

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:

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
- GENDER

- ETHNICITY
- RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
 - Fully Accessible Wheelchair Unit
 - Blind Accessible Unit
 - Need an Interpreter
 - No-Steps unit (elevator to any floor)
 - Deaf Accessible 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

- CRIMINAL RECORD AND SEX OFFENDER
 - Head of Household:** Any **Felony/Conviction?** Yes No
 - Other Members:** Any **Felony Convictions?** Yes No
 - Any **Misdemeanor Conviction?** 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 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

AddressLine 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS

Address Line 1 Apt # or "care of" name
City State Zip

- # BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 _____

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name: Liz Leonard
	Address: Housing Management Resources 16C North Maple Street Florence, Ma 01062

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Do you receive rental assistance? _____ If so, what kind? _____

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 One BR Two BR Three BR Handicap BR

I am interested in renting (please check more than one location if you wish):

0 Bedroom efficiencies	_____	96-98 King Street Northampton
	_____	Go West, Florence
Single room with shared facilities	_____	82 Bridge Street, Northampton
1,2,3,4 Bedroom Apartments	_____	18,34,79 Michelman Ave, Northampton
	_____	46-48 School Street, Northampton
	_____	22-34 New South Street, Northampton

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? Yes No
If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. 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	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. 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 \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
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 as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list</i>	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying</i>	

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	

Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. 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 understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. 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