

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

BERKSHIRE HOUSING SERVICES, INC.

74 NORTH STREET
PITTSFIELD, MASSACHUSETTS 01201
413-499-1630, 413-445-7633 (FAX)

PRE-APPLICATION FOR HOUSING

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Time: ____ : ____ : ____

of B R's: 0 1 2

Control #: _____

Please indicate bedroom size

One bedroom ____

Studio ____

Both ____

PLEASE INDICATE WHICH BUILDING(S) YOU ARE INTERESTED IN:

_____ Epworth Arms, 350 West St, Pittsfield

_____ Bradford Arms, 31 Bradford St, Pittsfield

_____ Proprietors Fields, 118 Church St, Williamstown

_____ Hyde Place, 46 Railroad St, Lee

_____ Holy Family Terrace, 611 State Rd, No. Adams

_____ Bostwick Gardens, 899 Main St, Gt. Barrington

1) NAME _____
STREET _____
STATE _____
ZIP _____
TEL. # _____

MAILING ADDRESS, IF DIFFERENT:

S.S. # _____
DATE OF BIRTH _____

2) Members of Household: Please list everyone to live in household.

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex M/F</u>	<u>Date of Birth</u>
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3) Total Annual Income \$ _____ 4) Total Value of Assets \$ _____ 5) Race _____

6) If you are in need of a handicap accessible unit due to a mobility impairment please check here: _____

7) How did you hear of this apartment complex? _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of Housing and Urban Development and are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

DATE

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Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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