

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

Brattlebrook Village
110 1/2 April Lane
Pittsfield, 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 or Section 8 HCV 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 _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL. # _____ Email _____	MAILING ADDRESS, IF DIFFERENT: _____ _____ _____ _____ BUS. TEL. # _____
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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	Date of Birth	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 from 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 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) Does your present apartment contain health code violations? Yes_____ No_____ If so, please describe _____

- 13) Is your present apartment too small for your family Yes ____ No____

- 14) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes____ No____ If so, please describe _____

- 15) 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 _____

- 16) How did you hear about Brattlebrook Village? _____

- 17) 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.

- 18) 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 Brattlebrook Village.

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

