

**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**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

# of bedrooms: \_\_\_\_\_

Control # \_\_\_\_\_

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

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

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

**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