

**BERKSHIRE HOUSING SERVICES, INC.**  
**1 Fenn Street, 3<sup>rd</sup> Fl., P.O. Box 1180, Pittsfield, MA 01202-1180**  
**PH [413] 499-4887 - Fax 445-7633**

**18 George St. Pittsfield, MA**

**Studio:** \_\_\_\_\_

**SMOKE FREE  
PROPERTY**

**One Bedroom:** \_\_\_\_\_

**Two Bedroom:** \_\_\_\_\_

**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 \_\_\_\_\_

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

| <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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

**8)** 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: \_\_\_\_\_

**9)** Have you or any member of your household ever been arrested or convicted of a crime?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10)** How did you hear of this apartment complex? \_\_\_\_\_

\_\_\_\_\_

**11)** Do you own a car? \_\_\_ Yes \_\_\_ No

If yes, please indicate year and model \_\_\_\_\_

**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 2.**

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

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. 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 statement or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding an apartment and I do not respond my name will be removed from the waiting list.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**All family members age 18 or older must complete this form. NO CHANGES TO FORM**



Berkshire  
Housing  
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180  
Tel 413-499-1630 Fax 413-445-7633 www.berkshirehousing.com

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**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the above named individual, have authorized the Berkshire Housing Services Inc. to verify with the following sources, the accuracy of the information, which I have provided.

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools

I authorize you to release the information requested on the attached form to the Berkshire Housing Services Inc., subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for you assistance and cooperation in this matter.

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SIGNATURE

DATE SIGNED

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED**