

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[support@housingworks.net](mailto: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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 HOUSING

TAX CREDIT

Stewart Property Management Use Only:

Property Name:	Barrier Free (H/C unit) Requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bedroom Size:	Comments:	
Accepted		
Rejected		

Time/Date



www.stewartproperty.net

Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check NO next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation.

Property Name you are applying for: \_\_\_\_\_ Number of bedrooms requested: \_\_\_\_\_

## A. GENERAL INFORMATION

Full Name:

Phone Number:

Address:

E-Mail:

## B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. ONLY include children who will be living in the apartment at least 50% of the time.

Full Name and middle initial	Relationship to HEAD HEAD	Date of Birth	Full Time Student?	Social Security #	Sex

Does anyone listed above have a maiden name, or alias? ☐ YES ☐ NO If yes, please list them below:

☐ YES ☐ NO Do you expect any additions to the household within the next 12 months?  
If yes, please explain giving name and relationship:

☐ YES ☐ NO Do you have primary physical custody of all children listed under the Household Composition above?  
If no, please explain:

☐ YES ☐ NO Are there any absent household members that are not listed under the Household Composition above?  
☐ NA If yes, please explain giving name and relationship:

**C: INCOME**

Please fill in each section, checking NO next to the items that you do not receive.

Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name and Address of Employer</b>	<b>Gross Monthly Amount</b>
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Public Assistance Office</b>	<b>Gross Monthly Amount</b>
		Public Assistance		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>		<b>Gross Monthly Amount</b>
		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Income Source</b>	<b>Gross Monthly Amount</b>
		Pension/Annuities		\$
		Pension/Annuities		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Income Source</b>	<b>Gross Monthly Amount</b>
		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Income Source</b>	<b>Gross Monthly Amount</b>
		VA Benefits		\$
		VA Benefits		\$
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Income Source</b>	<b>Gross Monthly Amount</b>
		Alimony		\$
		Child Support		\$
		Self Employment		\$
		Other Income		\$
<input type="checkbox"/> YES <input type="checkbox"/> NO Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:				

**D: ASSETS**

Please fill in each section, checking NO next to the items that you do not have.

<b>CHECKING/SAVINGS ACCOUNTS, OR CD</b>					
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Bank Name/Type</b>	<b>Account #</b>	<b>Balance</b>	<b>Interest Rate</b>
				\$	
				\$	
				\$	
				\$	
				\$	
<b>STOCKS</b>					
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Stock Name</b>	<b># of Shares Owned</b>	<b>Value Per Share</b>	<b>Dividend Rate</b>
				\$	
				\$	
<b>BONDS</b>					
Check if NO <input type="checkbox"/>	<b>Family Member</b>	<b>Series</b>	<b>Date of Issue</b>	<b>Amount</b>	
				\$	
				\$	

**ASSETS, continued**

<b>TRUST ACCOUNTS</b>					
Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
	Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IRAs</b>					
Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>ANNUITIES/MUTUAL FUNDS/401K/403b</b>					
Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
<b>WHOLE LIFE POLICIES (NOT TERM LIFE)</b>					
Check if NO <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount	
				\$	
<b>ANY OTHER ASSETS</b>					
Check if NO <input type="checkbox"/>	Family Member	Asset Type			Market Value
					\$
					\$
<b>REAL ESTATE</b>	1) Do you own any property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Family Member:
	2) If yes, what type of property is it?				
	3) Where is the location of the property?				
	4) What is the appraised market value?				
	5) Amount of mortgage or outstanding loan?				
	6) Is the property owned jointly?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	7) Do you now rent, or intend to rent this property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DISPOSED OF ASSETS</b>	1) Has any member of your household disposed of any asset(s) in the last two years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	2) If yes, what type of asset (e.g. cash, property, bank accounts)?				
	3) Market value when disposed:		\$		
	4) Amount disposed for?		\$		
	5) Date of transaction?				

**E: PROGRAM INFORMATION**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has <b>everyone</b> in your household ( <b>ALL</b> adults and children) been a student for at least 5 months in the current calendar year or; is <b>everyone</b> in your household (adults and children) currently a student, or planning to become one within the next 12 months? <b>If yes</b> , please check the applicable status from the list below: <div style="margin-left: 20px;"> <input type="checkbox"/> Married and filing a joint tax return  <input type="checkbox"/> Receiving Social Security Title IV payments (NHEP, RUFA)  <input type="checkbox"/> Participating in a job training program with assistance  <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return.  <input type="checkbox"/> None of the above.         </div>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household <b>ever</b> lived at <b>any</b> property managed by Stewart Property Management? If yes, list property name and dates:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require an accessible unit? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever resided in a federally assisted housing complex? If yes, when and where?

**PROGRAM INFORMATION, continued**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household ever been evicted? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally capable of entering into a lease agreement? If no, please explain:
How did you hear about the apartment for which you are applying?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you or anyone in your household have a Section 8 voucher? Housing Authority: _____ Contact Person: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant: _____ Relationship (if any): _____
For each adult household member, list every state that they have ever lived in:	

**F:****HOUSING REFERENCES****Please complete all areas below.**

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

<b>Current Address:</b> ↓			
		Resided here since:	
		Rent Amount:	\$
		Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month?	\$
Name and Address of Current Landlord:		Phone Number of current landlord:	
		Are you related to this person?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Additional Info:	
<b>1st Previous Address:</b> ↓			
		Lived there from _____ to _____	
		Rent Amount:	\$
		Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:		Phone Number of previous landlord:	
		Are you related to this person?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Additional Info:	
<b>2nd Previous Address:</b> ↓			
		Lived there from _____ to _____	
		Rent Amount:	\$
		Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:		Phone Number of previous landlord:	
		Are you related to this person?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Additional Info:	

**OTHER INFORMATION**☐ YES ☐ NO Do you have any pets?

If yes, please describe:

☐ YES ☐ NO Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime?

If yes, please explain:

☐ YES ☐ NO Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs?

If yes, please explain:

☐ YES ☐ NO Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol?

If yes, please explain:

☐ YES ☐ NO Are YOU or ANY MEMBER of your household listed on any state sex offender registration program?

If yes, please explain:

**H: CERTIFICATION**

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we will occupy will be my/our only residence. I/We understand that eligibility for housing will be based on Section 42 of the Internal Revenue Code and applicable sections of the HUD 4350.3 Occupancy Handbook and Stewart Property Management's Resident Selection Criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

**I: RELEASE OF INFORMATION AUTHORIZATION**

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that SPM complies with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, marital status and disability 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.

Race: (Check one or more)  
☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Gender: \_\_\_\_\_