

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



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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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!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

Regional Ready Renter Program Pre-Application 2017

Instructions

Please submit a completed application with all the required documents to be eligible for the affordable rental housing offered through the Ready Renter Program. This includes:

- A) A complete application with the all the required information for you and each member of your household.
- B) Two (2) most recent pay stubs for all employed members of the household who are age 18 and older; current documentation of income for all self-employed persons age 18 and older.
- C) Current documentation of all other income sources for persons who are age 18 and older, which includes: social security benefit letter, pension income, disability income, unemployment benefits, child support and alimony payments, money from friends and family, etc.
- D) Copy of Section 8 Voucher or other rental voucher, if applicable; voucher must be current.

If you are unsure about what the Ready Renter Program entails, please refer to our FAQ on the back of this sheet. Even more information is online at:

metrowestcd.org/housing-services/

The staff of Metro West CD is available to assist individuals in the completion of their application. We can accommodate households with disabilities and/or limited English proficiency that may impede their ability to complete the application. Applicants have the right to request reasonable accommodation(s), which may include a change to a rule, policy, procedure, or practice to afford a person with a disability an equal opportunity to participate fully in the housing program. Applicants may also be entitled to reasonable modification(s) of the housing to afford a person with a disability an equal opportunity to use and enjoy the housing.

If you have questions or need assistance filling out this form please contact our Ready Renter Program Coordinator to schedule an appointment. She can be reached at 617-923-3505 ext. 8. TYY Callers Dial 711

Para ayuda con este formulario en español, por favor llame al 617-923-3505 x 8.
Para obter ajuda com esta forma em português, por favor ligue para 617-923-3505 x 8.

Return complete application to:

Metro West CD
RE: Ready Renter Program
79-B Chapel Street
Newton, MA 02458
or
holly@metrowestcd.org
or
Fax to: 617-923-8241



Ready Renter Program – Frequently Asked Questions

What is the Ready Renter Program and how will it help me find affordable housing?

The Ready Renter Program is one tool in your housing search that helps you stay updated about affordable housing opportunities in the Metro West and surrounding communities. Each month, participants receive a listing of affordable housing opportunities and how to apply for each opportunity. Additionally, we offer 1-on-1 assistance in the housing search for any interested Ready Renter.

I am interested in the additional housing search assistance. How does that work?

The 1-on-1 housing search assistance gets your housing search started and/or organized. Each appointment is up to an hour of researching, calling, and applying for opportunities. Set up an appointment with our housing counselor at (617)923-3505 x8 or holly@metrowestcd.org.

How do I apply for the Ready Renter Program?

You must complete and submit this Ready Renter Program application to Metro West CD. The application must include the requested documents. Once you have submitted your application, you will receive a letter from Metro West CD confirming your enrollment or explaining what was missing from your application. All complete applications are accepted.

I got a letter stating that my application is incomplete. What do I do now?

Your letter will explain in detail why your application is incomplete. If you fail to complete sections of the application or fail to provide the required supporting documents, you will not be enrolled in the Program. You will have the opportunity to correct any errors to your application. If you have any questions about the application, please contact Metro West CD staff for assistance.

I have a housing voucher, am I eligible for the Ready Renter Program?

Yes. The units available through the Ready Renter Program are affordably priced for households with a Section 8 voucher or some other form of rental assistance.

Is there a minimum income requirement for units available through the Ready Renter Program?

There is no standard minimum income requirement for participation in the Ready Renter Program. Each development will typically have a minimum income requirement, although it will vary.

I got a letter stating that my application is complete. How long is the wait list?

The Ready Renter Program does not use a wait list to fill vacancies. Units owned by Metro West CD or our partner property owners are filled through a lottery process. When a unit becomes available, it will be advertised to Program participants, and filled through a lottery. It is your responsibility to contact Metro West CD staff to let them know that you would like to be included in a particular lottery.

I was just notified that I won a housing lottery! What do I do now?

You will have the opportunity to visit the development and meet with property management staff. If you like the unit and want to move in, you will need to pass the property manager's application process and you will need to submit a final application to Metro West CD for the final approval. The final application to Metro West CD is similar to the Program application that you already submitted, but we require additional information to document your income and assets.

I am interested in a unit that is advertised in the monthly listing, but it says I should contact a different owner regarding the lottery. What should I do?

Metro West CD plays a direct role in leasing some of the units in the listing and other units are filled through a separate company. You should follow the instructions provided for each development to be considered for the apartment.

General Information

Applicant's Name _____ Co-Applicant's Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Language Preference (if other than English): _____

Total Number of People in Household (including yourself) _____

You may be eligible for a "local preference" consideration so please include:

Town(s) in which your household members work: _____

Town(s) in which your children attend public school: _____

Optional*: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses are voluntary and will help us track the diversity of the applicant pool.

- | | |
|---|--|
| <input type="checkbox"/> Asian/Native Hawaiian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African-/Caribbean-American | <input type="checkbox"/> Another Race or Ethnicity (please specify): _____ |
| <input type="checkbox"/> Latino/a | |
| <input type="checkbox"/> Native American | |

I prefer to receive my monthly Ready Renter listing by ____ e-mail ____ mail

Interested in Being Involved in Supporting Affordable Housing?

Join Metro West CD – it's free!

- Stay informed about opportunities for involvement in:
 - Promoting affordable housing
 - Supporting economic development that provides local jobs and builds neighborhood centers
 - Building alliances with local partners to address other community issues.
- Gain voting status in Metro West CD's Board Meetings.

☐ Yes! Sign me up to start receiving information about these involvement opportunities

☐ Not at this time, thank you

Housing Information

Do you currently _____ Own _____ Rent _____ Other Please specify _____

Current monthly rent or mortgage payment: \$ _____

Maximum desired rent: \$ _____

Do you have a Section 8 Voucher or other rental voucher? _____ Yes _____ No
(You must include a copy of your Section 8 Voucher with your application)

Bedroom Size Requested (you can request more than one)

_____ Studio _____ 1-BR _____ 2-BR _____ 3-BR _____ 4-BR

Will you need a parking space? _____yes _____no

Development Name or Town(s)/Cities in which you are interested in living: _____

ACCESSIBILITY and/or ACCOMODATION REQUESTED (check all that apply):

_____ Wheelchair accessible unit _____ Unit accessible for sensory impairments
_____ Other **If so, please explain:**

Household Composition

List all persons who **will be moving with you** in the table below:

Name	Relationship to head of household (spouse, child, aunt, etc.)	Date of birth	Last four digits of Social Security Number	Student – Yes or No
	SELF			

Do you own any pets? _____ Yes _____ No **If Yes, list the type and number of pets:** _____

Are any members of the household enrolled in a college or university? _____ Yes _____ No **If yes, how many?** _____

Have you or any member of your family ever been evicted from any housing?
_____ Yes _____ No **If Yes, please explain:**

Income Information

List all income from **employment** for all members of the household age 18 and older, including students

Household member name	Employer name or 'Self' for self-employed persons	Gross annual income (Before taxes) – List salary or the hourly rate and the number of hours worked each week
	A) TOTAL HOUSEHOLD ANNUAL INCOME FROM EMPLOYMENT:	A) Approximately \$ /year

YOU MUST INCLUDE THE TWO MOST RECENT PAYSTUBS FOR ALL EMPLOYMENT INCOME. SELF-EMPLOYED INDIVIDUALS MUST PROVIDE CURRENT DOCUMENTATION OF INCOME.

List **all** other income sources in the table below.

Household member name	Source of income	Gross monthly amount (Before taxes)
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>SSI Benefits</i>	
	<i>Pension</i>	Pension Source: Monthly Amount:
	<i>Pension</i>	Pension Source: Monthly Amount:
	<i>Disability Benefits</i>	
	<i>Child Support</i>	
	<i>Alimony</i>	
	<i>Unemployment Benefits</i>	
	<i>TANF</i>	
	<i>Periodic payments from family/friends</i>	
	<i>Interest Income</i>	
	<i>Interest Income</i>	
	<i>Other</i>	
	<i>Other</i>	
	TOTAL HOUSEHOLD MONTHLY INCOME FROM OTHER SOURCES:	\$ /month
	B) HOUSEHOLD MONTHLY INCOME x 12 :	B) \$ /year

YOU MUST INCLUDE CURRENT DOCUMENTATION FOR ALL ABOVE INCOME SOURCES

Total Household Annual Income: (A) + (B) = _____

Asset Information

List all household financial assets, including: cash, savings and checking accounts, stocks and bonds, retirement accounts (pension, 401K, etc.) and any other forms of capital investment. Do *not* include the value of personal property such as furniture and automobiles.

Name of account holder	Name of financial institution	Account type	Last 4 digits of account #	Account balance	Are there any restrictions and/or penalties for withdrawal?
		<i>Checking</i>			
		<i>Checking</i>			
		<i>Checking</i>			
		<i>Savings</i>			
		<i>Savings</i>			
		<i>Cash Value of Whole Life Insurance</i>			
		<i>401(k)/403(b)</i>			
		<i>401(k)/403(b)</i>			
		<i>Roth IRA</i>			
		<i>Roth IRA</i>			
		<i>Savings Bonds</i>			
		<i>Savings Bonds</i>			
		<i>Stocks/Bonds</i>			
		<i>Stocks/Bonds</i>			
		<i>Money Market</i>			
		<i>Investment Property</i>			
		<i>Other</i>			
		<i>Other</i>			
		<i>Other</i>			

Total Assets: _____

Asset Verification – Sign A or B, not both

Complete A if you have listed ANY asset on Page 6.

OR

Complete B if there is NO person in the household with ANY of the listed assets.

A)

I, _____, do hereby certify that I have accurately listed all assets held by members of this household.

I certify that this statement is true to the best of my knowledge and belief.

Applicant Signature

Date

OR

B)

I, _____, do hereby certify that no member of this household has any of the assets listed on page 6.

I certify that this statement is true to the best of my knowledge and belief.

Applicant Signature

Date

If you signed B, there should be nothing listed on Page 6.

Certifications (Must be signed by every household member age 18 and older)

Certification of Information

- I/We certify that all information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We do 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 that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that upon occupancy of an affordable rental unit, the management company and Metro West CD must approve ANY changes to the number of people living in the unit.
- I/We understand that eligibility for housing will be based upon applicable income limits and by management criteria.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

In the event of an emergency please contact:

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____



Release of Information (Must be signed by every household member age 18 and older)

I/We hereby authorize Metro West CD or its agent, to obtain verification from any source named in this application. Additionally, I understand that Metro West CD reserves the right to review a CORI report for each applicant. In addition, the undersigned authorize and direct any federal, state, or local agency, organization, business or individual to release information to representatives of Metro West CD, which may be necessary for me to become or remain a housing tenant.

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines. I/We also consent Metro West CD to release information from my/our files about my/our rental history to credit bureaus, collection agencies or future landlords with my/our expressed consent. This includes records on my/our payment history and compliance with lease or occupancy regulations.

CONDITIONS: I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Metro West CD office and will stay in effect for 18 months from the date signed.

I/We understand that all decisions made by Metro West CD are final and that any appeals must be submitted in writing to the Metro West CD Board of Director.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Metro West CD does not discriminate on the basis of race, color, religion, national origin, disability, familial status, sex, age, marital status, children, sexual orientation, genetic information, gender identity, ancestry, veteran/military status, or membership.



Share Your Story - Optional

Metro West CD is interested in learning about how affordable housing could benefit you and your family. For example:

- Will it help you reduce your current housing costs?
- Will it allow you to live closer to your job?
- Will it allow you to remain living in a community where you have resided for several years?

This information is *entirely optional* and will not be used in determining your eligibility for the program. Share your story below!

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.