

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

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

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

BERKSHIRE HOUSING SERVICES, INC.
1 Fenn Street, 3rd Floor
P.O. Box 1180
PITTSFIELD, MASSACHUSETTS 01202-1180
413-499-4887
413-445-7633 (FAX)
APPLICATION FOR HOUSING

FOR OFFICE USE ONLY
Date Received: ____/____/____
Time: ____:____:____
of BR's: 0 1 2
Control #: _____

Please indicate bedroom size:

One bedroom ____ One Bedroom (H) ____

____ CROSSWAY TOWER 130 High Street, Lee, MA

____ CROSSWAY VILLAGE, 21 Crossway St., Lee, MA

1) NAME _____
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____
S.S. # _____
DATE OF BIRTH _____

MAILING ADDRESS, IF DIFFERENT:

BUS. TEL. # _____

2) Racial and Ethnic Designation (Optional)

Race: White ____ American Indian ____ Asian ____ Black ____ Other ____
Ethnicity: Hispanic ____ Non-Hispanic ____

3) Rental History (please provide a minimum of 5 years rental history)

Current Landlord: _____ Phone #: _____
Address: _____ Monthly Rent: _____
_____ Utilities Included _____

Dates of occupancy: From _____ to Present Time

Why do you want to leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

4) Members of Household: Please list everyone to live in household.

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a change in household expected? ☐ Yes ☐ No

If yes, what type of change: _____

Are any household members full time students? Yes _____ No _____
 If yes, please identify family member and educational institution _____

- 5) Income.** Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, or alimony. **If you are collecting benefits under another social security number, please list the claim number here:** _____.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 6)** All assets of any family member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 5.

_____ Savings _____ Checking _____ CD's _____ Stocks
 _____ Bonds _____ Real Estate _____ Other _____ Life Insurance

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Have you sold any property or disposed of any assets for less than fair market value in the last two years? ☐ Yes ☐ No

<u>Type of Asset</u>	<u>Date of Disposal</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

- 7) Personal reference (some one who has known you for more than 1 year and is not a relative).**

NAME _____ PHONE NUMBER _____
 ADDRESS _____ BUSINESS NUMBER _____
 CITY, STATE, ZIP _____

-3-

- 8) Expenses:** Do you pay for child care for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family

member to work or go to school? ☐ Yes ☐ No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months: _____

Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums. ☐ Yes ☐ No

If yes, please list amount: _____

- 9) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? ☐ Yes ☐ No

If yes, name of head of household at that time: _____

Relation to present applicant: _____

Name of Housing Authority or Agency: _____

Address of subsidized Unit: _____

City, State: _____

Date Moved Out: _____

Reason for Moving: _____

Did you leave as a tenant in good standing: ☐ Yes ☐ No

If no, please explain: _____

If you answered yes to question 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? ☐ Yes ☐ No

If yes, explain: _____

- 10) Have you or any member of your household ever been arrested or convicted of a crime or subject to a life time requirement to register as a sex offender?

☐ Yes ☐ No

If yes, please explain: _____

- 11) How did you hear of this apartment complex? _____

- 12) Pets are allowed at these developments in accordance with Berkshire Housing Services, Inc.'s Pet Policy. If you have or will have a pet please check below:

____ Please send me a copy of the Pet Policy.

- 13) Do you own a car? ____ Yes ____ No

If yes, please indicate year and model _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of Housing and Urban Development and are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone Number _____

NO ASSET CERTIFICATION

PLEASE COMPLETE THIS ONLY IF YOU HAVE NO ASSETS. OTHERWISE PLEASE COMPLETE THE REQUIRED ASSET SECTION ON PAGE 3.

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Berkshire Housing Services, Inc. immediately.

SIGNATURE

DATE

