

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

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



<div><div></div><div></div><div></div><div></div></div>	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
<div></div>	<div></div>	<div></div>	<div></div>

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!
<div></div>	<div></div>

<div></div> YOUR MOTHER’S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

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

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> .00

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

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

Housing Application

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

SITE NAME

PRELIMINARY RENTAL APPLICATION
EQUAL HOUSING OPPORTUNITY

ADDRESS:

CITY, STATE:

PHONE #:

FAX #:

S

H

P

OFFICE OR MAILING ADDRESS:

SHP MANAGEMENT CORP.

DATE

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: Home Telephone #

Present Address street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

SIZE OF APARTMENT NEEDED:

DO YOU REQUIRE AN ADAPTED UNIT FOR:

0BR 1BR 2BR

Wheelchair

[] [] []

[] Yes [] No

Hearing/Visual

[] Yes [] No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain:

Present Housing Cost Per Month \$ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? Years.

Do You Own Any Pets?

What are the reasons for moving?

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1	Head of Household				Yes No
2					Yes No
3					Yes No
4					Yes No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters. If you have had more than two landlords within the past five (5) years, please list them on the reverse side.

Name of Present Landlord/Official Telephone Date: to present
Address

Name of Previous Landlord/Official Telephone Date:
Address

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference Telephone
Address

Name of Character Reference Telephone
Address

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain.

2. Does your present apartment contain health code violations? If so, please describe:

3. Is your present apartment too small for your family? Yes _____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____
If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. _____

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.**
I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant _____ Date _____

Co-Applicant _____ Date _____

The SHP MANAGEMENT CORP does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



SHP MANAGEMENT CORP.

Consent for Release of Information
(For use with State Subsidized Programs)

SHP MANAGEMENT CORP Mangement Agent

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized the SHP MANAGEMENT CORP, Management Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the SHP MANAGEMENT CORP, the Management Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to SHP MANAGEMENT CORP, the Management Agent, within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

_____	_____
Signature	Date

**THIS INFORMATION IS VALID FOR A PERIOD OF
ONE YEAR FROM THE DATE NOTED ABOVE.**



SHP MANAGEMENT CORP.

FRAUD LETTER

Dear Applicant/Resident:

Government regulations require that upon application and annually thereafter, we verify your income, assets, and some expenses in order to determine your eligibility for rent subsidy. Information provided is kept confidential.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

ALL sources of income MUST BE REPORTED. Income includes but is not limited to:

- Wages/Salaries (including overtime, seasonal employment, baby-sitting, AND earnings of household members 18 or over.
- Pensions, Social Security, Supplemental Security, welfare payments, interest/dividends from savings, checking, IRAs, Keoghs, 401Ks, money market funds, certificates of deposit, stocks, bonds and US Saving Bonds.
- Net payments received from rental property or other real estate holdings.
- Child support or alimony payments received by the household.
- Cash gifts received on a regular basis.
- Gross amounts distributed from non-revocable trusts.

Reporting changes in income or household composition: I know I am required to report immediately in writing any changes in income and any changes in the household size, and when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

ALL assets MUST be reported INCLUDING those DISPOSED OF during the two years preceding this certification. Assets include but are not limited to

- Equity in real estate (houses, land, trailers, condos, cooperatives, vacation homes, or time sharing properties).
- Stocks, bonds, savings bonds, securities, IRAs, Keoghs, 401Ks, certificates of deposit, or pension funds available in lump sums.
- All bank accounts including checking.
- Cash kept in safe deposit boxes or non-interest bearing accounts or kept at home or other locations.
- Principal value of revocable trust funds, lottery earnings, and jewelry, antiques, coins, stamps, or collectibles held as investment.
- Surrender value of whole life insurance policies.
- Amounts greater than \$1,000 divested to a non-revocable trust within the last two years.

Reporting on Prior Housing Assistance: I certify that I have disclosed where I received my previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance: I certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Management Office immediately in writing. I will not sublease my assisted residence.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of tenancy.

FEDERAL LAW ESTABLISHES PENALTIES FOR PROVISION OF FALSE INFORMATION. THE PENALTIES INCLUDE FINES OF UP TO \$5,000 AND IMPRISONMENT FOR TWO YEARS.

If you have any questions, please contact the Management Office.

Sincerely,
Dianne M. Raineri Property Manager.

**I HAVE READ AND UNDERSTAND
THIS NOTICE.**

Signed _____

Signed _____

Signed _____

Date _____

**THIS NOTICE HAS BEEN EXPLAINED
TO ME AND I UNDERSTAND ITS
CONTENTS.**

Signed _____

Signed _____

Signed _____

CERTIFICATION OF ASSET DISPOSITION

This is to certify that I/We have not disposed of an asset, i.e. a home, Certificate(s) of Deposit, savings, stock, bonds, etc., at less than market value within TWO YEARS of this certification/recertification. I did receive an earned Income Tax Credit for the year of

Date _____

Signature _____

Date _____

Signature _____



SHP MANAGEMENT CORP.

Landlord Verification

To: _____ **Please return to:** _____

Re: _____ **Date:** _____

(List all persons who will be on lease)

To Applicant: In order to be accepted, an applicant must have a good tenancy record for paying rent, maintaining the apartment, not interfering with neighbors, no housing related criminal activities, including current illegal drug abuse, and cooperation in supplying income and other information necessary to establish for the housing lease. An applicant with a past tenancy problem related to a disability may provide information regarding "mitigating circumstances" (an explanation of what happened and reasons why it is not likely to happen again) or may ask for a "reasonable accommodation" (something a landlord can do to enable you to meet lease requirements). You can choose to explain any problem and ask for a reasonable accommodation on this form, or you may do it later if the history is leading to or does result in a rejection.

To Reference Source: I am applying for housing and authorize the release of the information requested below. I understand that the information is to be used only for purposes of housing and will be kept in a confidential in a confidential file.

Signature of applicant: _____ Date: _____

1) Please check type of housing in which the above applicant lived.

Apartment _____ House _____ Rooming House _____
Long-term Care Facility _____ Shelter _____ Other _____

2) For what period within the past (5) five years did applicant live at this address:

From: _____ To: _____
If under a written lease, has it expired? _____

3) What previous address did applicant give when they applied for housing with you?

Yes or No

- 4) While living in your facility, did the applicant or guests abide by house rules and regulations? If not, please explain: _____ ☐ ☐

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

- 5) Did the applicant or pests interfere with the rights of other persons' comfort, safety, privacy, security or peaceful enjoyment within the last (5) five years (threaten, assault, exhibit public sexual behavior, or behave in an unduly loud and disruptive manner, etc.)? ☐ ☐

If not, please explain: _____

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____ ☐ ☐

- 6) Has the applicant demonstrated that he/she would be willing and able to pay rent and meet other financial obligations in a timely manner? If not, please explain: _____

- 7) What did applicant pay for rent? \$ _____ per week \$ _____ per month. Is any money still owed? _____ ☐ ☐

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

8. Did the applicant or guest damage any property? If yes, please explain: _____ ☐ ☐

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

9. Did applicant take proper care of space/property assigned to him//her? If no, please explain. (If prior tenant, was unit vacated in acceptable condition)? Please explain: ☐ ☐

10. To your knowledge, have the applicant or guests engaged in any housing-related illegal activities, including any illegal drug or paraphernalia possession or distribution? If yes, please explain, including the source of your knowledge. ☐ ☐

Optional Question: If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: _____

11. To your knowledge, have the applicant or guests engaged in careless smoking cooking or other behavior which could endanger him/her or others? If yes, please explain: _____

☐☐

Optional Question: If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: _____

NOTE: Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNED:

Title: _____

Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department of the United States Government., HUD, the PHA, or any owners (or any employee of HUD< the PHA, or the owner_ may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on these verification forms is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor fine of not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer of employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.



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	Yes	or	No
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Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____ _____			
5) Did the applicant or pests interfere with the rights of other persons' comfort, safety, privacy, security or peaceful enjoyment within the last (5) five years (threaten, assault, exhibit public sexual behavior, or behave in an unduly loud and disruptive manner, etc.)?	<input type="checkbox"/>		<input type="checkbox"/>
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