

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

This particular waitlist is closed: At present, our only open waitlists are:

This is not the correct application. The correct application is available in this way:

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



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 designed for **Environmental Allergies**

- 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
 - 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 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

- BEST MAILING ADDRESS

- # BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
 - Disability
 - Elder
 - Veteran
 - Fleeing Domestic Violence
 - Rent-burdened
 - Displaced by Public Action Sanitary Code Natural Forces Other _____

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)

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

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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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:

		Male	Female
Ethnicity	Hispanic or Latino	_____	_____
	Not Hispanic or Latino	_____	_____

Number of Household Members that are:

Race	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

Official Use Only

Eligible for Unit _____

Very Low _____ Low _____

Moderate _____

Date Submitted _____

Date Completed _____

Incomplete _____

Complete _____