

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
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:
 - Fully Accessible Wheelchair Unit Blind Accessible Unit Need an Interpreter
 - No-Steps unit (elevator to any floor) Deaf Accessible Unit Domestic Violence Victim
 - First-Floor unit only Unit for Environmental Allergies 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 _____



Property Management
Low-Income Housing Tax Credit Property
Approved for USDA/Rural Development
APPLICATION



Please Print Clearly
 413-233-1705

This is an application for an apartment at:	Please select property:
	Rainville Apartments 32 Byers Street <input type="checkbox"/> Springfield MA 01103
	DATE:
Please complete this application and return to:	Rainville Apartments Management Office Or KenQuad Apartments 86 Byers Street #104 Springfield MA 01105

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

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Efficiency One BR Two BR Handicap BR

Do you receive Section 8 or other rental assistance payments? Yes No

HOW DID YOU HEAR ABOUT US? _____

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3						
4						

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

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	\$
	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	\$

	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone#	
	How long employed:	Position Held:
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone#	
	How long employed:	Position Held:
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone#	
	How long employed:	Position Held:
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes 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?	Yes	No
Is any member of the household legally entitled to receive income assistance?	Yes	No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2)?	Yes	No
If yes to any of the above, explain:		
Is the income received?	Yes	No

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				
Name of person on the account	Account#	Bank Name:	Balance \$	
	Location & Address:			
Name of person on the account	Account#	Bank name:	Balance \$	
	Location & Address:			
Name of person on the account	Account#	Bank Name:	Balance \$	
	Location & Address:			
Savings Accounts				
Name of person on the account	Account#	Bank Name:	Balance \$	
	Location & Address:			
Name of person on the account	Account#	Bank name:	Balance \$	
	Location & Address:			
Trust Account	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	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 \$
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
			Interest or Dividend \$	Value \$

Real Estate Property: Do you own any property?	Yes	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		\$
Investment Property		
<i>If yes</i> , Address:		Value: \$
		Rental Income: \$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	Yes	No
<i>If yes</i> , describe:		
Do they have access to the asset(s)?	Yes	No

Have you sold/disposed of any property in the last 2 years?	Yes	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)?	Yes	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)?	Yes	No
<i>If yes</i> , please list:		

E. ADDITIONAL INFORMATION

Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	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:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

“The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government, acting through its USDA/RD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encourage to do so, 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 an individual applicant on the basis of visual observation or surname.”

The following information is required for statistical purposes so USDA/RD may determine the degree to which its programs are utilized by minority families.

Hispanic or Latino Yes No

Native Hawaiian ____ Black or African American ____ American Indian/Alaskan Native ____

Asian ____ White ____

Male ____ Female ____

PROGRAM INFORMATION

Are you applying for status as an elderly household where the tenant or co-tenant is 62 plus years old or handicapped or disabled? If so, are you aware you will receive a \$400.00 elderly household and medical deduction? If so, please indicate _____. Please be aware that eligibility must be verified. Handicapped or disabled applicants do not have to be 62 years old to apply for this status. They may be any age.

Do you request a handicap (barrier free) unit? _____
 Do you request any modifications of an apartment? _____

Are you currently using an illegal controlled substance? _____
 Do you have a previous conviction of same? _____
 Have you ever been convicted of illegal manufacturing or distribution of a controlled substance?

ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSES Amount over 5% of adjusted income can be deducted for each handicapped member of family to the extent necessary to enable any member of same family (including handicapped member) to be employed.

List total amount paid _____
 To whom paid to _____

Do any household members smoke? _____

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

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/our 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 applicants must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

 (Signature of Tenant)

 Date

 (Signature of Co-Tenant)

 Date

NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

Way Finders, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, Way Finder will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that Way Finders can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to Way Finders or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to Way Finders, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with Way Finders, that is your right.

You can get a Request for Reasonable Accommodation form at Way Finders' Property Management Office, 120 Maple Street, 3rd Floor Springfield, MA 01103, or by calling (413) 233-1704 or TTY# (413)233-1699. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.