

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the last four digits of your SSN or ITIN

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F

M

T-MTF

T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$

.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:



BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:



← Date Time Stamp – for Office Use Only

Date Received: _____
(For office use only)



Village Center Apartments Waitlist Application

Chesterfield, MA 01012 Haydenville, MA 01039
Williamsburg, MA 01096

For information: 413 – 296 – 4536 x 105



Which locations are you interested in? Check all that apply:
Chesterfield: _____ Haydenville: _____ Williamsburg: _____

Drop off: Hilltown Community Development Corporation, 387 Main Road, Chesterfield MA 01012

Mail to: Hilltown CDC, PO Box 17, Chesterfield, MA 01012

Email: kristephers@hilltowncdc.org

Fax to: 413 – 296 – 4020

All information provided herein is private and confidential and for the use of the owner and agent in the processing of this application. Hilltown CDC does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability (except disabled individuals will be given preference for special needs units), marital status, familial status, sexual orientation, or military status, in any of its activities or operations.

You may request help completing this application. If necessary, persons with disabilities may ask for this application in large print type, or other alternative formats.

This application must be filled out completely and relevant documentation must be submitted to secure a place on the waitlist.

Head of household name: _____

Address: _____

Mailing address (if different from home): _____

Telephone # (home): _____ **(cell):** _____ **email:** _____

Please list all persons in household:

Full legal name of each person in household	Relationship to applicant	Birth Date	Sex	Social Security number	Veteran Y/N	Full-time student? Y/N
Head:	Self					

Size of apartment requested: Studio: _____ 1BR: _____ 2BR: _____ 3BR: _____ 4BR: _____

Do you presently rent _____, own your home _____, or other _____ (please check one)

If other, please explain _____

Time at present address: _____ (years, months) Present rent amount \$ _____

Utilities included? Yes _____ No _____ If no, list what you pay for _____

Do you have a housing choice voucher? Yes _____ No _____

Do you have pets? Yes _____ No _____ If yes, please describe and give approximate weight of animal(s)

A separate pet application is required and will be provided upon request.

Present landlord's name: _____

Address: _____

Phone number: _____

Your previous address: _____

Previous landlord's name: _____

Address: _____

Phone number: _____

Rent: \$ _____ Time rented: _____ (years, months)

Utilities paid: _____

Why do you want to relocate? _____

Please list three personal references (not relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Have you or any member of your household who will live in the unit ever been convicted of a felony?

Yes ____ No ____ If yes, please provide date(s) and details: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

Yes ____ No ____ If yes, please provide details: _____

Please use this space to tell us anything additional about your application/household/circumstances:

Certification: Your signature(s) below certifies that the statements made above are true, correct, and gives consent to the management to verify the information contained in this written application.

Applicant #1 signature: _____ Date: _____

Applicant #2 signature: _____ Date: _____

How did you learn about this housing opportunity?

Newspaper: _____ Driving by: _____ Friend: _____

Other: _____

Do you require any special features or accommodation due to a disability?

Yes _____ No _____

Does any member of the household qualify for and desire a mobility-adapted unit?

Yes _____ No _____

Does any member of the household require the use of a wheelchair?

Yes _____ No _____

Does any member of the household require the unit be specially adapted due to a sensory impairment (i.e., deaf, blind)?

Yes _____ No _____

Any disabled person is entitled to request a reasonable accommodation of the rules, policies, practices, or services or may request a reasonable modification of the housing when necessary to afford the disabled person equal opportunity to use and enjoy the housing.

The following questions are voluntary and will not be used to qualify applicants.

The information below regarding race, national origin, and sex designation solicited on this application is requested to assure government agencies that the Owner complies with laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, familial status, age, and ability.

Race (check all that apply)

Asian/Pacific Islander: _____ American Indian/Alaskan Native: _____

African American: _____ White/Caucasian: _____

Ethnicity

Hispanic: _____ Non-Hispanic: _____

Income Certification

At the time of application, please submit a copy of your most recent federal tax return. If you do not file tax returns, please check here: _____

If you receive Social Security, please submit a copy of most recent award benefit letter.

Please list your sources of income and **gross** amount of income in the spaces below (for example, social security, pension, wages, interest income, etc.).

Applicant #1:

Source of income: 1. _____ Monthly amount: _____

2. _____ Monthly amount: _____

3. _____ Monthly amount: _____

Applicant #2:

Source of income: 1. _____ Monthly amount: _____

2. _____ Monthly amount: _____

3. _____ Monthly amount: _____

The information given in this application will be used only to determine eligibility for participation in the Village Center Apartments waitlists and further income verification may be required before any offer of tenancy. All information will be confidential. This is an equal opportunity program. Discrimination is prohibited by Federal Law.

I/We, _____, living at _____

certify that my/our gross annual household income is at or below the level listed for the number of persons in my/our household, and understand this statement is subject to verification:

One-person	Two-person	Three-person	Four-person	Five-person
\$17,700 ____	\$20,200 ____	\$22,750 ____	\$26,500 ____	\$31,040 ____
\$29,450 ____	\$33,650 ____	\$37,850 ____	\$42,050 ____	\$45,450 ____
\$35,340 ____	\$40,380 ____	\$45,420 ____	\$50,460 ____	\$54,540 ____
Over \$35,340 ____	Over \$40,380 ____	Over \$45,420 ____	Over \$50,460 ____	Over \$54,540 ____

Signature: _____ Date: _____

Signature: _____ Date: _____

A required part of the application process, and annual lease renewal, is to complete an Income and Asset Certification. All household income and assets for household members 18 years of age or older must be reported and documented.

Applicant Certification.

Please read before signing below.

I/We certify that the information given on this application is true and complete to the best of my/our knowledge and belief. I/We certify that I/we understand that false statements on information are punishable under applicable State or Federal Law.

I/We understand this is not an offer of housing. Based on this application I/we understand I/we should not make plans to move or end present tenancy until presented with a written offer from Hilltown CDC. I/We understand that it is my/our responsibility to inform Hilltown CDC of any change of address, income, or household composition. I authorize Hilltown CDC to verify information given in this application and understand that false statements or misrepresentations may result in the denial of my/our application. I understand Hilltown CDC will perform background checks on applicants (you may request a copy of Hilltown CDC's screening policy).

All applicants 18 years of age or older must sign below.

Signed under pains and penalties of perjury.

Head of household signature

Date

Co-applicant Signature

Date



Enriching lives in a rural economy

Authorization to Release Information and Waiver of Confidentiality

Please complete a separate form for each member of your household 18 years of age or older

To Whom It May Concern,

This is to notify you that I, _____, currently living at _____, authorize the staff of Hilltown Community Development Corporation, at 387 Main Road, Chesterfield, MA 01012, to request records and information about me, including

- The amount and sources of my income
- Information concerning my assets
- Job-related information
- Credit checks

and other confidential information.

This document or a facsimile of it will be valid for 12 months following the date below.

Print Name: _____

Sign Name: _____

Date: _____