

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 \_\_\_\_\_

**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

**MEADOW APARTMENTS 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.? via the HousingWorks.net website

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 \_\_\_\_\_

Recovery Program \_\_\_\_\_

Hospital \_\_\_\_\_

Street/car/tent \_\_\_\_\_

Staying with Family or Friends \_\_\_\_\_

Renting apartment \_\_\_\_\_

Own your own home \_\_\_\_\_

Present address:

Street

Apt. #

City

State

Zip Code

Landlord's name:

Address:

Phone number:

Length of time at present address:

to Present Day

Reason for leaving:

Monthly 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 -- From

To

Reason for leaving \_\_\_\_\_

Previous address:

Street

Apt #

City

State

Zip Code

Landlord's name:

Address:

Phone:

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 Domus 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, fax, 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, 2<sup>nd</sup> 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 agencies, offices, groups, or organizations to obtain any information or materials deemed necessary to complete my application for housing at 101 Meadow St, Westfield, MA.

Further, I release DOMUS Incorporated and their staffs to discuss with these agencies, offices, groups, or organizations, matters directly related to my participation in the (MEADOWS APARTMENTS), when and if they feel it's 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: \_\_\_\_\_

## **NOTICE TO ALL APPLICANTS**

All applicants applying for housing with Domus Incorporated including adults who seek to be added as members of an existing household, shall be subject to evaluation based on Criminal Offender Record Information (CORI), in addition to the other procedures currently in use. CORI shall be used ONLY for purposes of evaluating applicants for public housing. No other use shall be made of this information.

All requests for CORI shall be made only when Domus Incorporated is in its final screening process (for new tenants), determining whether an applicant is eligible and qualified, prior to making an offer of a unit. For adults seeking to be added as members of an existing household, the request for CORI shall be made upon application.

---

Applicant's Signature

---

Date

---

Social Security #

---

Date of Birth

---

Household Member 17 yr. old or older

---

Date

---

Social Security #

---

Date of Birth

## **EQUAL HOUSING OPPORTUNITY**

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: 566-714-1754  
Email: Dashe-intel@comcast.net

**DOMUS, INCORPORATED**  
**4 School Street**  
**Westfield, MA 01085**  
**Telephone (413) 568-4494**  
**FAX (413) 564-0197**

**HOMELESS VERIFICATION FORM**  
**For use in the Supportive Housing Program at**  
**THE MEADOWS APARTMENTS**

\_\_\_\_\_ has been determined and verified as

Client Name

homeless according to the 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 contacts with other agencies, the address used for 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 client's homeless status (i.e. streets, shelter, etc.) prior to transitional housing.

\_\_\_\_\_ At immediate risk of homelessness

If from an institution, please attach a signed 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 file at DOMUS, Inc.

Name of staff verifying homelessness: \_\_\_\_\_

Signature of staff verifying homelessness: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

# 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been placed on probation, parole, or effected by the Megan Laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been in a gang, or are you currently a member of a gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved in, or are you currently are involved in any illegal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been evicted or had a forcible detainer filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a petitioner in a case at bankruptcy court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a warrant, or do you currently have a warrant for your arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moved to avoid eviction or because of problems with a tenant or landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Section 8  
Project-Based Voucher Program**



Please complete and return to:

**Way Finders  
322 Main Street  
Springfield, MA 01105**

**(413) 233-1500**



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

**Pre-Application for Housing Assistance**

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**

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

**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)

continue on other side

3/5/18(9)



### 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 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 at least 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: Any project listed below as closed is temporarily closed to new applicants, until further notice.**

**FOR INFORMATION ON HOW TO APPLY TO ADDITIONAL PROJECT-BASED PROPERTIES WITH OWNER-MAINTAINED WAITLISTS, PLEASE CONTACT WAY FINDERS AT (413) 233-1500.**

✓	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"/>	Chicopee	Ames Privilege II							1	3		
<input type="checkbox"/>	Holyoke <i>(For Holyoke residents only)</i>	Puerta de la Esperanza 342-346 Main St 451-459 Main St, & 76 Cabot Street								24	3	
Closed	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](http://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**