

**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**

## **Scarafoni Realty**

103 MAIN STREET, P. O. BOX 307  
NORTH ADAMS. MASS. 01247  
TELEPHONE (413) 664-4539

**PLEASE NOTE:** A \$10.00 application fee is required and payable upon return of this application. No application will be processed without the fee. It must be in the form of a check or money order made payable to Scarafoni Realty.

“USDA is an equal opportunity provider. employer and lender”

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W.  
Washington, DC 20250-9410 or call (800) 795-3275 (voice) or (202) 720-6382 (TDD)  
TELEPHONE 413-664-4539 (V/TTY)

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APPROVED 12-7-2005

PETER P. LAURENZA  
Area Manager  
USDA, Rural Development

APPLICATION FOR OCCUPANCY  
APARTMENTS

1. \_\_\_\_\_  
Last Name First Name Telephone  
  
\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
Length of time at present address Monthly Rent Utilities  
  
\_\_\_\_\_  
Tenant's Social Security Co - Tenant's Social Security
2. \_\_\_\_\_  
Name of Present Landlord Telephone  
  
\_\_\_\_\_  
Landlord's Address
3. \_\_\_\_\_  
Previous Address
4. \_\_\_\_\_  
Name of Previous Landlord Telephone  
  
\_\_\_\_\_  
Previous Landlords Address
5. Source of Income and Amount  
  
\_\_\_\_\_  
Wages Social Security Retirement  
  
\_\_\_\_\_  
Welfare Veteran's Payments Other  
  
\_\_\_\_\_  
If Employed Name of Employer Length of Employment

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
If other family member is employed name and address of employer

6. INFORMATION REGARDING ALL INDIVIDUALS WHO WILL OCCUPY UNIT.

Name	Race	Date of Birth	Soc. Security #	Relationship	Gender
------	------	---------------	-----------------	--------------	--------

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

7. ASSETS

\_\_\_\_\_  
Savings (Bank)

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Interest Rate

\_\_\_\_\_  
Checking

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Interest Rate

\_\_\_\_\_  
Real Estate, Stocks or Bonds Assets disposed of within 2 years

\_\_\_\_\_  
Type & Amount

\_\_\_\_\_  
Market Value and date disposed of

8. Do you wish to request a handicap accessible unit? \_\_\_\_\_
9. Do you wish to request a handicap/disability adjustment to your income? \_\_\_\_\_
10. Medical Expenses (If 62 or older), handicapped or disabled. \_\_\_\_\_
11. Attendant care/auxiliary apparatus expenses. \_\_\_\_\_
12. Child Care Expenses for children under 13. \_\_\_\_\_
13. Have you or any household member ever been arrested for selling or use of drugs? \_\_\_\_\_

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Washington, DC 20250-9410 or call (800) 795-3275 (voice) or (202) 720-6382 (TDD)  
TELEPHONE 413-664-4539 (V/TTY)

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information for your household, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you chose not to furnish it, under the Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

**Number of Household Members that are:**

		<b>Male</b>	<b>Female</b>
<b>Ethnicity</b>	Hispanic or Latino	_____	_____
	Not Hispanic or Latino	_____	_____

**Number of Household Members that are:**

<b>Race</b>	American Indian/Alaskan Native	_____	_____
	Asian	_____	_____
	Black or African American	_____	_____
	Native Hawaiian	_____	_____
	White	_____	_____

I/we do not wish to furnish this information ☐

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410, or call 202/720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Upon submission of application you must have attached copies of birth certificates and social security cards for all persons occupying the unit.

I/We certify that the housing I/we will occupy is/will be my/our permanent residence. I/we further certify that I/we do/will not maintain a separate subsidized rental unit.

I/We certify that the information in this application is true to the best of my/our knowledge. I/we understand that any false statements or information are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. This would also lead to cancellation of this application or termination of tenancy after occupancy.

I/We authorize Scarafoni Realty to verify all information provided in this application in order to determine my/our eligibility for housing.

I/We also authorize Scarafoni Realty to request a credit profile report.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Co – Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

VEAZIE STREET ASSOCIATES  
31 VEAZIE STREET  
NORTH ADAMS, MA 01247

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**Official Use Only**

Eligible for Unit \_\_\_\_\_

Very Low \_\_\_\_\_

Low \_\_\_\_\_

Moderate \_\_\_\_\_

Date Submitted \_\_\_\_\_

Date Completed \_\_\_\_\_

Incomplete \_\_\_\_\_

Complete \_\_\_\_\_

## Housing History, Page 1

**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:

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 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

### 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