

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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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 _____



THE LUMBER YARD RENTAL APPLICATION FOR AFFORDABLE APARTMENTS

A co-development of Valley Community Development and Way Finders, Inc.

Please Print Clearly

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un document importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

This is an application for an apartment at:

Please complete this application and return to:

THE LUMBER YARD

256 Pleasant Street
Northampton, MA 01060

Property Management Department Way Finders, INC.

155 Pleasant Street
Northampton, MA 01060

Or email to leaseup@wayfindersma.org

Attachment REASONABLE ACCOMMODATION

An applicant may be interviewed only after the receipt of this tenant application.

A. General Information

ApplicantName(s): _____

Address: _____

Street

Apt.#

City

State

ZIP

Best Phone #: _____ Email: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ One-bedroom ☐ Two-bedroom ☐ Three-bedroom ☐ Wheel-chair Accessible

Do you receive **mobile** Section 8 or other **mobile** rental assistance? ☐ Yes ☐ No

Do you meet one of the following:

- ☐ lack a fixed, regular, and adequate nighttime residence
- ☐ share the housing of other persons due to loss of housing, economic hardship, or a similar reason
- ☐ are living in a motel, hotel, trailer park, or camping grounds due to the lack of alternative accommodations
- ☐ are living in emergency or transitional shelters
- ☐ are abandoned in a hospital
- ☐ are awaiting foster care placement
- ☐ have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- ☐ live in a car, park, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- ☐ at-risk of homelessness

HOW DID YOU HEAR ABOUT US? via the HousingWorks.net website

B. Household Composition

	Name	Relationship to head	Birth Date	Age <i>(optional)</i>	SS#	Student Y/N
Head		HoH				
Co-T						
3						
4						
5						
6						

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, explain: _____

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, explain: _____

C. Income

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

House Hold Member Name:	Source of Income:	Monthly Amount:
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone #:	
	How long employed:	Position: Held

House Hold Member Name:	Source of Income:	Monthly Amount:
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone #:	
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House Hold Member Name:	Source of Income:	Monthly Amount:
	Employment amount:	\$
	Employer:	
Employment Address:	Telephone #:	
	How long employed:	Position: Held

	Alimony	
	Are you <i>legally entitled</i> to receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you are <i>entitled</i> to receive:	\$
	Do you receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive:	\$

	Child Support	
	Are you <i>legally entitled</i> to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you are <i>entitled</i> to receive:	\$
	Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive:	\$

	Other Income:	\$
	Other Income:	\$
	Other Income:	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$	
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		

D. Assets

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

Checking Accounts:

Name of person on the account:		
Account#	Bank Name:	Balance \$
Location & Address:		

Name of person on the account:		
Account#	Bank Name:	Balance \$
Location & Address:		

Name of person on the account:		
Account#	Bank Name:	Balance \$
Location & Address:		

Savings Accounts:

Name of person on the account:		
Account#	Bank Name:	Balance \$
Location & Address:		

Name of person on the account:		
Account#	Bank Name:	Balance \$
Location & Address:		

Trust Account

#	Bank:	Balance \$
#	Bank:	Balance \$

Certificates of Deposit

#	Bank:	Balance \$
#	Bank:	Balance \$

Credit Union

#	Bank:	Balance \$
#	Bank:	Balance \$

Savings Bonds

#	Maturity Date:	Value \$
#	Maturity Date:	Value \$

Life Insurance Policy

#	Cash Value \$
#	Cash Value \$

Mutual Funds

Name:	#Shares:	Interest/Dividend\$	Value\$
Name:	#Shares:	Interest/Dividend\$	Value\$
Name:	#Shares:	Interest/Dividend\$	Value\$

Stocks

Name:	#Shares:	Dividend Paid \$	Value\$
Name:	#Shares:	Dividend Paid \$	Value\$
Name:	#Shares:	Dividend Paid \$	Value\$

Bonds

Name:	#Shares:	Interest/Dividend\$	Value\$
Name:	#Shares:	Interest/Dividend\$	Value\$
Name:	#Shares:	Interest/Dividend\$	Value\$

Real Estate Property

Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$
Investment Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Address:	Value \$
Rental Income:	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

E. Additional Information

Have you or any member of your family ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe: _____

Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No

If yes, describe: _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, describe: _____

Will you take an apartment when one is available? ☐ Yes ☐ No

Briefly describe your reasons for applying: _____

E. Reference Information

Current Landlord	Name:			
	Address:			
	Home Phone:		Bus. Phone:	
	How long?			
Prior Landlord	Name:			
	Address:			
	Home Phone:		Bus. Phone:	
	How long?			

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:

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

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino ☐ Yes ☐ No

Native Hawaiian or Pacific Islander ☐ Black or African American ☐

American Indian/Alaskan Native ☐ Asian ☐ White ☐ Other ☐

Male ☐ Female ☐ Primary Language _____

Do you request a wheel-chair accessible unit? _____

Do you request any modifications of an apartment? _____

Do you have sensory impairments that require special features in an apartment? _____

Are you currently using an illegal controlled substance? _____

Do you have a previous conviction of same? _____

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance? _____

Do any household members smoke? _____

G. Vehicle Information

(if applicable)

Limited resident parking available

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate#:
Year/Make:	Color:
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:

Certification

I/We hereby certify that I/We Do/Will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Tenant)	Date

NOTICE TO APPLICANTS WITH DISABILITIES REGARDING

REASONABLE ACCOMMODATION

Way Finders, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, gender identity, genetic information, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, Way Finders will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that Way Finders can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to Way Finders or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to Way Finders, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with Way Finders, that is your right.

You can get a Request for Reasonable Accommodation form at Way Finders' Corporate Office, at 120 Maple Street Springfield, MA 01103 Att. Faith Williams, or by calling (413) 233-1500 or TTY# (413) 233 1699. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.