

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

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:

PLEASE ANSWER ALL QUESTIONS



- ☐ 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 Head of Household 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
- ☐ 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

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

- ☐ HEAD OF HOUSEHOLD'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 Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ 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.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



Applicants must be 18 years of age and/or have the legal capacity to sign the lease.

This application is to be completed fully with every question answered. Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 Low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the number listed below.

Hamilton Wade / Douglas Apts
20 Haverhill Street
Brockton, MA 02301

**FOR OFFICE USE ONLY:**

Received date and time stamp here:

(Please print clearly)

Applicant's Full Name: _____ Date of Application: _____

This rental application is for: **Hamilton Wade/Douglas** Desired Move-In Date: _____

Bedroom size requested: Studio ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ Accessible unit ☐

Note: **Please answer all sections completely.** Failure to do so will result in your application being returned to you as incomplete, causing further delays in processing.

HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/year)	SOCIAL SECURITY NUMBER	STUDENT (Y/N) FULL (FT) or PART-TIME (PT)
	HEAD			

****Do you expect any changes to your household in the next 12 months? Yes ☐ No ☐**

Provide all addresses where you have lived for the past five (5) years. Please print clearly.

CURRENT ADDRESS:

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: **Present Day** Monthly Rent: \$ _____

E-mail address: _____ Reason for Moving: _____

Landlord Name: _____ Landlord Address: _____

City: _____ State: _____ Zip: _____ Landlord Telephone/Cell: _____

Comments: _____

PREVIOUS ADDRESS #1

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Rent: \$ _____
Reason for Moving: _____
Landlord Name: _____ Landlord Address: _____
City: _____ State: _____ Zip: _____ Landlord Telephone/Cell: _____
Comments: _____

PREVIOUS ADDRESS #2

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Rent: \$ _____
Reason for Moving: _____
Landlord Name: _____ Landlord Address: _____
City: _____ State: _____ Zip: _____ Landlord Telephone/Cell: _____
Comments: _____

DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of an accessible unit? Yes ☐ No ☐
2. Would you like to be placed on a waiting list for an accessible unit? Yes ☐ No ☐
3. Are you seeking admission based on a disability? Yes ☐ No ☐
4. Do you require any modifications to the unit? Yes ☐ No ☐

If so, please list the specific modifications needed:

RACE & ETHNICITY:

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐

Native Hawaiian /Other Pacific Islander ☐ Other (please specify) _____

STUDENT STATUS:

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?

Yes ☐ No ☐

If yes, please explain: _____

GENERAL INFORMATION:

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐

If yes, please explain: _____

4. Have you or any member of your household been convicted of selling, distributing, or manufacturing an illegal or controlled substance? Yes ☐ No ☐

If yes, please explain: _____

5. Are you or any member of your household required to register as a lifetime sex offender in any state? Yes ☐ No ☐

6. Are you currently living in federal or state subsidized housing? Yes ☐ No ☐

7. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐

8. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

If yes, please provide household member name and U.S. military branch: _____

9. Do you have any pets (excluding service animals)? Yes ☐ No ☐

If yes, describe: _____

10. How did you hear about our apartment community? _____

11. Briefly explain your reasons for applying to our apartment community: _____

12. Will you take an apartment when one becomes available? Yes ☐ No ☐

EMERGENCY CONTACT - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you:

Contact #1

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Contact #2

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

INCOME

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations require that each applicant/resident disclose all sources of income and assets including those of minors. Applicants for housing in this property must complete this disclosure form by providing the requested information and certifying to its accuracy. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask management staff for assistance. If an income source is received from a foreign country, you must disclose this income as well.

INCOME SOURCES	YES	NO	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT	ADDRESS & PHONE # TO SEND VERIFICATION FORM
Employment income including wages, tips, bonuses and commissions				\$	
Self-employment or business income				\$	
Workers' Compensation				\$	
Social Security Retirement				\$	
Supplemental Security Income (SSI) or SSDI				\$	
Periodic payments from Short or Long-Term Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Account				\$	
Public Assistance (TANF, EAEDC, General Assistance)				\$	
Real estate rental income				\$	
Child support or unearned income from a family member under 18 years of age				\$	
Alimony				\$	
Veterans' benefits				\$	
Unemployment compensation				\$	
Interest or dividend income earned from assets				\$	
Recurring gifts or family contributions (monetary or not)				\$	
Financial Aid (grants & scholarships) in excess of tuition.				\$	
Other (Please explain)				\$	

Do you anticipate any changes in your household income during the next 12 months? Yes ☐ No ☐

Explanation: _____

CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payer.

1. Do you or any household member have a court order to receive child support payments? Yes ☐ No ☐
2. If yes, are you currently receiving any child support payments? Yes ☐ No ☐
3. If yes, are your child support payments court ordered? Yes ☐ No ☐
4. If child support is not being received, are you taking legal action to remedy? Yes ☐ No ☐

Explanation: _____

ASSETS: You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts. If you need additional space, please request an additional form.

Type of Assets	Yes	No	Balance or Cash Value	Account #	Financial Institution Name
Checking Account			\$		
Checking Account			\$		
Savings Account			\$		
Savings Account			\$		
Cash on Hand			\$		
Trust (Revocable or Non-revocable)			\$		
Certificate of Deposit (CD)			\$		
Life Insurance (Whole or Universal)			\$		
Credit Union Account			\$		
IRA or 401k Account			\$		
Pension/Retirement			\$		
Stocks or Mutual Funds			\$		
Investment Bonds			\$		
Money market account			\$		
Money in a safety deposit box			\$		
U.S. Savings Bonds			\$		
Personal property held as an investment such as antique cars, coins, etc.			\$		
Assets held in foreign countries			\$		
Other (Describe)			\$		

Jointly held assets: Are any of the above assets owned jointly by any household members? Yes ☐ No ☐

If yes, please explain: _____

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1? Yes ☐ No ☐

If yes, please explain: _____

REAL ESTATE (including real estate in a foreign country):

Do you own any property? Yes ☐ No ☐

If yes, type of property: _____ Location: _____

Market Value: \$ _____

Do you receive any rental income from your property? Yes: ☐ No: ☐

If yes, type of property: _____ Location: _____

Amount received per month: \$ _____

Assets disposed of for less than fair market value within past two years:

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes ☐ No ☐

If yes, did you dispose of any assets for less than fair market value? Yes ☐ No ☐

Please list assets disposed of within past two years:

TYPE OF ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED
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NOTE:

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. **All applicants, age 18 or older, must sign and date this application.**

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

The priorities listed below apply only to properties financed by MassHousing

For applicants applying to properties located in Massachusetts, please indicate whether any of the following priorities below apply to your current situation. If you answer "yes" to any of these questions, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority you have selected. (Please note that all preference claims will be verified prior to the offering of an apartment.)

Priority #1: Homelessness due to Displacement by Natural Forces:

An applicant, otherwise eligible and qualified, who has been displaced by one of the following:

- ☐ Fire not due to the negligence or intentional act of applicant or a household member; or
- ☐ Earthquake, flood or other natural cause; or
- ☐ A disaster declared or otherwise formally recognized under disaster relief laws.

Priority #2: Homelessness due to Displacement by Public Action (Urban Renewal):

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within three years prior to application, by:

- ☐ A low rent housing project as defined in M.G.L. c. 121B, § 1, or
- ☐ A public slum clearance or urban renewal project initiated after January 1, 1947, or
- ☐ Other public improvement

Priority #3: Homelessness due to Displacement by Public Action (Sanitary Code Violations):

An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- ☐ Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
- ☐ The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

* Please note: "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without written verification from the agency, constitute a condemnation.

Priority #4: Involuntary Displacement by Domestic Violence:

"Domestic Violence" means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if at least one of the family members is under the age of eighteen and if:

- ☐ The applicant has vacated a housing unit because of domestic violence; or
- ☐ The applicant lives in a housing unit with a person who engages in domestic violence; or
- ☐ If the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Social Security # _____ Date of Birth mm/dd/yyyy: _____
Driver's License or Photo ID # _____ State issued: _____
Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Social Security # _____ Date of Birth (mm/dd/year): _____
Driver's License or Photo ID # _____ State Issued: _____
Signature: _____ Date _____

Please use a separate page for additional household members who are age 18 and older.

Attachments: HUD-92006 "Supplement to Application for Federally Assisted Housing Form"

HUD-27061-H "Race and Ethnic Data Reporting Form" for each household member.

Federal Management Co., Inc./Schochet Companies' Reasonable Accommodation Policy

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet. Please print clearly.

Last Name _____ First Name _____ Middle Initial _____
RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SSN: _____ ALIEN REGISTRATION NO _____

ADMISSION NUMBER:

If applicable, (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY

Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO.

(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby declare, under the penalty
(print or type first name, middle initial, last name)

of perjury, that I am: _____

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____

Date: _____

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit proof of age document together with this format, and sign below:

If you checked this block and you are 62 years of age, you should submit the following documents:

a) Verification Consent Format – *Exhibit 3-6*

AND

b) One of the following documents:

1) **Form I-551, *Permanent Resident Card***

2) **Form I-94, *Arrival-Departure Record***, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to Section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(f5) of the INA."

3) **If Form I-94, *Arrival Departure Record***, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

6) **A receipt issued by the DHS** indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

7) ***Other acceptable evidence.** If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.