

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**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

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!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Date and Time Received

Rental Application for Cottage Street Apartments, Athol, MA

Bedroom Size Requested: One BR ☐ Two BR ☐ Three BR ☐ Four BR ☐ Accessible BR ☐

1) **HOUSEHOLD COMPOSITION & CHARACTERISTICS:**

Complete the following information for each member of your household (including yourself) who will be occupying the apartment. *All children expected to reside in the unit must be counted (e.g., unborn children; children in the process of being adopted; children who are subject to a joint custody agreement and live in the unit at least 50% of the time).*

Name	Relation to Head	Birth Date MM/DD/YYYY	Marital Status	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	Social Security #	Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	HEAD			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Birth Certificates and Social Security Cards must be provided prior to admission for ALL household members)

- 2) Will **ALL** of the persons in the household be or have been full-time students during five calendar months of the year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES _____ NO _____
- If YES, answer the following questions:
- Are any full-time student(s) married and filing a joint tax return? YES _____ NO _____
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES _____ NO _____
- Are any full-time student(s) a TANF or a title IV recipient? YES _____ NO _____
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? YES _____ NO _____
- Has any student formerly received foster care assistance? YES _____ NO _____

3) **PRESENT ADDRESS:**

STREET _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: HOME _____ CELL _____ WORK _____

- 4) Do you or anyone in your household require the features of an accessible/handicap unit? YES _____ NO _____
If YES, you will be required to verify this when you are offered an apartment.
- 5) Are all household members U.S. Citizens or Permanent Residents? YES _____ NO _____
If you are a Permanent Resident, please list Alien Registration Number _____
(In order to be eligible to receive housing assistance, each applicant must be lawfully within the U.S.)

- 6) Are you applying for status as an elderly household where the Tenant or Co-Tenant is 62 years or older and/or disabled as defined by HUD? YES_____ NO_____
- If so, you may qualify for certain medical expenses. Please realize that eligibility **MUST** be verified.
- 7) Do you anticipate any changes in your household composition in the next twelve months? YES_____ NO_____
- If yes, please explain_____
- 8) **RENTAL HISTORY:** Do you Presently: (Check those which apply)
- Own your own home_____ Rent_____ Live with others_____ Who?_____
- Other living arrangements_____ Explain_____
- 9) **PRESENT AND PREVIOUS ADDRESSES - include 5 years rental history:**
- (if more space needed, please attach separate sheet)

From _____ to <u>Present</u> Address: Street _____ City _____ State _____ Zip _____ Landlord: _____ Address: Street _____ City _____ State _____ Zip _____ Phone: _____ Reason for Leaving? _____	Current Monthly Rent Amount _____

From _____ to _____ Address: Street _____ City _____ State _____ Zip _____ Landlord: _____ Address: Street _____ City _____ State _____ Zip _____ Phone: _____ Reason for Leaving? _____	

From _____ to _____ Address: Street _____ City _____ State _____ Zip _____ Landlord: _____ Address: Street _____ City _____ State _____ Zip _____ Phone: _____ Reason for Leaving? _____	

- 10) Do you now or have you ever lived in subsidized housing? YES_____ NO_____
- If YES, **WHERE** _____
- STREET CITY STATE ZIP
- WHEN:** FROM _____ TO _____
- REASON FOR MOVING** _____
- 11) Have you ever been evicted? YES_____ NO_____
- If yes, please explain_____
- 12) Have you or any member listed in question #1 ever been convicted of a felony? YES_____ NO_____
- If Yes, explain: _____
- 13) Are you or any member of your household subject to a lifetime sex offender registration requirement in ANY state?
- YES_____ NO_____ If YES, list household member(s) _____
- Please list **ALL STATES** in which any household member listed in Question 1 has resided: _____

14) Are you being forced to move from your home? YES _____ NO _____ If Yes, explain _____

15) Are any family members temporarily absent from the home? YES _____ NO _____
If Yes, explain: _____

16) **EMPLOYMENT:**

Does anyone listed in question #1 have paid employment? YES _____ NO _____ If yes, please specify:

Applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Co-applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Other(who?) _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

17) **GROSS MONTHLY INCOME:**

List Amount Per Month		Applicant	Co-Applicant	Other (WHO?)
A.	Social Security	\$	\$	\$
B.	Supplemental Security Income (SSI)	\$	\$	\$
C.	State Supplemental Payment (SSP)	\$	\$	\$
D.	Salary* (Employment Income)	\$	\$	\$
E.	Pension	\$	\$	\$
F.	Veterans Benefits	\$	\$	\$
G.	Unemployment	\$	\$	\$
H.	Workmen's Comp	\$	\$	\$
I.	Military Pay	\$	\$	\$
J.	TANF / AFDC/ Public Assistance	\$	\$	\$
K.	Child Support	\$	\$	\$
L.	Alimony	\$	\$	\$
M.	Other (Specify: _____) per month	\$	\$	\$

***PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER**

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

- 18) Do you expect a leave of absence from work due to lay-off, medical, maternity or military leave? _____
- 19) Now receive or expect to receive unemployment benefits? _____
- 20) Are you **legally entitled** to receive child support? _____
- 21) Do you receive child support? _____
- 22) Are you **legally entitled** to receive alimony? _____
- 23) Do you receive alimony? _____
- 24) Now receive or expect to receive public assistance (TANF/General Assistance)? _____
- 25) Now receive or expect to receive Social Security or disability benefits? _____
- 26) Now receive or expect to receive income from a pension or annuity? _____
- 27) Now receive or expect to receive income or assistance (**monetary or not**) from someone who is not listed in question 1? _____
- 28) Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds or income from rental property? _____
- 29) Own real estate or any assets for which you receive no income (checking account, cash)? _____

30) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? (*This includes E-payment accounts, Direct Express Debit Cards and Debit Cards*) _____ Yes _____ No If YES, please list:

Owner of Account	Bank Name	Type of Acct.	Account #	Interest Rate	Balance
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$

31) Does anyone listed in question #1 have Certificates of Deposit? YES _____ NO _____

If yes, please specify:

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____

Name of Bank _____

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____

Name of Bank _____

32) Does anyone listed in question #1 own any Stock/Bonds? YES _____ NO _____

If yes on Stocks, please specify:

Name of Company _____ #of share of stock _____

Dividend Paid \$ _____ Per _____

If yes on Bonds, please specify:

Paying Company _____ Interest _____

Earned _____ per _____ Value _____

33) Does anyone listed in question #1 own U.S. Savings Bonds? YES _____ NO _____

If yes, please list on a separate sheet of paper: Who, Date of Purchase, Series # and Amount. Attach to your application.

34) Does anyone listed in question #1 have Whole Life Insurance? YES _____ NO _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

Name on Policy _____ Policy # _____ Cash Value\$ _____

35) Does anyone listed in question #1 have any other assets? YES _____ NO _____

If yes, please specify: _____

36) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?

YES _____ NO _____ If yes, please specify: Type of Asset _____

Date Disposed _____

Dollar Amount Received \$ _____ Market Value \$ _____

37) Do you own any real estate? YES _____ NO _____ If other than your present address, please specify:

If YES, please include verification (letter from Realtor or Appraiser stating an opinion of value of your property, tax assessment bill, etc.

38) 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 in question #1? YES _____ NO _____ If yes, describe _____

Do they have access to the asset(s)? YES _____ NO _____

39) Do you expect any **change in your income or assets during the next 12 months?** YES _____ NO _____

If yes, please explain _____

40) Do you own a pet? YES _____ NO _____ If yes, describe _____

41) Please give three (3) references **(other than family members or friends)**:

Name	Relationship	Address	Phone

42) *What race/national origin are you a member of?

- ☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other

*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the US Dept. of Agriculture, 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. 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 sex of individual applicants on the basis of visual observation or surname.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our permanent residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We understand that false statements or information are punishable under Federal law and will lead to cancellation of this application. All adult applicants, 18 or older, must sign application.

Applicant Signature

Date

Co-Applicant Signature

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Please Return Completed Application to:

**Cottage Street Apartments
198 Harrington Street, Apt. B5
Athol, MA 01331
(978) 249-6268 Fax (978) 249-0297 TTY (978) 630-6754**

**PROPERTY MANAGED BY
RCAP Solutions, Inc.
www.rcapsolutions.org**



RCAP Solutions does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, sex, gender identity or expression, sexual orientation, familial status, marital status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy.