

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

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: _____





INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

Please read these instructions in full before completing your application.

1. You must fill out the application and required attachments completely. Please Identify the Property Name. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. You intend to reside in the development as your primary and sole residence.
4. You may apply for more than one unit type; however, your household size and composition must be appropriate for the unit size.
5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
7. Your total household income and assets must be within the required limits: Include as income: income of all household members includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc. Include as assets: the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)
8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
9. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
10. Student Status will need to be determined and applicants must fall into the program guidelines as implemented by HUD under the "Student Rule".
11. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
12. Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older. Eligibility requirements are as follows: history of paying rent and other charges under the lease in a timely manner; history of caring for and not damaging the unit and common areas; history of not interfering with the rights and enjoyment of others and not damaging the property of others; not engaging in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, and history of not engaging in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises, and history of complying with necessary and reasonable rules and program requirements of the housing provider.
13. Priority for the accessible units will be for families which require physical accommodations.
14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
15. Applications may be obtained and submitted via mail: Willow Apartments 19 Willow Street Lynn MA, 01901.
16. Applicants may contest an adverse determination by requesting a conference with a representative of Weston Associates within fourteen (14) calendar days. Persons with disabilities have the right to request a reasonable accommodation to participate in the hearing process.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室，我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

ນີ້ແມ່ນ ແປວິ ນອກສາສາດສຳຄັນ
ຫາກວ່າ ພວກເຮົາ ຈະມີ ຜູ້ ນຳ ໄປ ເຫັນ ພາສາ ທີ່ ບໍ່ ເຂົ້າ ໃຈ
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Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaan ku siin doonaa adeegyo tarjumaad lacag la'aan ah.

الهاتف بركم الاتصال فيرجى ، فورية ترجمة إلى مجادل كنت إذا. هامة وثيقة هو هذا
الناجى الفورية الترجمة خدمات وسنوفر انبثاكنم إلى الحضور أو أدناه

Telephone:
617-266-0044

MA - TTY 711 or 1.800.439.2370
ME - TTY 711 or 1.800.457.1220
NH - TTY 711 or 1.800.735.2964
VA - TTY 711 or 1.866.894.4116

RIGHT TO REASONABLE ACCOMMODATION

Weston Associates will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Weston Associates.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Weston Associates does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sex, sexual orientation, genetic information, veteran/military status, receipt of public assistance, source of income, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

Weston Associates and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.

Weston Associates, Inc.

170 Newbury Street, Boston, MA 02116 | Tel: 617-266-0044 Fax: 617-266-0975 | www.waboston.com





RENTAL APPLICATION

APPLICATIONS ARE PLACED IN ORDER OF DATE AND TIME RECEIVED. AN APPLICANT MAY BE INTERVIEWED ONLY AFTER THE RECEIPT OF THIS TENANT APPLICATION.

Please list the properties and number of bedrooms you are applying for in order of preference:

Property Name # Bedrooms Property Name # Bedrooms
1. 2.

(Note if accessibility features are requested: ☐ Mobility ☐ Vision ☐ Hearing)

Applicant #1: First Name MI Last Name

Social Security Number*

Phone (Home, Mobile, or Other)

Email

Address: Street and Apartment #

Town/City

State

Resided Since to current

Applicant #2: First Name MI Last Name

Social Security Number*

Phone (Home, Mobile, or Other)

Email

Address: Street and Apartment #

Town/City

State

Resided Since to current to current

How did you hear about this development?

Preferred methods of contact: postal mail; PO Box; email; phone call; text message and preferred hours of contact

****Except those household members who do not contend eligible immigration status. Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010, must provide information in order to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.**

PRESENT LANDLORD

Landlord Name: Tel. #: Fax #:

Landlord Address: Street Apt. # Town/City State Zip

Is apartment rented to you? YES ☐ NO ☐ If NO, explain:

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire?

Reason for leaving:

Amount of rent per month \$ # of Bedrooms: # of Occupants: Do you own a home? YES ☐ NO ☐

Are you receiving rental assistance? YES ☐ NO ☐ If Yes, what housing authority?

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain:

Reason for applying at this development?



PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: _____ Tel. #: _____ Fax #: _____

Landlord Address: _____
Street Apt. # Town/City State Zip

Applicant's Address: _____
Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

of people residing at premise: _____ Length of tenancy: from _____ to _____ Amount of rent per month \$ _____

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

The reason for your leaving: _____

PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: _____ Tel. #: _____ Fax #: _____

Landlord Address: _____
Street Apt. # Town/City State Zip

Applicant's Address: _____
Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

of people residing at premise: _____ Length of tenancy: from _____ to _____ Amount of rent per month \$ _____

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

The reason for your leaving: _____

Please provide list of all states in which any household member has resided: _____

Please list all previous apartment address if above are less than five (5) years: _____

Landlord Name: _____ Landlord Address: _____

Why did you leave this apartment? _____

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: _____

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY or TAX I.D. NUMBER

*The information provided for gender is for demographic purposes and is optional (Male, Female, Non-Binary or Choose Not To Share).



INCOME: Please list ALL sources of income for each member of your family.

EMPLOYMENT INCOME: If no "employment" please indicate none in the box below.

FAMILY MEMEBER	EMPLOYER NAME AND MAILING ADDRESS	GROSS MONTHLY AMOUNT

OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support: Are you legally entitled to receive child support? If Yes, list the amount you are entitled to receive.	\$	
Child Support: Do you receive Child Support? List amount you receive.	\$	
Alimony: Are you legally entitled to receive alimony? If Yes, list the amount you are entitled to receive.	\$	
Alimony: Do you receive Alimony? List amount you receive.	\$	
Full-Time Student Income (18 & Over Only)	\$	
Financial Aid (excluding loans)	\$	
Gift Contributions to Household (monetary or not)	\$	
Veteran's Benefits (list claim#)	\$	
Long Term Medical Care Insurance Payments in excess of \$180/day		
Scheduled Payments from Investments		
Other Income (please specify)		

Total Gross Annual Income (Based on the monthly amounts listed above) X 12

\$ _____
\$ _____

Total Gross Annual Income from Previous Year

Do you anticipate any changes in this income in the next 12 months? YES ☐ NO ☐

Is any member of the household legally entitled to receive income assistance? YES ☐ NO ☐

Is any member of the household likely to receive income or assistance (**monetary or not**) from someone who is not a member of the household as listed above? YES ☐ NO ☐

If yes to any of the above, please explain:



ASSETS Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (Include Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
Checking Accounts		\$	
Savings Accounts		\$	
Trust Accounts		\$	
Direct Deposit Cards for SS, SSI, SSP, ANF, Child Support, Work		\$	
Certificates of Deposit		\$	
Money Market Accounts		\$	
Savings Bonds	Cash Value	\$	
Life Insurance Policy	Cash Value	\$	
Mutual Funds: Name	# of Shares	Interest or Dividend:\$	Value: \$
Stocks: Name	# of Shares	Dividend Paid \$	Value \$
Bond: Name_____	# of Shares	Interest or Dividend \$	Value \$
Investment Property			

Do you own any Real Estate Property? YES ☐ NO ☐

If Yes, Type of Property _____
 Location of Property _____
 Appraised Market Value _____
 Mortgage or outstanding loans balance due _____
 -Amount of annual insurance premium _____
 Amount of most recent tax bill _____

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? YES ☐ NO ☐

If yes please explain: _____
 Do they have access to the asset(s)? _____

Have you sold/dispensed of any property in the last 2 years? YES ☐ NO ☐

If yes, Type of Property? _____
 Market value when sold/dispensed _____
 Amount sold/dispensed for _____
 Date of transaction: _____

Have you disposed of any assets in the last 2 years? (Ex: Given away money to relatives, set up Irrevocable Trust Accounts) YES ☐ NO ☐

If yes, describe the asset: _____
 Date of disposition _____
 Amount disposed _____

ADDITIONAL INFORMATION:

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐

Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? _____

How many cars will be parked at the premises? _____ (Copies of registration must be provided.)

Year: _____ Registration# _____ Make/Model: _____
 Year: _____ Registration# _____ Make/Model: _____



Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?
YES ☐ NO ☐; if YES, *please explain*:

Have you or any household members on Federal Assistance ever been terminated for fraud?
YES ☐ NO ☐; if YES, *please explain*:

Will all listed minors be living in the unit at least 50% of the time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have there been any changes in household composition in the last twelve months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, explain _____		
Do you anticipate any changes in household composition in the next twelve months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, explain _____		
Is there someone not listed above who would normally be living with the household?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, explain _____ +++++ _____		

Have you or a member of your household ever been charged with a crime within the last 10 years?
If Yes, explain _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES ☐ NO ☐

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? YES ☐ NO ☐

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES ☐ NO ☐

Are any full-time student(s) a TANF or a title IV recipient? YES ☐ NO ☐

Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependent of anyone other than a parent? YES ☐ NO ☐

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? YES ☐ NO ☐

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE (Who is assisting you in completing this application or who has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER



EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Weston Associates does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

PREFERRED HOUSEHOLD LANGUAGE

What is your preferred household language? _____

ETHNIC CATEGORIES

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

RACE CATEGORIES

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement, misrepresentation or omission of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

RIGHT TO REASONABLE ACCOMMODATION

Weston Associates. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

_____Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: _____

Signature: _____

Signature: _____

Signatures and proof of identification will be required of all those who sign lease.



Applicant Certifications

This application does not obligate me/us, the property owner or Weston Associates in any way. I understand that it's my responsibility to notify Weston Associates, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Weston Associates' resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.

Important Information About Fraud or Misrepresentation: By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

Authorization of Release of Information: By signing below I/we hereby authorize Weston Associates to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/our income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any Screening Agency, any Law Enforcement Agency or any Court about any criminal conviction data.

Certification of Accuracy: By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

Signature

Date

Signature

Date



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)

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Assist with Recertification Process | |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in lease terms | |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Change in house rules | |

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.

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.