

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

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

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:

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 Head of Household 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
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ 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 Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Fully Accessible Wheelchair Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'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

- ☐ 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

- ☐ 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 ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent

- ☐ 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.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing





TEL: (413)736-6550
FAX: (413) 736-6559

Chase Management Service, Inc.
142 Doty Circle
West Springfield, MA. 01089

LIST ALL PERSONS THAT WILL OCCUPY THE UNIT. ANY PERSONS 18 OR OVER MUST SIGN THIS RENTAL APPLICATION; PROVIDE A COPY OF STATE OR FEDERAL ISSUED PHOTO ID; ONE MONTH'S INCOME INFORMATION AND SOCIAL SECURITY CARD AT THE TIME OF THE APPLICATION. FAILURE TO PROVIDE THIS INFORMATION WILL BE CAUSE FOR DENIAL FOR AN INCOMPLETE APPLICATION.

FIRST MONTH'S RENT, A SECURITY DEPOSIT EQUAL TO THE MONTHLY RENT AND A LOCK FEE OF \$45.00 MUST BE PAID IN FULL AT TIME OF MOVE IN. A \$100 DEPOSIT WILL BE REQUIRED TO HOLD AN APARTMENT FOR YOU. PLEASE NOTE WE DO NOT ACCEPT PETS.

Do Not leave blank spaces – FILL OUT EACH SPACE ENTIRELY.

RENTAL APPLICATION for property address _____ Unit#/Floor _____ Today's Date _____

Size of apartment needed: Please check one box **Studio** ☐ **One Bdrm** ☐ **Two Bdrm** ☐ **Three Bdrm** ☐ **Four Bdrm** ☐

Applicants: Cell Phone _____ Home Phone _____ E-mail _____

Name	Sex M or F	Birth date	SS#	Relationship To you	Total Monthly Income
				Self	

Present Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Lived there From _____ To Present Day _____ How many rooms _____ Present rent \$ _____

Including what utilities? _____

Reason for moving? _____

Present Landlord's Name ? _____ Phone Number? _____

Street Address? _____ City? _____ State? _____ Zip Code? _____

Previous Address _____ Apt. # _____ City _____ State: _____ Zip Code _____

Lived there From _____ To _____ How many rooms _____ Rental Amount? _____

Including What Utilities? _____

Reason for moving? _____

Previous Landlord's Name ? _____ Phone Number? _____

Street Address? _____ City? _____ State? _____ Zip Code? _____

Co-Applicant Information:

Co-Applicants: Cell Phone _____ Home Phone _____ E-mail _____

Present Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Lived there From _____ To _____ How many rooms _____ Present rent \$ _____

Including what utilities? _____

Reason for moving? _____

Present Landlord's Name ? _____ Phone Number? _____

Street Address? _____ City? _____ State? _____ Zip Code? _____

Previous Address _____ Apt. # _____ City _____ State: _____ Zip Code _____

Lived there From _____ To _____ How many rooms _____ Rental Amount? _____

Including What Utilities? _____

Reason for moving? _____

Previous Landlord's Name ? _____ Phone Number? _____

Street Address? _____ City? _____ State? _____ Zip Code? _____

Vehicle Information

Applicants Driver's License No & State _____ Co- Applicants Driver's License No & State _____

Make _____ Model _____ Year _____ Color _____ Plate _____

Make _____ Model _____ Year _____ Color _____ Plate _____

Make _____ Model _____ Year _____ Color _____ Plate _____

Income & Employment

Applicants Employer's Name _____

Employer Address _____ Occupation _____

Supervisor or Person to contact _____ Phone# _____

Dates of Employment - From month/year _____ to present _____ Income \$ _____ per _____

Previous Employer (if current less than 3 years) _____ Occupation _____

Address (complete) _____

Reason for leaving _____ Phone # _____

Length of Employment - From month/year _____ to month/year _____ Income \$ _____ per _____

Co- Applicants Employer's Name _____

Employer Address _____ Occupation _____

Supervisor or Person to contact _____ Phone# _____

Dates of Employment - From month/year _____ to present _____ Income \$ _____ per _____

Previous Employer (if current less than 3 years) _____ Occupation _____

Address (complete) _____

Reason for leaving _____ Phone # _____

Length of Employment - From month/year _____ to month/year _____ Income \$ _____ per _____

Other sources of Income (List all you wish us to consider)

Other Source of Income _____ Amount _____ per _____

Other Source of Income _____ Amount _____ per _____

Other Source of Income _____ Amount _____ per _____

Will you be receiving rental assistance? _____ If yes what agency? _____

Does this rental assistance have a time limit or ending date? _____

Credit Information

Name of Creditor & Outstanding Debts	Type	Phone	Approx. Balance	Monthly Payment
	(Car/Student loan, Credit Card, Child Support, Alimony, Etc.)			

Personal References – Do Not Include Relatives (Neighbor, co-worker, clients are preferred)

#	Name	Phone Numbers (Indicate Cell, Home or Work)	Nature of Relationship	How long have you known them?	Address
1.					
2.					
3.					
4.					

Applicant Additional Information

Have you:	Yes	No	When (Specific date(s))
Filed a petition of bankruptcy in the past seven years?			
Ever been a defendant in any legal proceeding connected with housing?			
Ever been late paying rent or refused to pay any rent when due?			
Ever received a notice to vacate, eviction notice or court summons from any landlord?			
Ever had a landlord claim that you damaged their property?			
Ever been convicted of a felony in the last ten years?			
Ever broken a rental agreement or lease?			
Ever had a neighbor complain about you?			
Ever been arrested for drugs, violent offenses, firearms, injury to persons, rape or sexual assault?			

If you answered **Yes** to any of the items 1-9 above please explain the situation

Co-Applicant Additional Information

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Ever had a neighbor complain about you?			
Ever been arrested for drugs, violent offenses, firearms, injury to persons, rape or sexual assault?			

If you answered **Yes** to any of the items 1-9 above please explain the situation

How long do you plan to stay in this apartment? _____

Do you smoke? _____ If yes will you and your guests agree not to smoke inside the unit? _____

Do you own a vacuum cleaner? _____ If not, are you willing to buy one? _____

Do you have a pet or animals? _____

If yes, please understand that we have a **NO** animal policy, we don't accept animals unless it's a service animal. There is a process for the company to allow a service animal. Kindly inquire with the office staff so that you may complete the appropriate paperwork at time of submitting your application.

Please list any aliases (other names) that you have used within the past seven years. (**maiden names** or prior legal names) _____

Do you own any real estate? _____ If so what address _____

Do you own any other assets? _____ if so please specify _____

What is the best day and time to interview you at your current address? _____

APPLICANT CORI REQUEST INFORMATION

Chase Management Service, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. The information below is correct to the best of my knowledge.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY #

SEX _____

Fathers First Name Fathers Middle Name Fathers Last Name

Mothers First Name Mothers Middle Mothers Last Name Mothers Maiden Name

CO-APPLICANT CORI REQUEST INFORMATION

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LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY #

SEX _____

Fathers First Name

Fathers Middle Name

Fathers Last Name

Mothers First Name

Mothers Middle

Mothers Last Name

Mothers Maiden Name

Authorization: I authorize the landlord or agent to contact all references listed to obtain information about me and to obtain a copy of credit, eviction and criminal reports. If my application is denied based upon my credit report, I will be informed of the specific reason. I agree that the Landlord may terminate any tenancy made in reliance on false or misleading information provided on this application. I understand that there is no agreement to rent until a lease/tenancy agreement is signed by Landlord. All information thus gathered by the landlord will become and remain confidential unless applicant authorizes it release. **I further expressly authorize the references listed herein to release information to the landlord or agent.** A photocopy shall be valid as the originals.

I AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT UNDER THE PAINS AND PENALTIES OF PERJURY

Printed Name of Applicant _____ Signature of Applicant _____ Date _____

Printed Name of Co- Applicant _____ Signature of Co- Applicant _____ Date _____

****DO NOT WRITE BELOW THIS LINE*****DO NOT WRITE BELOW THIS LINE*****

Date Application Received by CMS:_____ Time Application Received by CMS:_____

☐ Copy of Photo ID taken from Applicant ☐ One Month's income documentation taken from applicant

☐ Copy of Photo ID taken from Co-Applicant

Landlord Verification sent out on what date? _____

Landlord Verification received back? y/n_____ what date? _____

☐ Application Approved ☐ Application Denied

by: _____ Date _____

Reason(s): _____

_____.

Total Monthly income of application? _____ x 43% with utilities included for maximum monthly rental for an apartment of _____

Total Monthly income of applicant? _____ x 30 % rate of without utilities included for maximum monthly rental for an apartment of _____