

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
○

RENTAL APPLICATION

Highland Woods
110 Church Street
Williamstown, MA

Management Agent:
Berkshire Housing Services, Inc.
One Fenn Street, 3rd Floor
P.O. Box 1180
Pittsfield, MA 01202-1180
P 413.499.4887
F 413.445.7633
TTY/TTD

The agent will provide help in reviewing and completing this application. If necessary, persons with disabilities may ask for this application in large print or other alternative formats. If you believe that due to your income, you are qualified for a subsidy through the Massachusetts Rental Voucher Program please check here: ☐

Please indicate bedroom size you are applying for:

One bedroom _____
Two bedroom _____
Three Bedroom _____

Do you need a wheelchair accessible apartment? Yes____ No____
Do you need a Hearing/Visual Adapted Unit? Yes____ No____

1) APPLICANT _____ MAILING ADDRESS, IF DIFFERENT: _____
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____ BUS. TEL. # _____
Email _____

2) Racial and Ethnic Designation (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws).

Race: White (not of Hispanic Origin) _____ American Indian/Alaskan Native _____
Asian or Pacific Islander _____ Black (Not of Hispanic Origin) _____
Hispanic _____ Other: _____

Note: Upon request to the Agent, you have a right to receive a Tenant Selection Plan (with Program Description Insert) which summarizes the tenant application process, eligibility and screening requirements, and lottery process for this property.

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 who will occupy the apartment. **INCLUDE Yourself.**

Full Name	Social Security Number	Age	Relationship to Head of Household	Sex	Full Time Student Yes or No (indicate below)

Is a change in household expected? ☐ Yes ☐ No

If yes, what type of change: _____

5) Income. Please list all money to be earned or received in the next twelve months by each household member; including full time students, such as welfare, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, alimony, annuities, dividends, income form rental property, military pay, scholarships or other grants. **If you are collecting benefits under another social security number, please list the claim number here:** _____.

Household Member	Type of Income/Frequency	Source	Gross monthly income (before taxes)

6) All assets of any family member must be reported. Assets include: checking accounts, savings accounts, Certificates of Deposit, Money Markets, Stocks, Bonds, Real Estate holdings, and Life Insurance policies. : IF YOU HAVE NO ASSETS, COMPLETE PAGE 6.

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

Household Member	Type 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) Does any member of the household have any accessibility or reasonable accommodation request or changes in a unit or development or alternate ways we need to communicate with you? ☐ Yes ☐ No If yes, please explain _____

8) Note: If you are unable to furnish a landlord reference or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____
Telephone _____ Address _____

Name of Character Reference _____
Telephone _____ Address _____

8) Expenses: Do you pay for 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: _____

10) 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: _____

- 11) Have you or any member of your household ever been arrested or convicted of a crime? Are any household members required to register as a sex offender under Massachusetts state law or any other state law? ☐ Yes ☐ No

If yes, list the names of the persons and registration requirements. (Place and length of time registration is required. _____)

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

- 12) Are you or were you a Williamstown resident who was or will be displaced as a result of Tropical Storm Irene? Yes___ No___
- 13) Does your present apartment contain health code violations? Yes___ No___ If so, please describe _____
- 14) Is your present apartment too small for your family Yes ___ No___
- 15) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes___ No___ If so, please describe _____
- 16) Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details _____
- 17) How did you hear about Highland Woods? _____
- 18) Pets are allowed at these developments in accordance with BHSI's Pet Policy. If you have or will have a pet please check box:
☐ Please send me a copy of the Pet Policy.
- 19) Do you own a car? ___ Yes ___ No
If yes, please indicate year and model _____

Apartments are financed by the Commonwealth of MA through various programs including the Federal Low Income Housing Tax Credit Program. Applicants will be selected without regard to race, religious creed, sex, national origin, gender identity, sexual orientation, genetic information, ancestry, military status, family status, receipt of public assistance, or disability. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services or to request a reasonable modification of the housing when such accommodations are necessary to afford a disabled person equal opportunity to use and enjoy the housing. (A requested change that would impose an undue financial and administrative burden on the housing provider, or that would fundamentally alter the nature of the provider's operations would typically not be considered "reasonable."

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English are entitled to language assistance with respect to a particular type of service, benefit, or encounter. Assistance will be provided in accordance with Berkshire Housing's Language Assistance Plan, a copy of which is included in the Tenant Selection Plan for Highland Woods.

I/we understand that this application is not an offer of housing. I/we 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/we are giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. All information is regarded as confidential in nature. Additional information will be provided if requested. I/we understand that any false statements or misrepresentation are punishable by State and Federal laws. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I/ We understand that if I/we am contacted regarding these programs and I/we do not respond, my name will be removed from the waiting list. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

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





**Universal STANDARD Application for
State-Aided Public Housing,
MRVP, & AHVP**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier fee:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to local housing authorities at which you want to apply. Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.**

1. Name of Applicant: _____

Current Residence Address: _____

City / Town: _____ Zip: _____

Home Telephone: _____ Cell Phone _____

Best # to Reach Applicant _____ Work Phone _____

Mailing Address: _____

City / Town: _____ Zip: _____

2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped

☐ Congregate Elderly/Handicapped ☐ Family ☐ MRVP ☐ AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- ☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
- ☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
- ☐ Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **Veteran Preference:**

Only for Family Housing: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a

- a. dependent child of a Veteran.

Only for Elderly / Handicapped Housing: You may apply for Veteran Preference if

- b. you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify:

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. Number of Bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no



10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Design- ation*	Ethnic Design- ation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type? _____ When?



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____

Amount of the sale / transfer: _____

Value of the sale / transfer: _____



17. **References:** List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please
18. list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1)	Name of Primary Leaseholder: _____	
	Address: _____	Date From: _____ To: Present
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		

(2)	Name of Primary Leaseholder: _____	
	Address: _____	Date From: _____ To: _____
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		

(3)	Name of Primary Leaseholder: _____	
	Address: _____	Date From: _____ To: _____
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		



19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no

If yes, Name of Head of Household
at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason
Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?

(check one) ☐ yes ☐ no

If No, Please
Explain:

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? ☐ yes ☐ no If so, this will not necessarily disqualify your application.

If Yes, Please
Explain:

21. Do you have any pets? ☐ yes ☐ no

If so, how many? _____

Please
describe:

22. Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name:

Relationship:

Address:

City

State

Zip

Telephone:

Business
Phone:

Cell:

Email:



23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? ☐ yes ☐ no

If Yes, Please

Explain:

24. Do you or any member of your household who will live in the unit have any criminal matters pending? ☐ yes ☐ no

If Yes, Please

Explain:

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____



All family members age 18 or older must complete this form. NO CHANGES TO FORM



Berkshire
Housing
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180
Tel 413-499-1630 Fax 413-445-7633 www.berkshirehousing.com

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

I, the above named individual, have authorized the Berkshire Housing Services Inc. to verify with the following sources, the accuracy of the information, which I have provided.

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools

I authorize you to release the information requested on the attached form to the Berkshire Housing Services Inc., subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for you assistance and cooperation in this matter.

SIGNATURE

DATE SIGNED

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED