

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!
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:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? ***If "Yes" you must provide the full SSN!***

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

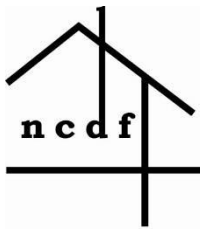
City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



newton

community

development

foundation

The John W. Weeks House

A non-smoking community

7 Hereward Road, Newton Centre, Massachusetts 02459

Tel: 617-964-8644 • Fax: 617-964-0553 • TDD: 800-439-2370 • E-mail: weekshouse@ncdfinc.org

Rental Application for Market Rate Apartments

Please complete this application in its entirety as failure to do so may result in processing delays.

Applicant Information

Name (First, Middle, Last):

Address:

City/State:

Zip:

Home Tel:

Cell:

Email:

List all those who will occupy the apartment, INCLUDING YOURSELF.

Name	Relationship	Date of Birth	Sex	Occupation	Social Security Number
	SELF				

Residence History

How long have you lived at your present address?

to present

Do you presently own or rent? own ☐ rent ☐

If own, what is your monthly mortgage? \$

What is your mortgage balance? \$

Do you intend to sell your home? Yes ☐ No ☐

If yes, what is the market value?

If rent, what is your monthly rent? \$

Are you presently under a lease? Yes ☐ No ☐

If yes, when does your lease expire? / /

Reason for leaving?



Please provide the full name, address and contact information for current landlord and previous residences in the last five years.
(use reverse side if necessary)

Present Landlord			
Name:			
Address:			
City:		State:	Zip:
Email: _____ @ _____		Phone: _____	

Previous Landlord			
Name :			
Address:		City:	State: Zip:
Applicant's address:		City:	State: Zip:
Length of tenancy: from / / to / / Amount of rent per month: \$			
Reason for leaving?			

Personal References (Please list three non-related individuals)				
Name	Relationship	Address	Telephone	Email
1.				
2.				
3.				

Employment Information (for each household member)				
Name of family member employed:				
Current employer:				
Employer address:		Dates of employment: from / / to / /		
City:	State:	Zip:	Phone:	
Fax:	Email: _____ @ _____			
Position:	Gross wages/salary \$ [] weekly [] bi-weekly [] monthly			



Employment

Name of family member employed:

Current employer:

Employer address:

Dates of employment: from / / to / /

City:

State:

Zip:

Phone:

Fax:

Email:

@

Position:

Gross wages/salary \$

[] weekly [] bi-weekly [] monthly

Sources of Income (for all household members)

	Amount per month	Name	Amount per month	Name
Social Security	\$		\$	
Supplemental Security Income (SSI)	\$		\$	
Pension/Annuity/Trust	\$		\$	
Child support/Alimony	\$		\$	
Other income(please specify)	\$		\$	

Assets- List the assets of anyone living in your household (include checking, savings, IRA, money market account, term certificates, stocks, bonds and real estate)

Asset description	Source/bank name	Amount of value	Account number

Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

Zip:

Email:

@

Phone:

Relationship:

Do you have a household pet? Yes ☐ No ☐ (If yes, please refer to The John W. Weeks House pet policy)

If yes, what species and breed? _____

Do you own a vehicle? Yes ☐ No ☐

Year: _____ Color/Make/Model: _____ License plate: _____ State: _____

Year: _____ Color/Make/Model: _____ License plate: _____ State: _____



EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:

Newton Community Development Foundation, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, perceived disability, familial status, pregnancy, marital status, sexual orientation, genetic background, veteran’s status, 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 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.

(Optional)

ETHNIC CATEGORIES ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

RACE CATEGORIES

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> I do not wish to furnish the above information | | |

RIGHT TO A REASONABLE ACCOMODATION

Newton Community Development Foundation, Inc. will consider a reasonable accommodation, upon request for qualified applicants 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 and changes to policies, practices, and procedures.

If you require a reasonable accommodation in completing this application, please contact NCDF’s ADA Coordinator, Marissa Wheeler at 617-467-6069 or email mwheeler@ncdfinc.org or via TDD at 800-439-2370

I hereby certify that the information furnished in this application is true and complete to the best of my knowledge and belief and hereby acknowledge the understanding that this application constitutes a request for consideration as a tenant(s) at The John W. Weeks House. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available and understand that additional information may be requested to complete processing of this application.

I understand and grant permission for all of the above information to be verified by the owner/agent and further understand and grant permission to authorize a credit bureau service to make any consumer report, investigative consumer report and criminal and lifetime sex offender screening, whereby information is obtained through public records, personal or telephone interviews with supplied references. This inquiry may include information as to character, credit worthiness, credit standing, and credit capacity and 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 or misrepresentation 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 owner/management agent during and after my tenancy period.

Signed under the pains and penalty of perjury *(Must be signed by anybody over the age of 18 who will occupy the apartment):*

Signature: _____
Applicant

Date:

Signature: _____
Applicant

Date:

Signature: _____
Applicant

Date:

