Safety.) This information will be used to evaluate my household's application for housing assistance. If an adverse decision is based on this material, I will receive information on my right to dispute this report. I also understand all CORI information is destroyed after BHSI has determined me eligible. No material collected through the CORI verification process will go into my permanent tenant file.

<hr/> DATE	<hr/> APPLICANT / PARTICIPANT SIGNATURE
<hr/> Date of Birth	Social Security No. <hr/>

_____ Street Address	_____ City/Town	_____ State	_____ Zip Code
-------------------------	--------------------	----------------	-------------------

The following member(s)/ prospective member(s) of my household who are 18 years or older also acknowledge (by their signature) BHSI's right to obtain the above information and understand that if BHSI determines that they have participated in drug-related or violent criminal activity, they may not be allowed to reside in the participants unit while the participant is receiving rental assistance. The member(s) listed below hereby grant BHSI permission to obtain this information.

1. _____ Member Name (please print)	_____ Member Signature	_____ Today's date
_____ Date of Birth	_____ Social Security Number	
2. _____ Member Name (please print)	_____ Member Signature	_____ Today's date
_____ Date of Birth	_____ Social Security Number	
3. _____ Member Name (please print)	_____ Member Signature	_____ Today's date
_____ Date of Birth	_____ Social Security Number	

FOR OFFICE USE ONLY:

CORI done: _____ Sign off: _____ Comments: _____

All family members age 18 or older must complete this form. NO CHANGES TO FORM



Berkshire
Housing
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180
Tel 413-499-1630 Fax 413-445-7633 www.berkshirehousing.com

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

I, the above named individual, have authorized the Berkshire Housing Services Inc. to verify with the following sources, the accuracy of the information, which I have provided.

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools

I authorize you to release the information requested on the attached form to the Berkshire Housing Services Inc., subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

SIGNATURE

DATE SIGNED

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Section 8 Project-Based Voucher Program



Please complete and return to:

**Berkshire Housing
Development Corporation**
One Fenn Street, 3rd Floor
P.O. Box 1180
Pittsfield, MA 01202-1180
(413) 499-4887



Pre-Application for housing assistance

For agency use only:
Date/Time Stamp/
Control Number

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Gross annual household income \$ _____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc....

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

If you have more than eight family members, please check here ☐ and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members ☐

Household Bedroom Size: ☐ Single ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR

Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐

Check if anyone in the household requires a wheelchair accessible unit ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following)

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian/Other Pacific Islander ☐

Ethnicity of head of household (Check only one)

Hispanic ☐ Non-Hispanic ☐

What is your current housing situation? (Check only one box)

- ☐ I am homeless
- ☐ I live in substandard housing
- ☐ I have been involuntarily displaced by fire, flood, or other natural disaster
- ☐ I pay more than 50% of my monthly income for rent and utilities
- ☐ I live in a shelter
- ☐ I am doubled up with friends or relatives
- ☐ I live in public housing
- ☐ I live in a transitional housing program
- ☐ I live in subsidized housing
- ☐ Other (describe)


TURN PAGE OVER - APPLICATION CONTINUED ON REVERSE

Location of Project-Based Apartments







From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and Enhanced Single Room Occupancy (ESRO) units are only for one person. SRO units typically have shared bathrooms and may have not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons over 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties.

Properties that have **wheelchair accessible** apartments are marked with the  logo - contact us for more information on the available bedroom sizes of these apartments.

NOTE: Effective June 5, 2009, any projects listed below that are highlighted in yellow are temporarily closed to new applicants, until further notice.

	Community	Property/Street		Elderly Only	Supportive Services Provided	Number of Units by Bedroom Size						
						SRO	ESRO	Studio	1 BR	2 BR	3 BR	4 BR
<input type="checkbox"/>	Great Barrington	140 East Street							2			
<input type="checkbox"/>	*Great Barrington	Hillside Ave Apartments							2	2	1	
<input type="checkbox"/>	Lee	57 Main Street							2	2		
<input type="checkbox"/>	Pittsfield	Rice Silk Mill 55 Spring Street								3	2	
<input type="checkbox"/>	Pittsfield	YMCA					30					
<input type="checkbox"/>	*Stockbridge	Pine Woods							3	2		
<input type="checkbox"/>	Pittsfield	Brattlebrook Village								5	3	

* Applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference.

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household

Date