

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

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

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Spring 2016 Upcoming Lotteries!

Metro West CD will be administering lotteries in Newton, Lexington, Stoughton, and Weston in spring 2016. Please complete this form and return it to Robyn to be included in the lotteries for units at these properties.

I would like to apply for:

- 1) Please CHECK all that you would like to apply for! (See flyers attached for more info.)

Newton		1 bedroom		2 bedrooms	3 bedrooms
Lexington		1 bedroom		2 bedrooms	3 bedrooms
Stoughton		1 bedroom		2 bedrooms	
Weston					3 bedrooms

- 2) Rents may vary depending on your income

- 3) Units may have local preference so please provide:

a. Town you live in_____

b. Town(s) you work in_____

c. Town(s) your children attend public school in_____

- 4) Your contact info: Name _____

E-mail_____

Best number to reach you at:_____

To be eligible for any of the above lotteries send this form and your complete Ready Renter Application to:

Robyn Rufo at: robyn@metrowestcd.org or fax it to 617-923-8241 or mail it to: 79-B Chapel St., Newton MA 02458.

Return as soon as possible. Deadlines vary for each project. Please see flyers for project-specific lottery deadlines.



Application for Regional Ready Renter Program – 2016

Instructions

You must submit a completed application with all the required supporting documents in order to be eligible for the affordable rental housing offered through the Ready Renter Program. This includes:

- A) A complete application with the all the required information for you and each member of your household.
- B) Supporting documents, including:
 - 1. Two (2) most recent pay stubs for all members of the household who are age 18 and older; current documentation of income for all self-employed persons who are age 18 and older
 - 2. Current documentation of all other income sources for persons who are age 18 and older, which includes: social security income, pension income, disability income, unemployment benefits, child support and alimony payments, money from friends and family, etc. Any household member who is age 18 and older who does not have a source of income must complete the "No Income Verification" form included in Page 4 of the application.
 - 3. The most recent statement for every savings account, checking account, retirement account (401k, pension) and other asset accounts (CDs, stocks, bonds and other investments) for all household members who are age 18 and older; statements for checking accounts and savings accounts must include all deposits and withdrawals.
 - 4. Evidence of Section 8 Voucher or other rental voucher, if applicable; voucher must be current.
- C) **The staff of Metro West CD is available to assist individuals in the completion of their application and is able to accommodate households with disabilities that may impede their ability to complete the application.** Metro West CD staff can also arrange for assistance for households that have limited English proficiency. Applicants have the right to request a reasonable accommodation(s), which may include a change to a rule, policy, procedure or practice to afford a person with a disability an equal opportunity to participate fully in the housing program or to use and enjoy the housing. Applicants may also be entitled to a reasonable modification(s) of the housing, when such modifications are necessary to afford a person with a disability an equal opportunity to use and enjoy the housing.

If you have questions or need assistance filling out this form please contact Robyn to schedule an appointment. She can be reached at 617-923-3505 ext. 5. She can provide a translator if necessary. TYY Callers Dial 711

Creemos que la solicitud es muy extensa y complicada. Nos gustaria ayudarle a rellenarla. Por favor, póngase en contact con Robyn para fijar fecha de ayudarle a hacerlo. Puede llamarla al teléfono 617-923-3505 x 5.

Return complete application to:

Metro West CD
RE: Ready Renter Program
79-B Chapel Street
Newton, MA 02458
Fax to: 617-923-8241





General Information

Applicant's Name _____ Co-Applicant's Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Non-English Speaking Applicant (optional) _____ Yes _____ No Language Preference _____

Total Number of People in Household (including yourself) _____

You may be eligible for a "local preference" consideration so please include:

Town(s) your household members work in: _____

Town(s) your children attend public school in: _____

Optional*: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses are voluntary and will help us track the diversity of the applicant pool.

☐ Asian/Native Hawaiian/Pacific Islander

☐ White/Caucasian

☐ Black/African-/Caribbean-American

☐ Another Race or Ethnicity (please specify): _____

☐ Latino/a

☐ Native American

Housing Information

Do you currently _____ Own _____ Rent _____ Other Please specify _____

Current monthly rent or mortgage payment: \$ _____

Which utilities do you pay: _____ Heat _____ Electricity _____ Hot Water _____ Other _____

Do you have a Section 8 Voucher or other rental voucher? _____ Yes _____ No

(You must include a copy of your Section 8 Voucher with your application)

Bedroom Size Requested (you can request more than one)

_____ Studio _____ 1-BR _____ 2-BR _____ 3-BR _____ 4-BR

Development Name or Town/City where you are interested in living: _____

ACCESSIBILITY REQUESTED (check all that apply):

_____ Wheelchair accessible unit _____ Unit accessible for sensory impairments

_____ Other/some accessible features (if so, please explain): _____

Does any member of your household require a reasonable accommodation or modification based on a disability? If yes, please explain (responding to this question is optional):



Landlord Contact Information

Landlord Name: _____ Phone: _____

Address of apt. rented from landlord: _____ Town: _____ State: _____

Is this your current landlord or previous landlord? _____ Current Landlord _____ Previous Landlord

Household Composition

List all persons who live with you in your home in the table below

Name	Relationship to head of household (spouse, child, aunt, etc.)	Date of birth	Last four digits of Social Security Number	Student – Yes or No
	SELF			

Will all household members listed in your application be moving with you? ____ Yes ____ No If No, please explain:

Do you anticipate any additions to the household in the next 12 months? ____ Yes ____ No If Yes, please explain:

Do you own any pets? ____ Yes ____ No If Yes, list the type and number of pets: _____

Are any members of the household enrolled in an institution of higher learning? ____ Yes ____ No If yes, how many? ____

Will any members of the household become full-time students in the next 12 months? ____ Yes ____ No

Are you or any member of your family currently using an illegal substance? ____ Yes ____ No

Have you or any member of your family ever been convicted of a crime other than a traffic violation? ____ Yes ____ No If Yes, please explain:

Have you or any member of your family ever been evicted from any housing? ____ Yes ____ No If Yes, please explain:



Does anyone outside of your household pay for any of your bills or give you money on a regular basis?
 _____ Yes _____ No **If Yes, Please explain:**

Income Information

List all income from employment for all members of the household age 18 and older, including students

Household member name	Employer name or 'Self' for self employed persons	Gross annual income – List salary or the hourly rate and the number of hours worked each week

YOU MUST INCLUDE THE TWO MOST RECENT PAYSTUBS FOR ALL EMPLOYMENT INCOME WITH YOUR APPLICATION. SELF-EMPLOYED INDIVIDUALS MUST PROVIDE CURRENT DOCUMENTATION OF INCOME

List all other income sources in the table below; if an income source does not apply, write N/A
 Income includes: social security income, pension income, disability income, unemployment income, child support income, and other recurring income from any and all sources. All household members age 18 and over who have no source of income must complete the 'No Income Verification' form on Page 4.

Household member name	Source of income	Gross monthly amount
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>SSI Benefits</i>	
	<i>Pension</i>	Pension Source: Monthly Amount:
	<i>Pension</i>	Pension Source: Monthly Amount:
	<i>Disability Benefits</i>	
	<i>Child Support</i>	
	<i>Alimony</i>	
	<i>Unemployment Benefits</i>	
	<i>TANF</i>	
	<i>Periodic payments from family/friends</i>	
	<i>Interest Income</i>	
	<i>Interest Income</i>	
	<i>Other</i>	
	<i>Other</i>	

YOU MUST INCLUDE CURRENT DOCUMENTATION FOR ALL OTHER INCOME SOURCES



No Income Verification

To be completed by household members who are age 18 and older and who have no source of income. If you have a source of income, you do not need to complete this page.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family to provide my basic life necessities.

I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Applicant Signature

Date

Asset Information

List all household financial assets, including: cash, savings and checking accounts, stocks and bonds, retirement accounts (pension, 401K, etc.) and any other forms of capital investment. Do *not* include the value of personal property such as furniture and automobiles.

Name of account holder	Name of financial institution	Account type	Last 4 digits of account #	Account balance	Are there any restrictions and/or penalties for withdrawal?
		Checking			
		Checking			
		Checking			
		Savings			
		Savings			
		Cash Value of Whole Life Insurance			
		401(k)/403(b)			
		401(k)/403(b)			
		Roth IRA			
		Roth IRA			
		Savings Bonds			
		Savings Bonds			
		Stocks/Bonds			
		Stocks/Bonds			
		Money Market			
		Investment Property			
		Other			
		Other			
		Other			

YOU MUST PROVIDE THE MOST RECENT STATEMENT FOR ALL SAVINGS AND CHECKING ACCOUNTS, WHICH MUST INCLUDE A RECORD OF ALL DEPOSITS AND WITHDRAWALS; FOR ALL OTHER ASSETS YOU MUST PROVIDE THE MOST STATEMENT, WHICH MUST INCLUDE THE TOTAL VALUE OF THE ASSET AND ANY INCOME EARNED IN THE YEAR TO DATE

PLEASE COMPLETE BEFORE GOING TO THE NEXT PAGE

- ☐ I/We have provided the required documentation for all household income sources; any household members age 18 and older who do not have an income source have completed the 'No Income Verification' form.
- ☐ I/We have provided the required documentation for all household assets.
- ☐ Please check only if you prefer to receive monthly information about affordable housing opportunities via email. You must provide your email address with your application for this option. If you do not check this box you will receive a hard copy mailing each month at your mailing address.

Certifications (To be signed by every household member age 18 and older)

Certification of Information

- I/We certify that all information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We do 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 that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that upon occupancy of an affordable rental unit, the management company and Metro West CD must approve ANY changes to the number of people living in the unit.
- I/We understand that eligibility for housing will be based upon applicable income limits and by management criteria.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____ Date _____

In the event of an emergency please contact:

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____



Release of Information (To be signed by every household member age 18 and older)

I/We hereby authorize Metro West CD or its agent, to obtain verification from any source named in this application. Additionally, I understand that Metro West CD reserves the right to review a CORI report for each applicant. In addition, the undersigned authorize and direct any federal, state, or local agency, organization, business or individual to release information to representatives of Metro West CD, which may be necessary for me to become or remain a housing tenant.

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines. I/We also consent Metro West CD to release information from my/our files about my/our rental history to credit bureaus, collection agencies or future landlords with my/our expressed consent. This includes records on my/our payment history and compliance with lease or occupancy regulations.

CONDITIONS: I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Metro West CD office and will stay in effect for 18 months from the date signed.

I/We understand that all decisions made by Metro West CD are final and that any appeals must be submitted in writing to the Metro West CD Board of Director.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____

Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____

Date _____

Co-Applicant's Printed Name _____

Co-Applicant's Signature _____

Date _____

Metro West CD does not discriminate on the basis of race, color, religion, national origin, disability, familial status, sex, age, marital status, children, sexual orientation, genetic information, gender identity, ancestry, veteran/military status, or membership.



Join Metro West Collaborative Development!

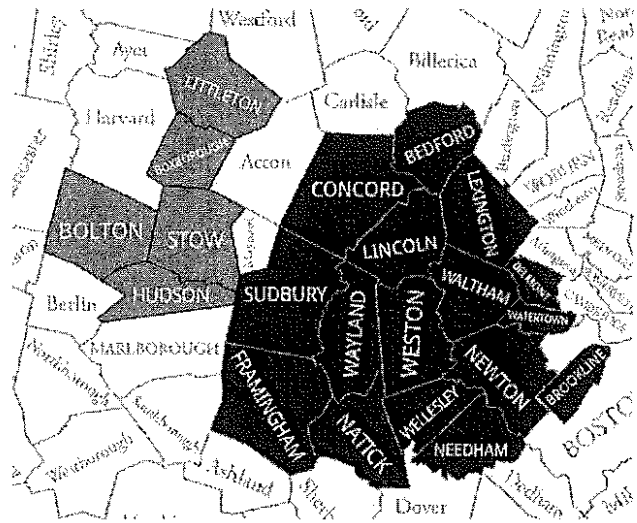
Do you think affordable housing and community economic development are important?

Then show your support by joining Metro West CD – **it's free!**

Metro West CD works in these 21 towns and cities to:

- 1) Create and promote affordable housing;
- 2) Support economic development that provides local jobs and builds neighborhood centers; and
- 3) Build alliances with local partners to address other community issues.

Sign Me Up! It's Free!



Name _____ Street Address _____

Town _____ State _____ Zip Code _____

E-mail _____ Phone _____

****You may also join by going to: www.metrowestcd.org and enroll with our Email List Sign Up****

We NEVER give away your contact info!



Share Your Story

Metro West CD is interested in learning about how affordable housing could benefit you and your family. For example:

- Will it help you reduce your current housing costs?
- Will it allow you to live closer to your job?
- Will it allow you to remain living in a community where you have resided for several years?

This information is *entirely optional* and will not be used in determining your eligibility for the program. Share your story below!

[illegible]