

BERKSHIRE HOUSING SERVICES, INC.
1 Fenn Street 3rd Floor
P.O. Box 1180
PITTSFIELD, MASSACHUSETTS 01202-1180
413-499-1630
413-445-7633 (FAX)
APPLICATION FOR HOUSING

SMOKE FREE PROPERTY

FOR OFFICE USE ONLY
Date Received: ___/___/___
Time: ___:___:___
of BR's: 0 1 2
Control #: _____

Please indicate bedroom size

One bedroom ___ One Bedroom **(H)** ___
 Studio ___
 Two Bedroom ___ (Proprietor's Fields Only)
 Two Bedroom ___ **(H)** (Capitol Sq. & Proprietor's Only)

PLEASE INDICATE WHICH BUILDING(S) YOU ARE INTERESTED IN:

- ___ BOSTWICK GARDENS, 899 MAIN STREET, GREAT BARRINGTON
- ___ CAPITOL SQUARE, 379 NORTH STREET, PITTSFIELD
- ___ HYDE PLACE, 46 RAILROAD STREET, LEE
- ___ PROPRIETOR'S FIELDS, 118 CHURCH STREET, WILLIAMSTOWN
- ___ EPWORTH ARMS, 350 WEST STREET, PITTSFIELD
- ___ HOLY FAMILY TERRACE, 611 STATE ROAD, NORTH ADAMS

1) NAME _____ MAILING ADDRESS, IF DIFFERENT: _____
 STREET _____
 CITY _____
 STATE _____
 ZIP _____
 TEL. # _____ BUS. TEL. # _____
 S.S. # _____
 DATE OF BIRTH _____

2) Racial and Ethnic Designation (Optional)

Race: White ___ American Indian ___ Asian ___ Black ___ Other ___
 Ethnicity: Hispanic ___ Non-Hispanic ___

3) Rental History (please provide a minimum of 5 years rental history)

Current Landlord: _____ Phone #: _____
 Address: _____ Monthly Rent: _____
 _____ Utilities Included _____

Dates of occupancy: From _____ to _____

Why do you want to leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

Previous Address: _____

Previous Landlord: _____
Address: _____

Phone #: _____

Date of occupancy: From _____ to _____
Why did you leave this address?

3a) List all States that Applicants have resided in: _____

4) Members of Household: Please list everyone to live in household.

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a change in household expected? Yes No

If yes, what type of change: _____

5) **Income.** Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, or alimony. **If you are collecting benefits under another social security number, please list the claim number here:** _____.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) All assets of any family member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 5.

_____ Savings _____ Checking _____ CD's _____ Stocks
 _____ Bonds _____ Real Estate _____ Other _____ Life Insurance

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Have you sold any property or disposed of any assets for less than fair market value in the last two years? Yes No

<u>Type of Asset</u>	<u>Date of Disposal</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

7) In order to be considered for eligibility the applicant or spouse must be at least 62 years of age unless you have a mobility impairment which requires a handicapped accessible apartment. If you or your spouse are in need of a handicap accessible unit due to a mobility impairment please check here: In addition, please list the name of your physician so we can verify that you are in need of this type of apartment.

Name: _____

Address: _____

8) **Personal reference (no relatives).**

NAME _____ PHONE NUMBER _____
 ADDRESS _____ BUSINESS NUMBER _____
 CITY, STATE, ZIP _____

- 9) **Expenses:** Do you pay for child care for any children under the age of 13, a care attendant or any equipment for a handicapped household member, which enables you or another family member to work or go to school? Yes No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months: _____

Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums. Yes No

If yes, please list amount: _____

- 10) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? Yes No

If yes, name of head of household at that time: _____

Relation to present applicant: _____

Name of Housing Authority or Agency: _____

Address of subsidized Unit: _____

City, State: _____

Date Moved Out: _____

Reason for Moving: _____

Did you leave us a tenant in good standing: Yes No

If no, please explain: _____

If you answered yes to question 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes No

If yes, explain: _____

- 11) Have you or any member of your household ever been arrested or convicted of a crime or subject to a life time requirement to register as a sex offender?

Yes No

If yes, please explain: _____

- 12) How did you hear of this apartment complex? _____

- 13) Pets are allowed at these developments in accordance with Berkshire Housing Services, Inc.'s Pet Policy. If you have or will have a pet please check box:

Please send me a copy of the Pet Policy.

- 14) Do you own a car? ___ Yes ___ No

If yes, please indicate year and model _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of Housing and Urban Development and are rented without regard to race, color, religion, sex or national origin, handicap or familial status. Federal law prohibits the discrimination against individuals with handicaps. Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing staff to verify any information in this application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name _____

Relationship _____

Address _____

City, State, Zip _____

Telephone Number _____

NO ASSET CERTIFICATION

PLEASE COMPLETE THIS ONLY IF YOU HAVE NO ASSETS. OTHERWISE PLEASE COMPLETE THE REQUIRED ASSET SECTION ON PAGE 3.

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Berkshire Housing Services, Inc. immediately.

SIGNATURE

DATE

