

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

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

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? ☐ = **X** ☐ 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 ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$.00 ☐ 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:

BEST 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: _____



Application for Bethany Communities



Merrivista
100 Water Street
Haverhill, MA 01830
978-374-2168
149 units—Section 202

www.bethanycommunities.org

Managed by Bethany
Community Services, Inc.

Phoenix
22 Phoenix Row
Haverhill, MA 01832
978-374-2164
96 units—Section 223f/8



Date: Time:

Applications for senior housing (Age 62+) are placed in order of date received. Please note that the Applicant is the First Family Member and will provide information in section I. If there will be two people residing in one apartment, the Second Family Member's Information will be provided in Section II. Section III asks questions that apply to everyone in the family. Please provide complete names and addresses of those who will verify your information. If you are declared eligible for housing you will be placed on the waitlist and called for an interview when an opening is anticipated. We cannot finalize your eligibility unless each person listed in Section III also signs the **Authorization for Release of Information Form**. If you provide incomplete or false information your application may be rejected. If requested we will provide assistance in completing the application. You may request this form in large print or in alternative formats.

I. Applicant Information

Applicant Information (First Family Member)			
Last Name		First	M.I.
Today's Date			
Social Security Number		Date of Birth	Age
Present Street Address			
Present City, State and Zip			
Present Telephone		Work Telephone	
Closest Relative		Relative's Telephone	
Street Address		City, State, Zip	
Physician		Physician Telephone	
Marital Status		Gender	Male Female
Apartment Type Preference	Studio	1 Bed	2 Bed (MT only)
Residence/Location Preference (circle one or more)			
Merrivista (MV)		Phoenix (PH)	
Do you require an accessible unit? (please attach documentation)		Yes	No
How many people will live in your unit? (including yourself)			
Please list all states where you have lived:			

Applicant Information (Continued)		
1. Do you have a legal right (citizen or legal alien) to be in the United States?*	Yes*	No
2. Are you pregnant, adopting, or seeking legal guardianship of a child?	Yes	No
3. Are you a full-time student? (If yes, answer the next section of questions)	Yes	No
4. Are any full-time student(s) married and filing a joint tax return?	Yes	No
5. Are you enrolled in a training program under the Job Training Partnership Act?	Yes	No
6. Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
7. Are any full-time student(s) a single parent living with a minor child who is not a dependent on another's Tax return?	Yes	No
<p>*If you answered yes, but are not a citizen you must provide valid documentation for verification of eligible immigration status.</p>		
<p>The following are <u>optional</u> and are used for statistical purposes. Check any that apply.</p>		
<p>Racial classification is <u>optional</u> and for statistical purposes only.</p>		

II. Household Member Information

(Please list information on the Second Family Member below. If there is no Second Family Member, please write N/A.)

Second Family Member Information		
Last Name		
Gender	Date of Birth	Age
Social Security Number	Marital Status	
Occupation	Relationship to Applicant	
Do you require an accessible unit?	Yes	No
Please list all states where you have lived:		
Second Family Member Information (continued)		
1. Do you have a legal right (citizen or legal alien) to be in the United States?*	Yes*	No
2. Are you pregnant, adopting, or seeking legal guardianship of a child?	Yes	No
3. Are you a full-time student? (If yes, answer the next section of questions)	Yes	No
4. Are any full-time student(s) married and filing a joint tax return?	Yes	No

5. Are you enrolled in a training program under the Job Training Partnership Act?	Yes	No
6. Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
7. Are any full-time student(s) a single parent living with a minor child who is not a dependent on another's Tax return?	Yes	No

***If you answered yes, but are not a citizen you must provide valid documentation for verification of eligible immigration status.**

The following are **optional** and are used for statistical purposes. Check any that apply.

Racial classification is optional and for statistical purposes only

III. Family History

(Questions in Section III are applicable to everyone in the family.)

Do you live or have you ever lived in subsidized housing?		Yes	No
Where?		Were you evicted?	Did you owe rent?
Will any of these live anywhere else?	Yes No	Will any of these live here part-time?	Yes No
Will this information change?	Yes No	Do any require a live-in attendant?	Yes No

Please explain if you have answered yes to any of the above (give the name and address of your doctor in the case of the live in attendant).

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Name and address of current landlord (if you rent)

Name	Telephone
Street	City State Zip
Current Rent	Length of Tenancy/security deposit

Please give the following information on any other landlords where you have lived in the past 5 years.

Name	Telephone
Street	City State Zip
Rent	Length of Tenancy/security deposit

References: Please provide three (3) personal references. Do not include family members.

Name	Telephone
Street	City State Zip

Name	Telephone
Street	City State Zip

Name	Telephone
Street	City State Zip

Credit References: Please provide three (3) credit references.

Name	Telephone
Account Number	Amount Due

Name	Telephone
Account Number	Amount Due

Name	Telephone
Account Number	Amount Due

Preferences:

One of the following may give you a preference in this rental process. If you answer “yes” you must attach documentation in order to be placed on a special waiting list.

1. Do you live in housing that has been documented as substandard or in code violation?	Yes	No
2. Can you document that you are homeless and have no nighttime residence?	Yes	No
3. Have you been forced to leave your home due to natural disaster or government action?	Yes	No
4. Can you document that you are paying more than 50% of your income for housing?	Yes	No

Legal History:

Please answer these questions about your legal history. You will be asked to sign a criminal records search release form at a later date. Your answers will be used to determine eligibility. Failure to answer these questions may result in your application being rejected.

1. Have you or any member of your household been charged or convicted of a felony or any other involving fraud, dishonesty, or violence?	Yes	No
2. Do you or any member of your household use an illegal drug or other controlled substance?	Yes	No

3. Have you or any member of your household been charged or convicted of distribution or manufacture of an illegal drug or controlled substance?	Yes	No
4. Have you/your spouse/co-applicant used different names from the names on his application?	Yes	No
5. Have you/your spouse/co-applicant ever been evicted or involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with certification procedures or for any other reason?	Yes	No
6. Is the applicant or any member of the household subject to a state sex offender lifetime registration requirement?	Yes	No

If you answered yes to any of the above, please explain below.

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Do you plan to have pets living in your unit?

Yes	No	Type of Pet	Weight	Height
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How did you hear about Bethany?

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IV. Financial Information

Earned Income: include wages, salary, alimony, child support, social security, supplemental security income, IRA's, 401(k)'s, 403(b)'s, Veteran's or other Pensions, Annuities, etc.

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Income	Estimated Annual Income \$
Name of Income Source	
Address	City, State, Zip
Contact Person	Telephone

Assets: include checking accounts, savings accounts, trusts, savings bonds, certificates of deposit, real estate, life insurance policies, mutual funds, stocks, and bonds

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income from Asset
Financial Institution/Bank	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income
Financial Institution/Bank	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Current Total Value of Asset	Annual Income
Financial Institution/Bank.	Type of Asset
Address	City, State, Zip
Contact Person	Telephone

Disposed Assets: Include assets disposed of, given away or any trust you have established within the last two years.

Did you dispose of any assets in the past two (2) years?		Yes	No
If yes, type of asset	Location		
Appraised Market Value		\$	
Mortgage or outstanding loans balance due		\$	
Amount of annual insurance premium		\$	
Amount of most recent tax bill		\$	
Have you sold/disposed of any property in the last two years?		Yes	No
If yes, type of property	Date of transaction		
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Have you disposed of any assets in the last 2 years (set up an Irrevocable Trust or given away money to relatives)?		Yes	No
If yes, describe the asset	Date of disposition		
Amount disposed		\$	
Do you have any other assets not listed above (excluding personal property)?		Yes	No
If yes, please list			

Expenses: include only expenses related to medical conditions or handicaps

Household Member Last Name	First Name, Initial
Type of Expense	Annual Total Expense
Provider Name	
Address	City, State, Zip
Contact Person	Telephone

Household Member Last Name	First Name, Initial
Type of Expense	Annual Total Expense
Provider Name	
Address	City, State, Zip
Contact Person	Telephone

Total from each source on the previous pages

Earned Income	Annual Income
Annual Total	

Income from Assets	Total Value	Annual Income
Annual Total		

Deduct Medical expenses	Monthly	Annual Exp.
Subtract this annual total		()

Grand Total Income less Medical expenses	
---	--

Grand Total From Previous Year	
---------------------------------------	--

V. Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our rental agreement.

We authorize management to make any and all required inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment. These persons will maintain no other place of residence and further we certify that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We authorize management to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available to the household for its needs.

We understand that all adult members of the household must sign the HUD required "Authorization for Release of Information Form" before we can be offered a unit.

We do not expect any change in the conditions or income reported on this application and will report any unexpected changes at once to the property Manager.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Signature of Applicant	Date
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Signature of Second Family Member/Spouse/Co-Applicant	Date
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Merrivista
100 Water Street
Haverhill, MA 01830
978-374-2168

Phoenix
22 Phoenix Row
Haverhill, MA 01832
978-374-2164



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.