

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
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 _____



APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
AHREND CIRCLE APARTMENTS
HOUSING FOR THE ELDERLY AND DISABLED
AHREND CIRCLE APARTMENTS, AHREND CIRCLE, SOUTHWICK, MA 01077

MAILING ADDRESS: Ahrend Circle
216 Sheep Pasture Road
Southwick, MA 01077 Tele: 413-242-2157 Fax: 413-998-3149
cgonzalez@wayfindersma.org

(The information regarding race, national origin and gender solicited on this application is requested in order to assure the Federal Government, that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, gender, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. 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 gender of individual applicants on the basis of visual observation or surname.)

“This institution is an equal provider and employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

APPLICANT NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

Number of bedrooms (circle first choice): 1 2 HC

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. 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.

NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOC.SEC.#
1.		Head				
2.						
3.						

2. Race of head of Household: (check one) (Voluntary-for statistical purposes only.)
☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ Other

3. Ethnicity of Head of Household (For statistical purposes only.)
☐ Hispanic ☐ Non-Hispanic
4. Does anyone live with you now who is not listed above: ☐ Yes ☐ No
5. Do you expect a change in your household composition? ☐ Yes ☐ No

Explain if you answered yes to either question: _____

6. Is head of household or spouse handicapped or disabled? ☐ Yes ☐ No
(For program and unit eligibility purposes only)

7. Please identify any special housing needs your household has. _____

8. Are you now or have you ever lived in a subsidized housing unit? ☐ Yes ☐ No If yes:

Name of Complex if any: _____

Name of Manager: _____ Telephone # _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below. Does any member of your household:

YES

NO

- | | | |
|------------------------------|-------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Work full-time or seasonally? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Expect to work for any period during the next year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Work for someone who pays them cash? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No . | Now receive or expect to receive child support? |

- ☐ Yes ☐ No . Entitled to child support that he/she is not now receiving?
- ☐ Yes ☐ No . Now receive or expect to receive alimony?
- ☐ Yes ☐ No . Have an entitlement to receive alimony that is not currently being received?

YES

NO

- ☐ Yes ☐ No Now receive or expect to receive public assistance (TANF)?
- ☐ Yes ☐ No Now receive or expect to receive Social Security, Supplemental Security income (SSI) or disability benefits?
- ☐ Yes ☐ No Now receives or expects to receive income from a pension or annuity?
- ☐ Yes ☐ No Now receives or expects to receive regular contributions from organizations or from individuals not living in the unit?
- ☐ Yes ☐ No Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ☐ Yes ☐ No Own real estate or any assets for which you receive no income (checking account, cash)?
- ☐ Yes ☐ No Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME TYPE OF INCOME	GROSS YEARLY INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, pensions, or other assets and their value owned by any household member:

3. Are you involved in any trusts as either a donor or beneficiary? Please provide details.

EXPENSES

- ☐ Yes ☐ No Do you have expenses for child care of a child aged 13 or younger?
If yes, provide the name, address and telephone number of the care provider:

What are the weekly costs to you of the child care?_____

- ☐ Yes ☐ No Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or the equipment?_____

- ☐ Yes ☐ No Do you have Medicare? If yes, what is your monthly premium?_____

☐ Yes

☐ No Do you have any other kind of medical insurance: If yes answer the following questions: Provide name and address of carrier, policy number, and premium amount:

☐ Yes

☐ No Do you have outstanding medical bills? If yes, list them below._____

What medical expenses do you expect to incur in the next twelve months?_____

If you use the same pharmacy regularly, please provide the name and

address:_____

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

Telephone No._____

How long have you lived there?_____

Reason for leaving?_____

Name and address of your most recent former Landlord:

Telephone No._____

How long have you lived there?_____

Reason for leaving?_____

EMPLOYMENT HISTORY

Name and Address of Head of Household's present employment:

_____ Telephone No. _____

_____ Supervisor's Name? _____
_____ How long have you worked there? _____

Name and Address of other Household member's employer:

_____ Telephone No. _____

_____ Supervisor's Name? _____
_____ How long have you worked there? _____

REFERENCES OTHER THAN FRIENDS AND FAMILY

Name _____ Telephone No. _____

_____ Relationship? _____
Name _____ Telephone No. _____

_____ Relationship? _____
Name _____ Telephone No. _____

_____ Relationship? _____
Name _____ Telephone No. _____

_____ Relationship? _____

AUTOMOBILE

MAKE: _____ MODEL _____ YEAR: _____
REGISTRATION PLATE NO.: _____ STATE _____ COLOR _____

PET INFORMATION

PET NAME: _____ BREED: _____
SIZE: _____ WEIGHT: _____

IN CASE OF EMERGENCY

NAME: _____ TELEPHONE NO. _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ TELEPHONE NO. _____

ADDRESS: _____ RELATIONSHIP: _____

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and employment information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

SIGNATURE HEAD OF HOUSEHOLD DATE: _____

SIGNATURE OTHER HOUSEHOLD MEMBER DATE: _____

OWNER / MANAGER / PHA / REPRESENTATIVE DATE: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Ahrend Circle Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years? ☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license#'s)

10. Have you ever used or been known by any other name? ☐ Yes ☐ No

If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Ahrend Circle Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Ahrend Circle Apartments, to a public housing authority, or to an agency contracted by Ahrend Circle Apartments to conduct criminal background checks.

Applicant's Signature _____ Date _____

Applicant's Name (PLEASE PRINT) _____