

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 A SINGLE 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:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible 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

- ☐ 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 MAILING ADDRESS)
- Address Line 1

Apt # or "care of" name:

City

State

Zip
- ☐ PREFERRED 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: _____

DON NARODOWY POLSKI
144 CABOT STREET
CHICOPEE, MA 01013

PHONE #: 413-592-0686
FAX #: 413-731-7316
TDD #: 800-545-1833 x 133

FOR OFFICE USE ONLY:
UNIT SIZE: _____
DATE APPLICATION RECEIVED: _____ TIME: _____
PREFERENCE STATUS: _____ NONE: _____
ENTERED ON WAITUST: DATE: _____ INITIALS _____
WAITLIST CONFIRMATION MAILED: DATE: _____ INITIALS _____
SUBSIDIZED PROGRAM: _____ MARKET: _____

RENTAL APPLICATION

How did your hear about us? _____ Apt. size desired? _____

PERSONAL INFORMATION: List Head of Household and others who will occupy apartment.

Full Name	Soc. Sec. #	Date of Birth	Place of Birth	Sex	Relationship

List all full time students 18 years or older: _____
School Name: _____
Address: _____

HOUSING INFORMATION: Beginning with current address, list all landlords for the past five years.

Your Current Address _____ Phone #: _____

Landlord’s Name _____ Phone #: _____

Landlord’s Address: _____

Occupancy From: _____ (Month/Year) To: _____ (Month/Year)

What is your current Monthly Rent? \$ _____

What is your current Monthly Utility Costs?\$ _____

Your Prior Address _____ Phone #: _____

Landlord’s Name _____ Phone #: _____

Landlord’s Address: _____

Occupancy From: _____ (Month/Year) To: _____ (Month/Year)

Your Prior Address _____ Phone #: _____

Landlord’s Name _____ Phone #: _____

Landlord’s Address: _____

Occupancy From: _____ (Month/Year) To: _____ (Month/Year)

BANKING INFORMATION: List all bank accounts held by household members (including minors), such as checking, money market, savings, certificates of deposit, trust funds, IRAs, Christmas Clubs, etc., (List additional information on back of application).

Type of Account	Household Member	Account #	Bank Name	Bank Address

OTHER ASSETS: List all other assets such as real estate, loans or mortgages held against others, cash savings on hand, money in safety deposit boxes, stocks, bonds, savings bonds, IRAs, Keoghs, profit sharing, jewelry or antiques held as investments.

Type of Asset	Household Member	Contact Name and Address	Value	Annual Income Received

Have assets been disposed of for less than fair market value within the last two years? Yes _____ No _____

If yes, by whom? _____ Date Disposed _____
Description and Value _____

EMPLOYMENT INCOME: List all household members who are employed.

Employed Household Member's Name	Employer/Contact	Employer's Address/Phone #	Gross Annual Amount

ADDITIONAL INCOME: List all other sources of recurrent Income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welt are/AFDC, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, etc. AFDC

Person Who Receives Income	Source	Address of Source	Gross Annual Amount

OTHER INCOME: List all other income, including but not limited to inheritances, capital gains, lottery winnings, and settlements on insurance claims, if received in periodic payments.

ALLOWANCE FOR CHILD EXPENSES: Applies ONLY to amounts paid for care of children (including foster children) UNDER AGE 13.

Childcare expense: \$_____ per _____ to enable _____ (household member) to Work _____ seek Employment _____ attend School _____

CHECK ONE:
Care is provided by: _____ Address: _____

ALLOWANCE FOR HANDICAP ASSISTANCE EXPENSES:
Applies ONLY IF a family member is handicapped or disabled.

Do you wish to have priority for an apartment with special design features for individuals with handicaps? _____
Do you wish to claim a deduction from your income based on a handicapping or disabling condition? _____

If answered YES above, please complete the following:

List all physically handicapped household member(s): _____

Handicapped care expense (not covered by insurance): \$_____ per _____ to enable _____ (household member) to work. Care is provided by: _____
Address _____

Is auxiliary apparatus required to enable someone to work? _____ If yes, which household member? _____

Describe auxiliary apparatus: _____

MEDICAL ALLOWANCES: (Head of household or spouse must be 62 years or older, handicapped, or disabled).
Are you eligible for medical expenses? Yes _____ No _____

MEDICAL INSURANCE POLICIES: List Medical Insurance Policies, including Medicaid and Medicare:

Household Member	Insurance Co./Policy #	Address	Monthly Cost

Do you have a Medicaid Spend-Down Account Yes _____ No _____ If so, how much?

ADDITIONAL MEDICAL EXPENSES: Do you anticipate any physician required medical expenses not covered by Insurance for resident household members during the next 12 months? Yes _____ No _____. (Including dental, optical, pharmaceutical, hearing, and outstanding medical payments).

Household Member	Source/	Address	Monthly Cost

OTHER INFORMATION: Is any member of the applicant's household engaged in the current illegal use of a controlled substance? _____

Has any member of the applicant’s household been convicted of an illegal manufacture or distribution of controlled substances? _____

List year and model of all cars in your household: _____

Do you have a waterbed? Yes _____ No _____. If yes, list waterbed insurance company: _____

Do you have a pet? Yes _____ No _____. If yes, height _____ weight _____ description: _____

IN CASE OF EMERGENCY:
Name: _____ Relationship: _____
Address: _____ Phone: _____
Name: _____ Relationship: _____
Address: _____ Phone: _____

HEAD OF HOUSEHOLD ONLY (OPTIONAL): The following information concerning your race and ethnic background is optional and requested for government reporting.
Race: White _____ Black. _____ American Indian or Alaskan Native. _____ Asian or Pacific Islander. _____ Other. _____
Ethnicity: Hispanic. _____ Non-Hispanic _____
Gender: Male _____ Female _____

Thank you for completing this rental application for Dom Narodowy Polski.

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION WILL BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED ON THIS APPLICATION.

I/We _____, hereby give full permission for Dom Narodowy Polski to obtain credit history, landlord references, criminal history, housing court information, and any other information that may be needed to process your application. Information may also be obtained directly from the sources provided on my application. I/We warrant and represent that all statements herein are true.

Please be informed that all apartments at Dom Narodowy Polski are rented to individuals without regard to race, color, religion, sex, handicap, familial status, natural origin or sexual orientation, and Dom Narodowy Polski practices Equal Housing Opportunity.

Signed under the pains and penalties of perjury.

Signature of Applicant: _____	_____
	Date
Signature of Spouse/ Co-Head: _____	_____
	Date
Signature of Property Representative: _____	_____
	Date

PREFERENCES

The U.S. Department of Housing and Urban Development and the Federal Government mandates that certain households receive preferences for assisted housing programs. Please answer the following questions so that we may determine if your household should receive preferences for housing. Please note that prior to full acceptance of this Application, all information regarding preferences must be verified in writing. Providing false information will result in you application being rejected and your name being removed from the Waitlist.

PREFERENCE QUESTIONS

Are you homeless due to displacement by Natural Forces/Urban Renewal/Sanitary Code Violations? Yes _____ No _____

Are you involuntarily displaced due to domestic violence? Yes _____ No _____

DOM NARODOWY
POLSKI
A P A R T M E N T S

Dear Applicant:

As of 8/10/94 M B Management Company has reviewed the HUD interim rule, effective June 2, 1994, implementing the Section 8 mixed populations requirements of the Housing and Community Development Act of 1992. These regulations supersede current HUD handbook guidelines issued in Change 24 to the 4350.3 Handbook regarding eligibility of elderly and non-elderly disabled in properties originally designed for the elderly. This rule applies to Dom Narodowy Polski Apartments because it is a Section 8 New Construction Property originally designed for occupancy by elderly families.

The owners have elected to provide a preference for the elderly as allowed in the rule. The property is required to set aside a portion of the units for non-elderly disabled persons. Per the regulations, the set aside must be the higher of the percentage of units occupied by non-elderly disabled on January 1, 1992, or October 28, 1992, but no higher than 10%. The percentage of units to be set aside for the non-elderly disabled at Dom Narodowy Polski is 10% or 5 units.

What this means to you as an applicant that is not elderly is that all elderly applicants on the waiting list will be housed before you unless we fall below the minimum of 5 units. Your application will remain on file in order of application date and priority.

If you have any questions regarding this issue, don't hesitate to call me.

Sincerely,
Marianne Pulaski
Site Manager

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need . . .

- 1.) a change to, the rules or policies that would make it easier for you to complete the application process here, use the facilities or take part in programs on site;
- 2.) a change or repair in your apartment or a special type of apartment or a change to some other part of the housing site that would make it easier for you to use the facilities or take part in programs on site;
- 3.) a change in the way we communicate with you or give you information

. . . you can ask for this change, which is called REASONABLE ACCOMMODATION.

If you can verify that you have a disability we will consider your request. We will give you an answer in 5 days unless there is a problem getting the information we need. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help writing out a REASONABLE ACCOMMODATION REQUEST or if you want to give us your request in some other way, we will help you.

DON NARODOWY POLSKI
144 CABOT STREET
CHICOPEE, MA 01013
PHONE #: 413-592-0686

Dear applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payment Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying, for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. To do this you should:

1. Complete the attached Family Summary Sheet listing all family members residing in the assisted unit.
2. Complete a Declaration Format for each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by _____(date)

Attn: Marianne Pulaski
DOM NARODOWY POLSKI
144 Cabot Street
Chicopee, MA 01020
(413)592-0686

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact me at the number listed above. I will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,
Marianne Pulaski
Site Manager

Attachments