

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  
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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

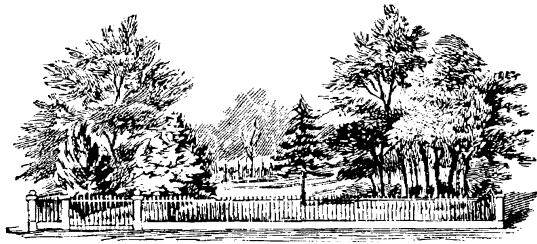
City

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 \_\_\_\_\_



**Westhampton Woods Senior  
Housing WAITING LISTS**  
13 Main Road  
Westhampton, MA 01027

Which **waiting lists** are you interested in? **Please check all that apply:**

\_\_\_\_ Phase I (Units A-H)

\_\_\_\_ Phase II (Units I-P)

Date Rec'd: \_\_\_\_\_

for office use only

**Return to:** Hilltown Community Development Corporation, 387 Main Road (Rt. 143), Chesterfield

**Mail to:** Hilltown CDC, P.O. Box 17, Chesterfield, MA 01012

**Fax to:** 413-296-4020

**Email:** [CindyT@HilltownCDC.org](mailto:CindyT@HilltownCDC.org)

*All of the information provided herein is private and confidential and for the use of the owner and agent in the processing of this application. Hilltown CDC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.*

**YOU MAY REQUEST HELP WITH COMPLETING THIS DOCUMENT.  
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION  
IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

**Applicant #1** \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Applicant #2** (if applicable) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Relationship to Applicant #1 \_\_\_\_\_

Do you presently rent \_\_\_\_\_, own your home \_\_\_\_\_, or other \_\_\_\_\_ ? (please check)

If other, please explain \_\_\_\_\_

Time at present address \_\_\_\_\_ (years, months) Present Rent Amount: \_\_\_\_\_

Utilities Included? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list what you pay for: \_\_\_\_\_

Have you ever received a rent or housing related subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you *currently* receiving a subsidy for your rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the pet(s), including approximate weight of animal(s): \_\_\_\_\_

If an apartment is available, how much notice would you need to move? \_\_\_\_\_

Can move immediately? Yes \_\_\_\_\_ No \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Current Landlord's Name**

**Address**

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

Your Previous address: \_\_\_\_\_

Previous Landlord's Name

Address

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

Rent \$ \_\_\_\_\_ Time Rented \_\_\_\_\_ (years, months) Utilities Paid \_\_\_\_\_

Moved in: \_\_\_\_\_ to \_\_\_\_\_

Why do you wish to relocate to Westhampton Senior Housing?

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

**Please list three (3) references (not relatives):**

Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

**CERTIFICATION**

*Your signature(s) below certifies that the statements made above are true and correct, and gives consent to the management to verify the information contained in this written application.*

Applicant #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

If anyone has helped you or completed this initial written application for you, please give name, address, telephone number and relationship below:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

**EACH APPLICANT MUST FILL OUT AND SIGN AN  
AUTHORIZATION TO RELEASE INFORMATION FORM**

**The following questions are voluntary and will not be used to qualify applicants.**  
This information will not be used in evaluating your application or to discriminate against you in any way.

The information below regarding race, national origin, and sex designation solicited on this application is requested in order to assure government agencies that the Owner complies with laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and ability. You are not required to furnish this information, but are encouraged to do so.

**Applicant 1**

Gender: ☐ M ☐ F

Race: ☐ Asian/Pacific Islander, ☐ American Indian, ☐ Alaskan Indian,  
☐ African American/Black, ☐ Hispanic/Latino, ☐ White, ☐ Other

**Applicant 2**

Gender: ☐ M ☐ F

Race: ☐ Asian/Pacific Islander, ☐ American Indian, ☐ Alaskan Indian,  
☐ African American/Black, ☐ Hispanic/Latino, ☐ White, ☐ Other

Does any member of the household qualify for and desire a mobility-adapted unit?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does any member of the household require the use of a wheelchair?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does any member of the household require the unit to be specially adapted due to a sensory impairment? (i.e. Deaf, Blind)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Any disabled person is entitled to request a reasonable accommodation of the rules, policies, practices or services or may request a reasonable modification of the housing when necessary to afford the disabled person equal opportunity to use and enjoy the housing.**

How did you learn about this housing? (check)

\_\_\_\_ Newspaper \_\_\_\_ Driving By \_\_\_\_ Friend

\_\_\_\_ HCDC Website \_\_\_\_ Other (please describe): \_\_\_\_\_





### **AUTHORIZATION TO RELEASE INFORMATION**

This is to notify you that I \_\_\_\_\_, currently living at

\_\_\_\_\_,

authorize the staff of the Hilltown Community Development Corporation to request my records and information about me, including the amount and source of my income, job-related and medical expenses, credit and reference checks and other confidential information.

*This document, or a copy or facsimile of it will be valid for 12 months following the date below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# INCOME CERTIFICATION

## Westhampton Woods Senior Housing Waiting Lists

All information will be treated as confidential.

**This is an equal opportunity program. Discrimination is prohibited by Federal Law.**

- ✓ At the time of application, **please submit a copy of your most recent federal tax return.**
- ✓ If you do not file tax returns, please check this box: ☐
- ✓ In addition, please list your sources of income and amount of income in the spaces below:  
(for example: social security, pension, wages, interest income etc.)

	Source of Income	Monthly Amount
<b>Applicant 1:</b>	1) _____	\$ _____
	2) _____	\$ _____
	3) _____	\$ _____
<b>Applicant 2:</b>	1) _____	\$ _____
	2) _____	\$ _____
	3) _____	\$ _____

*I understand that the information given in this application will be used only to determine eligibility for participation in the Westhampton Woods Waiting Lists and that further income verification may be required before any offer of a tenancy. I/We, \_\_\_\_\_, living at \_\_\_\_\_ certify that my/our gross annual household income is at or below the level listed for the number of persons in my/our household:*

### 1 Person Household

- ☐ \$17,500
- ☐ \$29,150
- ☐ \$34,980
- ☐ Over \$34,980

### 2 Person Household

- ☐ \$20,000
- ☐ \$33,300
- ☐ \$39,960
- ☐ Over \$39,960

*I/We understand that this statement is subject to verification.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

