

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
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 _____

TO APPLICANT: In order to be accepted, an applicant must have a good tenancy record – paying rent, maintaining the apartment, not interfering with neighbors, no housing-related criminal activities, including illegal drug abuse, and co-operation in supplying income and other verification necessary to establish that their history otherwise suggest they are willing and able to be comply with the lease.

Following is needed to process the application:

1. Every question needs to be answered even if the answer is **NO** or not applicable (N/A).
2. Complete current mailing address and phone number needs to be provided.
3. **Copies of your and family members birth certificates, social security cards, and photo ID's of everyone over 18.**
4. Provide all current employers complete name, address, and phone number. **Two (2) months worth of pay stubs required.**
5. Provide current landlord complete name, address, and phone number.
6. Provide past landlords complete name, address and phone. Provide the address of the tenancy.
7. Provide current bank account, life insurance, Certificate of Deposits, and retirement. Names of the institutions and address where these accounts are will be needed.
8. **Please provide documentation of Social Security Benefits.**
9. All other sources of income will be subject to verification.
10. Provide three (3) non-family references, with their full name, address and phone number.
11. Sign the Authorization for the Release of Information.
12. Domus Inc. checks all applicants through Dashe-Intel, this includes a credit checks, any criminal records, arrests and evictions.
13. State any criminal records. Domus Inc looks at mitigating circumstances and where you are presently in your life.
14. Domus Inc has a **NO PET** policy.
15. **No**, adult member will be added to the lease at anytime in the first year of the lease.

If any of the information is not provided it could result in the delay of processing your application.

PLEASE RETURN THE APPLICATION AND ALL REQUIRED DOCUMENTS WITHIN 10 DAYS OF ITS RECEIPT.



4 School Street, Westfield, MA 01085

413.568.4494 Office

413.564.0197 Fax

ANNEX APPLICATION FOR RENTAL HOUSING

Please Fill Out Completely

When completing the application please do not leave any areas blank. If you are not receiving income, or do not have assets please put not applicable (N/A). Any areas left will result in a letter requesting that you provide the necessary information before your application will be processed. If you have any question please do not hesitate to contact us at the number above

Applicant Name: _____

Address: _____ Apt # _____ City: _____

State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: ____/____/____

Day time Phone: _____ Evening time Phone: _____

If applicable, how long have you been homeless? _____

Do you have a history of illegal drug or alcohol use or abuse that has led to behavior that could, if repeated, interfere with the rights of other residents or staff? YES NO

If so, how long have you been sober/drug free? _____

**If you are applying for the Reed House, Please answer the following questions.
Reed House is sober housing and our funding requires that all residents be
formerly homeless, with certification from the Department of Mental Health.**

Program Name: _____

How long have you been in the program? _____

Name of Counselor: _____ Phone Number: _____

How did you hear about Domus Inc.? _____

Have you ever are you presently receiving rental assistance from the Westfield Housing Authority or any other agency. ? YES NO

If yes, please identify from which agency. _____

Equal Housing Opportunity

Domus Incorporated is an equal housing opportunity provider. Persons applying for housing at any Domus Property will not be refused housing based on their race, national origin, sex, sexual preference, religion, familial status, or handicap.

Please fully complete the remained of the application. If an area does not pertain to you please put N/A that area.

Current living situation (check one)

Homeless Shelter

Staying with Family or Friends

Recovery Program

Renting apartment

Hospital

Own your own home

Street/car/tent

Present address:

Street

Apt. #

City

State

Zip Code

Landlord's name:

Address

Phone number:

Length of time at present address:

to Present

Reason for leaving:

Month rent, if applicable:

Utilities included? YES

NO

Previous address:

Street

Apt#

City

State

Zip Code

Landlord's name:

Address:

Phone Number:

Length of Time at Previous Address:

to:

Reason for Leaving:

Previous address:

Street

Apt#

City

State

Zip Code

Landlord's name:

Address:

Phone Number:

Length of Time at Previous Address:

to:

Reason for Leaving:

Length of time at previous address – From _____ To _____

Present employer: _____

Address: _____

Street Apt # City State Zip Code

Phone number: _____

Length of time at job: _____ Position: _____

Gross salary: Weekly _____ Monthly _____

Other sources of income:

A. Salary (in addition to above)	\$ _____
B. Social Security	\$ _____
C. Supplemental Security	\$ _____
D. V. A. Pension	\$ _____
E. V. A. Disability	\$ _____
F. Other Pension	\$ _____
G. General Assistance	\$ _____
H. Unemployment/Disability	\$ _____
I. Trust or interest/dividends	\$ _____
J. Other (Please specify)	\$ _____

Expenses (For Section 8 subsidy calculations, if applicable)

Medical Expenses \$ _____ Per month (This is subject to verification)

Child Support payments \$ _____ Per month/week

Legal Payments \$ _____ Per month

Charge accounts and outstanding debt in the form of loans and credit balance \$ _____

Do you have a savings account: YES NO

Bank Name: _____

Account number: _____ Balance \$ _____

Do you have a checking account: YES NO

Bank Name: _____

Account number: _____ Balance \$ _____

Do you have other Stocks: YES NO

Name: _____

Number of Shares: _____ Dividends Paid \$ _____ Value: \$ _____

Do you have Bonds: YES NO

Account #: _____ Maturity Date _____ Value: \$ _____

Do you have Certificates of Deposits: YES NO

Bank Name: _____

Account Number: _____ Balance \$ _____

Do you own any Real Estate: YES NO

Appraised Value: \$ _____ Income from rent \$ _____

Do you expect any changes in your income or assets during the next twelve months?

YES NO If yes, explain _____

Do you own a car: YES NO

Make of car _____ Year _____ Registration # _____

Have you been convicted of a felony in the past 10 years: YES NO

If yes, explain _____

If a sex crime are you are registered offender: YES NO

If yes, where? _____

Parole officer _____ Location _____

Phone number: _____

Who should we notify in case of an emergency:

Name _____ Phone # _____

Address: _____ Relationship _____

Please list three (3) non-family personal references (include complete addresses and phone numbers)

Please attach a copy of your Birth Certificate, Photo Identification and Social Security Card (Required for processing)

Once an application has been reviewed, the applicant interviewed and all reference checks completed, the applicant will be informed of the decision to accept or reject their application. If an applicant is rejected, the applicant will be so informed. The applicant is entitled to an informal review of the decision. If the applicant is accepted, she/he will be offered a vacant apartment.

I understand that the forgoing information will be used to determine my eligibility for an apartment owned or managed by Domus Inc. Therefore, I grant consent for Domus Inc staff to verify information on this application and I acknowledge that any false information will make me ineligible for a housing unit at any Dom us Inc property. I certify that the housing I may occupy will be my permanent residence and I will not/ do not maintain a separate subsidized unit in a different location.

Applicant's Signature:

Date:

Voluntary information regarding race/national origin

What race/national origin are you a member of? Please circle one.

White

African American

Native American

Hispanic

Asian/Pacific Islander

Other:

Are you:

Female

Male

The information regarding race, national origin and sex solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development that Federal laws prohibiting discrimination against Tenant applicant on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Applicant's Signature

Date

Print Applicant's Name

DOMUS INCORPORATED 4 School Street, 2nd Floor Westfield, MA 01085

413.568.4494 office

413.564.0197 fax

AUTHORIZATION RELEASE FORM

I, _____, do hereby authorize DOMUS, Incorporated, and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials deemed necessary to complete my application for housing at 182 Main St.

Further, I release DOMUS, Incorporated and its staff to discuss with these agencies, offices, groups, or organizations, matters directly related to my participation in the (THE ANNEX), when and they feel it pertinent to determine my eligibility for the apartment.

This would include but not be limited to the following: amount and sources of income; amount, location, and value of assets; amount of medical or other unusual expenses; history regarding credit; landlord references; shelter or program references; eviction and arrest records. It is my understanding that DOMUS, Incorporated is requesting this release to assist them only for the processing of my application and the monitoring of my status as a resident or applicant for its properties.

Signed: _____
Applicant Date

Please print Name: _____

By signing this form, I understand that Dashe-Intel will perform credit, criminal and reference checks to determine my rental, criminal history and my ability to pay rent. With my signature below, I request all present and previous landlords, credit reporting services, employers, lien holders, and credit and personal references to disclose any and all pertinent information concerning me to Dashe-Intel.

Signature

Date

Signature

Date

Steve Dickinson & Kate Ashe-Dickinson
Tel: 413-579-1754
Fax: 866-714-1754
Email: Dashe-intel@comcast.net

ADDENDUM TO RENTAL APPLICATION

Have you or ANYONE (regardless of age) who will be residing with you EVER:

Been arrested, cited, prosecuted, plead guilty to or been convicted of any crime? ☐ Yes ☐ No
 Been placed on probation, paroled, or effected by the Megan Laws? ☐ Yes ☐ No
 Been in a gang, or are you currently a member of a gang? ☐ Yes ☐ No
 Been involved in, or are you currently are involved in any illegal activity? ☐ Yes ☐ No
 Been evicted or had a forcible detainer filed against you? ☐ Yes ☐ No
 Been a petitioner in a case at bankruptcy court? ☐ Yes ☐ No
 Had a warrant, or do you currently have a warrant for your arrest? ☐ Yes ☐ No
 Moved to avoid eviction or because of problems with a tenant or landlord? ☐ Yes ☐ No

Please explain all “YES” answers in detail. (What happened, when, where and the results.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

DOMUS INCORPORATED 4 School Street, 2nd Floor Westfield, MA 01085

413.568.4494 office

413.564.0197 fax

HOMELESS VERIFICATION FORM
For use in the Supportive Housing Program at
THE ANNEX

_____ has been determined and verified as homeless according to the

Client Name

Following criteria (check one)

_____ Living in a shelter: Please attach a signed and dated letter from a shelter staff Person or from a social service agency that can verify the shelter stay.

_____ Living on the streets, in a car, or other inappropriate place: Please attach a Signed and dated letter verifying collateral contact with other agencies, the Address used of public assistance checks or a signed statement from the Client.

_____ Living in transitional housing: Please attach a signed and dated letter from The transitional provider verifying the clients' homeless status (i.e. streets, Shelter, etc.) prior to transitional housing.

_____ At immediate risk of homelessness: If from an institution, please attach a sign And dated letter verifying unsuccessful attempts to secure other housing Options. If due to a pending eviction, please attach a signed and dated letter Verifying the eviction proceedings and unsuccessful attempts to secure other Housing.

This form and the appropriate verification must be filed in each case record and must be available for possible HUD review. Please also include a client income verification form in each case record. Copies of these documents will also be included in the tenant's files at DOMUS, Inc.

Name of staff verifying homelessness: _____

Signature of staff verifying homelessness: _____

Agency: _____ Date: _____

**Section 8
Project-Based Voucher Program**



Please complete and return to:

HAP, Inc.
322 Main Street
Springfield, MA 01105

(413) 233-1500



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)




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.

Number of Units by Bedroom Size												
	Community	Property/Street		Elderly Only	Supportive Services Provided	SRO	ESRO	Studio	1 BR	2 BR	3 BR	4 BR
<input type="checkbox"/>	Chicopee	Ames Privilege II							1	3		
<input type="checkbox"/>	Holyoke (For Holyoke residents only)	Puerta de la Esperanza 342-346 Main St 451-459 Main St, & 76 Cabot Street								24	3	
<input type="checkbox"/>	Northampton*	96-98 King Street			X			5				
<input type="checkbox"/>	Northampton	46-48 School St.								1	1	
<input type="checkbox"/>	Northampton	Paradise Pond								4	3	1
<input type="checkbox"/>	Northampton*	180 Earle Street			X		14			1		
<input type="checkbox"/>	Northampton*	Village at Hospital Hill			X				16			
<input type="checkbox"/>	Springfield	Cumberland Homes Cumberland & Dwight Sts.							2	4	2	
<input type="checkbox"/>	Springfield	Borinquen Apartments Main & Huntington St.								3	4	1
<input type="checkbox"/>	Springfield	Tapley Court							1	7		
<input type="checkbox"/>	Ware	Hillside Village								14	2	
<input type="checkbox"/>	Westfield	Prospect Hill								2	2	
<input type="checkbox"/>	Westfield	The Annex 182 Main Street			X			8				
<input type="checkbox"/>	Westfield*	Sanford Apartments						4	1			
<input type="checkbox"/>	Westfield*	Westfield Hotel			X	5						
<input type="checkbox"/>	Westhampton*	Westhampton Senior		X	X				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

4/11/14(7)

