

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

DO NOT LEAVE ANY 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:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ 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 ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

GREENFIELD ACRES, LLC

Senior Housing

**10 Congress Street
Greenfield, MA 01301**

Phone: (413) 773-9410 Fax: (413) 773-9015

APPLICATION

By completing and returning this application, you are indicating that you are applying for an apartment at **Greenfield Acres LLC**. The monthly rent includes heat, h/w, electric and cable. Acceptance as a tenant will be subject to **Greenfield Acres LLC** standard tenant screening process, which includes a background/credit report, landlord reference, and personal reference. Also the signing of a one (1) year lease agreement along with other related documents is required.

SIZE OF APARTMENT NEEDED:

1BR ☐

2BR ☐

UNIT TYPE REQUESTED:

Market Rent ☐

Affordable Section 8 ☐

Does any member of the household have any accessibility or reasonable accommodation requests for units or alternate ways we need to communicate with you?

Yes ☐ Please explain: _____

No ☐

Name: _____ Phone # _____

Present Address: _____

City & State _____ Zip Code _____:

Present housing cost per month: \$ _____ Including utilities? ☐ Yes ☐ No

PLEASE LIST ALL OF THE PEOPLE THAT WILL OCCUPY THE APARTMENT



FULL NAME

DATE OF BIRTH

SEX

SS#

RELATIONSHIP

REFERENCES (Non Relative)

a) **Personal:** _____

Address & Phone# _____

b) **Credit:** _____

Address & Phone# _____

c) **Bank:** _____

Address & Phone# _____

d) **Car:** Make _____ Model _____ Year _____ Plate# _____

e) **Name of Present Landlord:** _____

Phone #: _____

Have you ever been evicted?

☐ Yes

☐ No

Income (Total household gross monthly income):\$ _____

Social Security: \$ _____ Retirement: \$ _____ Pension: \$ _____

Disability: \$ _____ Public assistance: \$ _____ Other income: \$ _____

Assets: Checking Account: \$ _____ Savings: \$ _____

Investments: \$ _____ Real Estate (value): \$ _____ Other: \$ _____



EMERGENCY CONTACT INFORMATION

Name: _____ Phone#: _____

Address: _____

Relationship: _____

Greenfield Acres is financed by MHFA. Apartments are rented to eligible persons regardless of race, color, creed, religion, national origin or sexual orientation.

Upon request to the Management Agent, you have the right to receive a Tenant Selection Plan Summary which summarizes the tenant application process, including eligibility and screening requirements for occupancy at Greenfield Acres.

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I certify that the information contained herein is true to the best of my knowledge and I have no objections to inquiries for the purpose of verification.

Signature of Applicant(s) _____ Date: _____

_____ Date: _____

