

- Don't staple the pages of the application together!
- 1. Providers need to easily access their own application first page.
 - 2. Removing staples from 1000 applications a week adds too much work.
 - 3. Some providers *scan* the application, and can't do this if you staple.
 - 4. If you include a letter, don't staple that either!

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



<div><div></div><div></div><div></div><div></div></div>	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
<div></div>	<div></div>	<div></div>	<div></div>

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!
<div></div>	<div></div>

<div></div> YOUR MOTHER’S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

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

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> .00

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

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



Date of Occupancy Desired _____
Circle Apt. Size Choices
 1 2
How did you hear about this complex? _____
Do you have any pets? _____

FOR OFFICE USE ONLY

Preference _____

Application date _____

Interviewed by _____

PRELIMINARY RENTAL APPLICATION

Please fill out each item as completely as possible to help speed processing.

1. Name _____ Home Telephone _____
Present Address _____

Mailing Address _____
Date of Birth _____ Place of Birth _____

Information about each person to occupy apartment (including applicant)

Name	Date of Birth	Sex	Soc. Sec. No.	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Are you, your spouse, or any member of your household a full time student? Yes No

3. Race (Please note that completing this section is optional. The information will be used only for Fair Housing Programs as required by federal and state laws.)

White ☐ Black ☐ Asian ☐ Native American ☐ Hispanic ☐

4. Please list all landlords for the past five years in reverse order starting with the current landlord. If more space is needed please attach a separate copy of separate sheet of paper. If you have lived at your current address for five years, give name and adress of your previous landlor.

DATES OF OCCUPANCY	ADDRESS	LANDLORD INFORMATION	APT. SIZE	REASON FOR LEAVING
From - To				
____ - ____	Name _____	_____	_____	_____
Present	Tel. _____	_____	_____	_____
	Add. _____	_____	_____	_____
	_____	_____	_____	_____
____ - ____	Name _____	_____	_____	_____
	Tel. _____	_____	_____	_____
	Add. _____	_____	_____	_____
	_____	_____	_____	_____
____ - ____	Name _____	_____	_____	_____
	Tel. _____	_____	_____	_____
	Add. _____	_____	_____	_____
	_____	_____	_____	_____
____ - ____	Name _____	_____	_____	_____
	Tel. _____	_____	_____	_____
	Add. _____	_____	_____	_____
	_____	_____	_____	_____

5. Employment (Please include employment of all persons to occupy apartment)

Name of Employer _____ Tel. No. _____

Business Address _____)

Length of Employment _____ Annual Gross Wages _____

6. Other Sources of Income (Please include all persons to occupy apartment)

Social Security	Monthly Amount \$ _____	S.S. No. _____
SSI	Monthly Amount \$ _____	S.S. No. _____
Veteran's Benefits	Monthly Amount \$ _____	Ref. No. _____
Pension: Name of Pensions _____	Monthly Amounts \$ _____	
Other – Please Explain _____		

7. Medical Expenses Amount of your yearly health insurance payments \$ Amount of yearly medical medical expenses not covered by insurance \$

8. Assets (List all accounts, savings, checking, certificates, etc.)

Account No.	Amount \$	Interest Rate
Bank Name & Address		
Account No.	Amount \$	Interest Rate
Bank Name & Address		
Account No.	Amount \$	Interest Rate
Bank Name & Address		
Stocks – Name	No. Shares	Value \$
Bonds – Name	No. Shares	Value \$
Property Owned	Address	
Net Sales Value \$		

9. Personal References – No relatives (Name, Address & Phone No.)

1. 2. 3.

10. Please indicate whether any of the following situations apply to you:

A. Displaced due to urban renewal or government action.	Yes	No
B. Displaced as a result of a major disaster as determined by the President pursuant to the Disaster Relief and Emergency Assistance Act. (If the answer to any of the above is yes, you may qualify for a preference in admission. You must provide verification of the circumstances as noted on the attached form.)	Yes	No
11. Are you, seeking admission on the basis of being handicapped or disabled? (Circle one) If yes, you must provide proper verification of your handicap or disability.	Yes	No
12. Do you require an apartment modified for a wheelchair? (Circle one)	Yes	No
13. Do you require any special accommodations on the basis of a handicap or disability? (Circle one) If yes, please state what special accommodations you require. (Answering "no" does not preclude any subsequent request for an accommodation to a disability.)	Yes	No

13. Do you require any special accommodations to a unit due to a disability? Yes No
If yes, please state what special accommodations you require.
(Answering "No" does not preclude any subsequent request for an accommodation due to a disability)

14. Do you require a particular type of apartment ? (Circle one) Yes No
If yes, please state reason

15. Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord? This includes rental assistance programs. (Circle One) Yes No
If Yes: Name of head of household at that time: Name of Housing Agency or landlord: Date moved out: Reason moved out: Did you leave as a tenant in good standing? (Circle One) Yes No

16. Criminal Record

a. Have you, or any member of your household who will live in the unit, been convicted of a misdemeanor in the last ten years? (Circle One)	Yes	No
b. Have you, or any member of your household who will live in the unit, been convicted of a felony in the last ten years? (Circle One)	Yes	No

(If yes to either of the above, describe circumstances, docket #, charge, date and court)

17. Have you, or any household member, ever been evicted? (Circle One) Yes No
If yes, describe circumstance below including date of eviction.

18. Do you use controlled substances (e.g. drugs) illegally? (Circle One) Yes No
19. Have you been denied housing in the past five years? (Circle One) Yes No

I understand that this is a preliminary application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of my application. My signature certifies that the information contained in this application is true and authorizes the management to verify that information and to obtain information about my credit rating from a credit bureau, and to run a CORI (Criminal Offender Record Information) check. I understand that false statements will result in the cancellation of my application.

Signature of Applicant / Resident	Date	Signature of Applicant / Resident	Date
Signature of Applicant / Resident	Date	Signature of Applicant / Resident	Date

FAMILY SUMMARY SHEET

ATTACHMENT 5

MBR NO	LAST NAME	FIRSTNAME	RELATIONSHIP TO HOH	SEX	D.O.B.
HEAD			H.O.H.		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

This property does not discriminate on the basis of race. color. religion. sex. sexual orientation. national origin. ancestry. age, basis of handicapped status, familial status or physical or mental disabilities. This property does not discriminate on the same bases in the admission or access to, or treatment or employment in its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1938.)

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SEX _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable. (This is an 11-digit number found on INS Form 1-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION

_____ hereby declare,
(print or type first name, middle initial, last name)
under penalty of perjury, that I am:

1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

2. a noncitizen with eligible immigration status in the category checked below:

- ☐ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- ☐ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- ☐ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not be terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- ☐ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d) (5) of the INA (8 U.S.C. 1182(d) (5)) [parole status];
- ☐ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom]; or

Continued from page 1

- ☐ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].
- ☐ If you checked this block, you should submit the following documents:
- a. Verification Consent Format
AND
- b. one of the following documents:
- (1) Form 1-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form 1-94, Arrival-Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum";
 - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212(d) (5) of the INK;
 - (3) If Form 1-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
 - (4) Form 1-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
 - (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";
 - (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
 - (7) Form 1-151, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature _____ Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____ Date _____

3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

BINNALL HOUSE

125 CONNORS STREET
GARDNER, MASSACHUSETTS -01440
TEL 978-632-9650 FAX 978-630-3264
INFORMATION SHEET
TDD 1-800-545-1833 Ext. 811

This development is subsidized by the U.S..Department of Housing and Uurban Development (HUD).

Residents are selected for units according to requirements established by HUD. Accordingly applications are separated into categories based upon unit size desired and age of head of household. The age groups are: 62 and older (elderly), 50 to 61 and disabled (near-elderly, disabled), and under 50 and disabled (non-elderly disabled). Within these groups, applications are selected in chronological order by date of receipt of completed application.

However, within these categories, applicants displaced from an urban renewal area, or as a result of governmental action, or as a result of disaster determined by the president to be a major disaster, will be admitted ahead of other applicants.

Please note the following:

- Anyone who meets the income requirements applicable to the development is eligible for admission. However, applicants who are not elderly, near elderly disabled, or nonelderly disabled will only be admitted if there are no such applicants on the wait list.
- Placement on the wait list does not guarantee that the applicant will be eligible or or acceptable for occupancy at the time his flash her name comes to the top of the list.
- It is the applicant's responsibility to report any address or phone number changed to the rental office. Failure to do so may result in cancellation of your application because of any ability to reach you. When your name rises to the top of the list, thereby preventing continued processing of your application.
- Applicants approved for housing will be given one opportunity to accept an available unit. Applicants who refuse a unit will have their applications canceled, unless such refusal is due to a disability, in which event management may reinstate the application if it is appropriate to do so.
- Disabled applicants who, because of the disability are unable to comply with the requirements associated with the processing of their applications (e.g., responding to requests for information, keeping us informed of changes in address or phone number, showing up for a scheduled interview, etc.) may be entitled to a reasonable accommodation. If you are a disabled applicant who believes you need a reasonable accommodation, please contact the rental office. Such accommodations may include, for example, reinstatement of your application to its original position on the wait list if your application has been canceled for some reason. Before you will be provided a reasonable accommodation, however, you will be required to verify the existence of your disability and your need for an accommodation as the result of your disability.

Upon receipt of your completed application, we will send a written statement which acknowledges that we have received your completed application and place it on the wait list. We will also confirm the date on which your completed application was received, inform you of the unit size and age category into which your application has been placed and whether you qualify for a preference in admission.

Once each year, if you have not yet been fully processed, we will send you a letter that request you confirm in writing that you are still interested in remaining on the wait list. We will also request that you update certain information. Once we have received this information from you, we will revise and renumber our wait list, as appropriate.

Please be advised that due to the complex system we must apply pursuant to Government regulations in selecting tenants for this development, it is impossible for us to predict with accuracy the length of time you might expect to remain on the wait list before you are called in for processing. In addition, while we can tell you your number on the wait list on a particular date, that number can change because of what the people who applied before you do and the frequency with which units become available. It may also be affected by the age of people who apply after you, as well as by applicants who qualify for a preference on the basis of being displaced.

Should you wish to make inquires regarding your application before we contact you, we request that such inquiries be in writing. We would appreciate it if you would refrain from calling us as much as possible, so that our staff can concentrate on their many duties, including the timely and efficient processing of all applications.

We appreciate your cooperation.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION.

Exhibit B. to Federal Management Company's antidiscrimination policy and Reasonable Accommodation Procedures for Prospective and Existing Tenants with Disabilities. a

If you have a disability, and as a result of your disability, you need...

- A change in the rules or policies of how we do things that would make it easier for you to live here and use the facilities or take part in programs on sight,
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,
- A changeover pair to some of the other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on sight,
- A change in the way we communicate with you or give you information that would make it easier for you to live here and use the facilities or take part in programs on sight,

You can ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will make the change you request.

We will give you a written response within fourteen (14) days of when we are in receipt of both your completed REASONABLE ACCOMMODATION REQUEST FORM and the completed VERIFICATION STATEMENT-REASONABLE ACCOMMODATION REQUEST, unless you agree to a longer time. If, in answer to questions 6 of the reasonable accommodation request form, you indicate the need for an earlier response, we will try our best to accommodate your request. 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 turned on you request we will notify you of the denial in writing and explain in that notice the reasons for the denial. You can give us more information, if you think that we'll help

If you need help filling out a reasonable accommodation request form, we will help you.

You can get a reasonable accommodation request form at the management office located at 125 Conners St, Gardner, MA 01440, (978) 632-9650.

NOTE: all information you provide will be kept confidential and be used only to make it easier for you to live here and use the facilities or take part in programs on sight.