Full Name: _____

Address1: _____

Address2: _____

City State Zip: _____

Email: _____

Case Manager Email: _____

THIS SECTION FOR APPLICANT:

Date Generated: _____

APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

Fold on this line

Dear

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ○ **This waitlist is closed. The only waitlists open at present are:**

  _____

  _____

- ○ **This is not the right application. We have enclosed the correct application.**
- ○ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator *optional* _____

Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

Erase ENTIRE FORM

DO NOT LEAVE A SINGLE 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 Male, Female, etc. _____

ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino _____

RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused _____

REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

- **Fully Accessible Wheelchair** Unit
- **No-Steps unit** (elevator to any floor)
- **First-Floor unit only**
- **Blind Accessible** Unit
- **Deaf Accessible** Unit
- Unit for **Environmental Allergies**
- Need an **Interpreter** _____
- **Domestic Violence Victim**
- **Personal Care Attendant**

HoH's CAREER STAGE

Employed Unemployed Retired FT Student PT Student

ANY VETERANS in HH? Yes No

PERMANENT MOBILE RENTAL ASSISTANCE, if any

I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar

If yes, name the agency providing the voucher:

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 Number of Pets: _____ Describe: _____

ANNUAL INCOME DOCUMENTED DISABILITY?

HOUSEHOLD SIZE AND COMPOSITION

_____ ← **# Adults** _____ ← **# Children** **0** ←**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 MAILING ADDRESS) ☐ check this box if backup address is the same as best mailing address below.

Address Line 1 _____ Apt # or "care of" name: _____

City _____ State _____ Zip _____

PREFERRED MAILING ADDRESS

Address Line 1 _____ Apt # or "care of" name: _____

City _____ State _____ Zip _____

BEDROOMS NEEDED? _____

SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status)*

Disability Elder Local Resident Local Employee Local Student Homeless Vet. Fleeing Dom. Viol.

Rent-burdened 40% Rent-burdened 50% HUD VAWA Certification Victim of Hate Crime.

Displaced by: Urban Renewal Sanitary Code Natural Forces Other: _____

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 the Present Day _____

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*	**$0**	**$0**	**$0**

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 or Self

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