

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

**THIS SECTION FOR WAITLIST ADMINISTRATOR:**

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto: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 Received.** Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- 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

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

# Morgan Square / Armoury Commons 15 Taylor Street Springfield MA 01103 Pre- Application rental information

There is a \$30.00 processing fee for all applicants, with an additional \$7.00 fee for out of state applicants. The following is general information and eligibility requirements.

## Rental History:

- Minimum of 3 years of verifiable rental history.
- First time renter: In lieu of rental history two (2) written personnel letters if recommendations.
- No eviction proceedings.

## Credit Check:

- Positive credit history via two of the three major credit-reporting se Criminal History
- Positive criminal history for the past five (5) years.

## Income Qualifications:

Minimum annual income requirements of the following: (excluding Section 8 holders)

Studio		\$22,000.00
• One (1) bedroom three	(3) rooms	\$24,000.00
• One (1) bedroom four	(4) rooms	\$26,000.00
• Two (2) bedroom four	(4) rooms	\$29,000.00
• Two (2) bedroom five	(5) rooms	\$32,000.00
• Two (2) bedroom five	(5) rooms plus	\$34,000.00
• Three (3) bedroom		\$36,000.00

## Other rental Information:

1. Heat and hot water are included in the monthly rate.
2. A one (1) year lease is required.
3. A Security Deposit equal to one month's rent is required in advance.
4. Deposits are non-refundable they will be applied to your balance if approved.
5. No pets are all allowed.
6. This form can and will be used in the collection of any monies due to: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.
7. This form can and will be sent to any agency providing collection services for: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

Thank You for submitting your application for an apartment home here at Armoury Commons/ Morgan Square. We are committed to making your living environment a pleasant one.

Sincerely,

Management of Arnoury Commons and Morgan Square

applicants initials: \_\_\_\_\_

# Rental Application

## Morgan Square/Armoury Commons

15 Taylor Street, Springfield MA 01103  
413-739-9629 fax: 413-746-5532

\*First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \*Middle: \_\_\_\_\_  
\*Social Security #: \_\_\_\_\_ Date of Birth: M. \_\_\_\_\_ D. \_\_\_\_\_ Y. \_\_\_\_\_ Optional  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
(Length of Tenancy) \_\_\_\_\_ \*Home: # \_\_\_\_\_ \*Work #: \_\_\_\_\_  
Present Landlord: \_\_\_\_\_ \*Home: # \_\_\_\_\_ \*Work #: \_\_\_\_\_  
Previous Address \*(if less than 2 years ago): \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ \*Home: # \_\_\_\_\_ \*Work #: \_\_\_\_\_  
Number of People Moving in to Unit: \_\_\_\_\_ Adults \_\_\_\_\_ Children: \_\_\_\_\_

All tenants over the age of 18 require individual applications & credit reports.

A national criminal report is carried out on every application.

### EMPLOYMENT

\*Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Income: \_\_\_\_\_ Week/Month/Year  
Previous Employer \_\_\_\_\_ Phone #: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Income: \_\_\_\_\_ Week/Month/Year

A national criminal report is carried out on every application.

Do you have a section 8: \_\_\_\_\_  
Your certificate is for how many bedrooms? \_\_\_\_\_  
Who is your leasing officer? \_\_\_\_\_  
Where is your section issued from? \_\_\_\_\_  
Have you give your present landlord a written 30 day notice? \_\_\_\_\_

### Office Information

Apartment interested in: \_\_\_\_\_  
Rent Begins at \$ \_\_\_\_\_ Length of Lease (start & Finish date) \_\_\_\_\_ Pets \_\_\_\_\_  
Names of All Co-Tenants: \_\_\_\_\_  
Names & Ages of Minor Children: \_\_\_\_\_

\$30/\$37 Credit Check Fee Received: Yes or No \_\_\_\_\_  
\$100 Holding deposit Received: Yes or No \_\_\_\_\_ Non-refundable if approved, applied to amounts due.

### **Equal Housing Opportunity**

This form can and will be used in the collection of any monies due to: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

This form can and will be sent to any agency providing collection services for: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

## Other Income Sources

Type of Income	Source Bank	Gross Annual Income
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_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Relatives/Emergency contacts (Not residing with you):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Applicant Car Description:

Model	Make	Year	Plate #	Note:
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_____	_____	_____	_____	_____
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How did you hear about us?

\_\_\_\_\_ Advertisement \_\_\_\_\_

\_\_\_\_\_ Printed Ad \_\_\_\_\_

\_\_\_\_\_ Website \_\_\_\_\_

\_\_\_\_\_ Friend, Family member of Co-worker? **Please provide name** so that we may thank them.

Referred by: \_\_\_\_\_

Base rent and other monthly charges are due and payable on the first day of each month in advance management shall not make any inquiry concerning race, religious creed, color, national origin, sex sexual orientation, age (except if minor), ancestry or marital status of the application or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the management and or rental agency to obtain or cause to be prepared a consumer credit report and criminal background report relating to the applicant.

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This form can and will be sent to any agency providing collection services for: Hearn Properties Inc, and/or any of their affiliate agencies and governing agencies.

Neither the owner nor the management is responsible for the loss of personal belongings, caused by fire, theft, smoke, and water or otherwise, unless caused by their negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Authorization**

I/We hereby authorize Waterford Morgan LC/Waterford Hamden LLC and its staff or authorized representative to contact agencies, local police departments, office, groups or organizations to obtain and verify all information or materials which are deemed necessary to determine my/our eligibility for housing.

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**Tenant/Applicants Signature**

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**Co-Tenant/Applicant**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a lease agreement in the usual for, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein is not true.

Deposit is to be applied to actual damages sustained by the owner. This application and deposit are taken subject to previous applications.

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\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Apartment of interest: \_\_\_\_\_

Base Rent per month \_\_\_\_\_ .00

Other monthly charges: \_\_\_\_\_  
(Parking, storage, etc.)

Application Fee \_\_\_\_\_ .00 Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Holding Deposit \_\_\_\_\_ .00 Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Holding Deposit is non-refundable, will be applied to your balance if approved.)

Security Deposit \_\_\_\_\_ .00 Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance Due upon acceptance: \$ \_\_\_\_\_ .00