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**

HOUSINGWORKS
For Everyone

	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 **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!
○		○	

○	YOUR MOTHER'S MAIDEN NAME

	YOUR HOME TELEPHONE		SECOND TELEPHONE
○			
	YOUR EMAIL ADDRESS		
○			

CURRENT ADDRESS OR 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 #	○		○		.00

	INCOME SOURCES
○	

	MOBILE RENTAL ASSISTANCE, if any
○	

	REQUESTED ACCOMMODATIONS
○	

	SPECIAL CIRCUMSTANCES THAT SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○	

TCB MANAGEMENT at Holyoke
THE COMMUNITY BUILDERS

EQUAL HOUSING OPPORTUNITY
IQUALDAD EN LA OPORTUNIDAD DE VIVIENDA

Application # _____ Application for:

Our apartments are being financed by the Massachusetts Housing Finance Agency and Executive Office of Communities and development. Apartment are to be rented to all people on an open-occupancy basis.

Nuestros apartamentos son financiados por la Agencia de Financiamiento do Vivienda de Massachusetts y la Ofcina Ejecutiva de Comunidades y Desarollo. Los apartamentos son alquilados sin discriminar con respecto a raza, color, religion, sexo u origen nacional.

PLEASE FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE TO HELP SPEED PROCESSING.
POR FAVOR, COMPLETA CADA ARTICULO LO MEJOR POSIBLE PARA ACELAERAR EL PROCESO

1. **NAME**
   Nombre _____ HOME TELEPHONE
   Telefono de su casa _____

2. **PRESENT ADDRESS**
   Direccion actual _____

   NAME OF PRESENT LANDLORD
   Nombre del dueno de casa actual _____

   LANDLORD'S ADDRESS
   Direccion del dueno actual _____

   LANDLORD'S TELEPHONE
   Telefono del dueno actual _____ MONTHLY RENT
   Alquiler mensual _____

   APARTMENT SIZE
   Tamano do su apartamento _____ Bedroom (s) UTILITIES (if separate)
   Utilidades (si aparte) _____

   HOW LONG HAVE YOU LIVED THERE?
   Cuanto tiempo lleva viviendo ahi? _____ to Present

3. PREVIOUS ADDRESSES (Optional if at present address more than five years)
   Direccion anterior (Opcional si lleva mas de cinco anos on vivienda actual)

   ADDRESS
   Direccion _____

   NAME OF PREVIOUS LANDLORD
   Nombre del dueno de casa anterior _____

   LANDLORD'S ADDRESS
   Direccion del dueno anterior _____

   LANDLORD'S TELEPHONE
   Telefono del dueno anterior _____ MONTHLY RENT $
   Alquiler mensual $ _____

   APARTMENT SIZE
   Tamano do su apartamento _____Bedroom (s) UTILITIES (if separate) $
   Utilidades (si aparte) $ _____

   HOW LONG HAVE YOU LIVED THERE?
   Cuanto tiempo lleva viviendo ahi? _____

   ADDRESS
   Direccion _____

   NAME OF PREVIOUS LANDLORD
   Nombre del dueno de casa anterior _____

   LANDLORD'S ADDRESS
   Direccion del dueno anterior _____

   LANDLORD'S TELEPHONE
   Telefono del dueno anterior _____ MONTHLY RENT $
   Alquiler mensual $ _____

   APARTMENT SIZE
   Tamano do su apartamento _____Bedroom (s) UTILITIES (if separate) $
   Utilidades (si aparte) $ _____

   HOW LONG HAVE YOU LIVED THERE?
   Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

Telefono del dueno anterior _____

MONTHLY RENT $

Alquiler mensual $ _____

APARTMENT SIZE

Tamano do su apartamento _____Bedroom (s)

UTILITIES (if separate) $

Utilidades (si aparte) $ _____

HOW LONG HAVE YOU LIVED THERE?
Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

Telefono del dueno anterior _____

MONTHLY RENT $

Alquiler mensual $ _____

APARTMENT SIZE

Tamano do su apartamento _____Bedroom (s)

UTILITIES (if separate) $

Utilidades (si aparte) $ _____

HOW LONG HAVE YOU LIVED THERE?
Cuanto tiempo lleva viviendo ahi? _____

4. INCOME INFORMATION
INFORMACION DEL INGRESO

HEAD OF HOUSEHOLD **JEFE DE FAMILIA**	**CO-HEAD - SPOUSE** **ESPOSO (A) - COMPANERA(O)**
Employer Patron _____	Employer Patron _____
Employers address Direccion del patron _____ _____	Employers address Direccion del patron _____ _____
Employer's tel # Num. Telefono del patron _____	Employer's tel # Num. Telefono del patron _____
Position / Posicion _____	_____
Length of employment Tiempo en empleo _____	Length of employment Tiempo en empleo _____
Annual wage Salario annual _____	Annual wage Salario annual _____

OTHER INCOME
OTRO INGRESO

Amount Per Month **Cantidad Mensual**	**APPLICANT** **APLICANTE**	**SPOUSE** **ESPOSO(A)**	**OTHERS** **OTROS**
A. Social Security *Seguro Social*	_____	_____	_____
B. SSI	_____	_____	_____
C. Pensions *Pensiones*	_____	_____	_____
D. General relief *Asistencia general*	_____	_____	_____
E. AFDC *AFDC*	_____	_____	_____
F. Child Support *Sostenimiento de ninos*	_____	_____	_____
G. Alimony *Alimony*	_____	_____	_____
H. Other *Otro*	_____	_____	_____

Please inlude salaries of anyone 18 years of age or older. *Por favor, incluya salarios de personas de 18 anos de edad o mas*

ASSETS
Habites

ACCOUNT NO., **Num. Cuenta**	**BANK NAME,** **Nombre del Banco**	**AMOUNT** **Cantidad)**

Checking/chequera _____ $ _____

Savings/Ahorros _____ $ _____

HAVE YOU DISPOSED OF ANY ASSETS BELOW THE FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?
Ha dispuesto usted de algun haber por debajo del valor de mercado justo durante losp pasados dos anos?
YES/SI. _____ NO. _____

PERSONAL REFERENCE (Name, address, phone number)
Referencias personales (Nombre, direccion, numero telefono)

1. _____

2. _____

3. _____

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT (including applicant)
Anote todas las personas que vivira en el apartamento. (Incluya el aplicanto)

NAME **NOMBRE**	**SOC. SEC. #** **# SEG. SOC.**	**DATE OF BIRTH** **FECHA DE NACIM.**	**RELATION** **PARENTESCO**
			HoH

7. Does any family member use a wheelchair? If yes, name of member.
   Indique si algun miembro do su familia usa silla de ruedas? YES/SI _____ NO _____
   Si indica que SI, indiquenos el nombre de la persona. _____

   Is there any full-time student over 18 in your household? If yes, name of member. YES/SI _____ NO _____
   Hay algun estudiante a timepo completo mayor do anos sit sit familia?
   Si indica que SI, indiquenos el nombre de la persona. _____

8. DO YOU HAVA A CURRENT SECTION 8 CERTIFICATE? YES/SI_____ NO _____
   Tiene usted un certificado corriente de Seccion 8?

   A SECTION 8 VOUCHER YES/SI_____ NO _____ AN MRVP VOUCHER? YES/SI_____ NO _____
   Voucher de la Seccion 8? Voucher di MRVP?

9. RACE (This question is optional. The information will he most helpful to us in conforming with our Affirmative Marketing Plan)
   RAZA (Esta pregunta es opcional. La informacion nos ayudaria a complir con las metas de nuestro Plan Afirmative de Mercadeo Justo.)

   American Indian _____ Black _____ Asian _____
   Indio americano Negro Asiatico

   Latino _____ White _____ Other _____
   Latino Blanco Otro

10. Do you have any pets?
    Tiences usted mascolas? YES/SI _____ NO _____

Please note that this is a preliminary application. Additional information may lie requested at a later date to complete the processing of applicants. Your signature gives consent to the Management to verify the information contained in this application.

Note que esta solicitud para alquiler es preliminar. Puede que luego neceistemos informacion adicional de su parte para completar el proceso tie cada solicitante. Su firma da autorizacion a la Gerencia para verificar la informacion contenida en esta solicitud.

I/WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HEREIN SUBMITTED BY ME/US IS TRUE AND CORRECT.

YO/NOSTROS HE/HEMOS LEIDO LO ANTERIOR Y CERTIFICO/CERTIFICAMOS QUE LA INFORMACION PROVISTA AQUI ES VERDADERA Y CORRECTA.

WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willfully false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

AVISO: La Seccion 1001 del Titula 1B del Codigo de E.U. dicta como ofensa criminal declaraciones que sean deliberadamente falsas o tergiversaciones a cualquier departamento agencia e E.U. en cuanto a cualquier asunto bajo su jurisdiccion se refiere.

DATE
FECHA _____

_____
APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE

_____
SIGNATURE OF RENTAL AGENT
FIRMA DEL AGENTE DE ALQUILER

_____
APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE