

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:**

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,  
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG  
FORMAT, please email, mail, or fax the form below to  
HousingWorks. Include this page so we know who the  
application is from! We will 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](mailto: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*

# 2

2 Springfield St in Chicopee, MA

SINGLE ADULT  
STUDIO  
FULL MARKET



516 Chicopee Street  
Chicopee, MA 01013  
Phone: (413)594-3271  
Fax: (413)594-3273

## APPLICATION PROCESS

**Thank you for considering Valley Opportunity Council for your Housing needs!**

In order for your application to be considered you must provide the following documents for the entire household. All applications will be reviewed by staff in a timely manner. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR APPROVED!**

Please provide the following documents for the entire household attached to the application:

- ☐ MASS ID
- ☐ BIRTH CERTIFICATE
- ☐ SOCIAL SECURITY CARD
- ☐ PROOF OF INCOME:
  - Bi-weekly 4 Consecutive paystubs.
  - Weekly 8 consecutive paystubs.
  - Monthly 1 of each monthly income received.

# **RENTAL APPLICATION**

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

Applications are selected for review through a lottery process. An applicant may be interviewed only after the receipt of this tenant application.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un documento importante. Si necesita interpretacion, por favor llame al numero de telefono que aparece abajo o visite nuestras oficinas.

413-594-3271

## **A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \_\_\_\_\_

\$ Bedroom size requested: Studio Handicap BR

## B. HOMELESS PREFERENCE

Are you homeless?    Yes        No        (check one)

Definition of Homeless:

An applicant will generally be considered homeless, unless otherwise provided by DHCD, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is;

- (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or;
- (b) an institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or;
- (c) a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

Please provide one or more the following:

- ☐ Referral from a publicly or privately operated shelter
- ☐ Notarized document provided by the institution/individual providing temporary nighttime residence

## C. HOUSEHOLD COMPOSITION

List who will live in the apartment.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							

Do you anticipate any additions to the household in the next twelve months?    Yes        No

If yes, explain


### D. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements for occupancy in the Development.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Child Support</b>	
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
Do you anticipate any changes in this income in the next 12 months?		Yes No
<b>If yes, explain:</b> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div>		

**E. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

**F. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	Yes	No
--	-----	----

Have you or any member of your family ever been convicted of a felony?	Yes	No
--	-----	----

*If yes, describe*

Have you or any member of your family ever been evicted from any housing?	Yes	No
---	-----	----

*If yes, describe*

Have you ever filed for bankruptcy?	Yes	No
-------------------------------------	-----	----

*If yes, describe*

Will you take an apartment when one is available?	Yes	No
---	-----	----

*Briefly describe your reasons for applying:*

### G. REFERENCE INFORMATION

Current Landlord/ or Official at previous residence, whichever is more inclusive (include shelters)	Name:						
	Address:						
	Home Phone:						
	Bus. Phone:						
	How Long?						
Prior Landlord/ or Official at previous residence, whichever is more inclusive (include shelters)	Name:						
	Address:						
	Home Phone:						
	Bus. Phone:						
	How Long?						
<p><b>NOTE:</b> If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.</p> <p>Character Reference #1:</p> <p>Address:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years Known:</td> <td style="width: 50%;">Phone #:</td> </tr> </table> <p>Character Reference #2:</p> <p>Address:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years Known:</td> <td style="width: 50%;">Phone #:</td> </tr> </table>				Years Known:	Phone #:	Years Known:	Phone #:
Years Known:	Phone #:						
Years Known:	Phone #:						

In case of emergency notify:

Address:

Relationship:

Phone #:

### H. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?		Yes	No
<i>If yes, describe:</i>			

## **CERTIFICATION**

I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

---

(Signature of Tenant)

---

Date

---

(Signature of Co-Tenant)

---

Date

---

(Signature of Co-Tenant)

---

Date

---

(Signature of Co-Tenant)

---

Date



**RENTAL HISTORY: (Please provide all rental history for past 5 years)**

Name of Present Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Landlord \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Average costs of additional Utilities: \$ \_\_\_\_\_

Is this lease in your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, whose name is it in? \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ Years (circle  
Months one)

Previous Address \_\_\_\_\_

Length of tenancy: \_\_\_\_\_ Years (circle  
Months One) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Apartment Size \_\_\_\_\_

Address of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Address \_\_\_\_\_

Length of tenancy: \_\_\_\_\_ Years (circle  
Months One) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Previous Landlord \_\_\_\_\_

Address of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, gender identity,

military status, or receipt of public assistance, unless a preference or limitation is pursuant to a lawful eligibility requirement. You are not required to furnish this information, but are encouraged to do so.



## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I, the above-named individual, have authorized the Valley Opportunity Council to verify the accuracy of the information, which I have provided to the Valley Opportunity Council from the following sources:

1. Employers
2. Landlords
3. Personal References
4. Government Funding Agencies
5. Banks, and Financial Institution
6. RentGrow For Credit Report, Criminal search, rental purposes Massachusetts Department of Revenue/Bureau of Special Investigations
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give you my permission to release this information to the Valley Opportunity Council subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Valley Opportunity Council within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE***

*Valley Opportunity Council  
516 Chicopee Street  
Chicopee, MA 01013  
Phone: (413) 594-3271  
Fax: (413) 594-3273*

