

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: 617-536-8516



○	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
○

MCR PROPERTY MANAGEMENT, INC.

APARTMENT RENTAL APPLICATION

PAGE 1 OF 3

PROPERTY NAME: CORNFIELD APARTMENTS DATE: Rental \$

AGENT'S NAME: UNIT TYPE UNIT #

APPLICANT: [] SINGLE [] MARRIED [] DIVORCED

APPLICANT NAME: Last First (M)

Social Security Number Date of Birth Home Phone # Work Phone, Cellular or Pager

Present Address: Street Address Apt # City State Zip Code

Landlord: \$
Former Complex Name Phone # How Long? Monthly Rent

Address: Street Address Apt # City State Zip Code

Landlord: \$
Complex Name Phone # How Long? Monthly RentCurrent Employer ()
Company Name City State Phone #Position: \$
Mth/Year Monthly Income SupervisorPrevious Employer ()
Company Name City State Phone #Position: \$
From / To (Mth & Year) Monthly Income Supervisor*Sources of Other Verifiable Income: \$
Monthly Income
\$
Monthly Income

Supplying this information is strictly voluntary and should only be supplied if applicant is asking that sources of other income be considered as part of the rental decision. Management will consider all verifiable sources of income such as, but not limited to, budget sheets, welfare, food stamps, housing assistance, Section 8, pensions, disability, child support, alimony or any other source of income applicant would like considered.

SPOUSE NAME: Last First (M)

Social Security Number Date of Birth Home Phone # Work Phone, Cellular or Pager

Current Employer ()
Company Name City State Phone #Position: \$
From / To (Mth & Year) Monthly Income Supervisor

ROOMMATE(S) *ROOMMATES ARE REQUIRED TO COMPLETE SEPARATE APPLICATIONS.

Name: (1) (2)
Last Last First

OTHER OCCUPANTS: APARTMENT TO BE OCCUPIED BY: # of Adults # of Children

(1) (2)
Last Name First Date of Birth Last Name First Date of Birth(3) (4)
Last Name First Date of Birth Last Name First Date of Birth

VEHICLE: * Allowance- 1 vehicle per applicant (Lessee)

Auto Make Model Color Year License Tag # State

Auto Make Model Color Year License Tag # State

PROPERTY NAME: CORNFIELD APARTMENTS DATE: _____ UNIT # _____

APPLICANT NAME: _____
Last First (M)

BANK REFERENCES:

#	Checking / Savings				
Bank	Account Number	Circle one	Branch	City	State
#	Checking / Savings				
Bank	Account Number	Circle one	Branch	City	State

GENERAL INFORMATION:

Have you lived in this Apartment Community before? _____ When? _____

Do you owe rent to any previous landlord? [] NO [] YES*

*If YES, to whom? _____ Amount\$ _____

Why are you moving from your present address? _____

Did you give notice? [] NO [] YES How much notice? _____ days

Have you ever been evicted? [] NO [] YES If YES, when? _____

Landlord: _____ Phone # () _____

Have you ever been convicted of a felony? [] NO [] YES

IN CASE OF EMERGENCY CONTACT:

Name (1): _____ Phone Number: _____

Relationship: Street Address: City State

Name (2): _____ Phone Number: () _____

Relationship: Street Address: City State

Do you currently have renter's insurance? [] NO [] YES

If YES, Name of Insurance Company: _____

Policy Number: # _____

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN. MCR PROPERTY MANAGEMENT, INC. & CORNFIELD APARTMENTS PROUDLY ADHERES TO TITLE V111 OF THE CIVIL RIGHTS ACT OF 1974 AND THE 1988 AMENDMENT.

I certify that the above Information & the Information I've Indicated on Page 1, is given freely and to the best of my knowledge is true. Landlord or his agent is authorized to verify the accuracy and correctness of these statements and to check my credit & criminal history, as well as a search for any prior evictions. I expect you to rely on this Information, and I agree that if any Information herein contained is false, that any contract made on the strength of this application may, at your option, be terminated and my application deposit forfeited. I also understand that this application must be approved before occupancy will be allowed and if not approved that my application deposit refund will be mailed within 30 days of the date the application is denied.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

DATE: _____

APPLICATION AGREEMENT

Please read carefully

This is to be signed below only if owner has not yet accepted applicant's and co-applicant's and if owner has not yet signed

the lease contract. Each co-applicant, (co-resident), except for spouses, must sign a separate application agreement.

1. APPLICATION FEE (NOT REFUNDABLE). Applicant has delivered to owner's agent an "application fee" in the amount indicated below which partially defrays the cost of administrative paperwork and it is not refundable.

2. APPLICATION DEPOSIT (MAY OR MAY NOT BE REFUNDABLE). In addition to the above application fee (if any), applicant has delivered to owner's agent an "application deposit" in the amount indicated below. The application deposit is not a security deposit at this time. Your application deposit will be credited to the required security deposit upon approval of your application. If you or any co-applicant withdraws this application for any reason after the allotted amount of time of 24 hours, or if you fail to sign a lease in form presented to you within three days after your application has been approved, or the application is denied due to falsified information given, the application deposit of all applicants can be retained by owner as liquidated damages and the parties will have no further obligations to each other. If your application is disapproved, the application deposit (but not the application fee) will be returned to you.

3. RECEIPT**APPLICATION FEE (not refundable)**

\$

APPLICATION DEPOSIT (may or may not be refundable)

\$

\$

SIGNATURE OF APPLICANT**DATE:****SIGNATURE OF APPLICANT'S
SPOUSE****DATE:****AGENT'S SIGNATURE****DATE:**

MCR Property Management, Inc.

REQUEST FOR RESIDENCY VERIFICATION

ATTENTION: PROPERTY MANAGER

TO:

FAX:

FROM:

Chicopee Village Townhouses

68 Eastern Drive

Chicopee, MA 01013

413-598-8326 Phone

413-598-8326 Fax

The person(s) named below has made application for apartment housing rental with us. You were listed as having rented to the applicant. The applicant by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendation on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Applicant Name(s):

Applicant Address:

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my residency information:

Resident's signature

Date

Is the applicant currently on a lease and renting from you?

If yes, when did applicant move in?

When does the current lease expire?

If not a current resident, what dates did applicant rent from you?

Did applicant fulfill the lease obligation?

Was proper notice given?

Rental amount?

Were heat and hot water included?

Rent was paid on time

Always

Sometimes

Never

How many late payments were received during the applicants tenancy?

How many NSF did applicant receive?

Has the applicant ever been served with a notice to quit?

If so, how many?

Does the applicant owe any money to you?

Was the applicant evicted?

Did the applicant ever break any terms of the lease?

If yes, please explain:

Did the applicant, other occupant or guest cause damage to the apartment or community?

If yes, please explain:

Has the applicant, other occupant or guest have any complaints filed against them?

If yes, please explain:

Were the police ever been called on the resident, other occupant or guest?

If yes, please explain:

Was the applicants security deposit refunded?

If no, please explain:

Would you rent to this applicant again?

If no, please exp

Completed by:

Title:

Date:

Thank you for taking the time to answer these questions. Please feel free to call me if you have any questions

CORNFIELD APARTMENTS

PROPERTY MANAGER

DATE

MCR PROPERTY MANAGEMENT, INC.

FROM: CHICOPEE VILLAGE TOWNHOUSES

68 Eastern Drive
Chicopee, MA 01013
413-598-8326 Phone
413-598-8326 Fax

REQUEST FOR
**EMPLOYMENT
VERIFICATION**

TO: _____

Fax # _____

VIA: ☐ **MAIL**
☐ **FAX**
☐ **PHONE**
☐ **COURIER**

The person named below has made application for apartment/housing rental with us. Your firm was listed as having currently or formerly employed this person. The applicant by his/her signature below, has authorized you to release his/her employment information. Your assistance in providing employment information will be sincerely appreciated. Thank You.

RE: Employee Name: _____
Current Address: _____

Social Security # _____
Department/Branch _____
Date(s) of Employment: _____

Request Submitted By	Title	Phone Number
	Property Manager	860-741-6012

APPLICANT'S AUTHORIZATION OF THIS INQUIREY:
I hereby consent to the release of my employment information

Employee's Signature(s) _____ Date _____

Employer's Comments

Dates of Employment: (From) _____ (To) _____

Position Held: _____

Is Position: Part-Time or Full-Time

Is position permanent? YES or NO *If No, please explain in "Comment" section

Gross Salary or Wage: \$ _____ per Month Week Hour*

(* If on an hourly wage, please specify approximate number of hours worked weekly.)

_____ **Hours (worked per week)**

Other Comments:

**Please use a separate page if necessary. Thank You.*

X

Authorized Signature Title Date