

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

57 Main Street Apartments, Lee, MA 01238

One Bedroom Unit _____
Two Bedroom Unit _____
One Bedroom Handicap Unit _____

**SMOKE FREE
PROPERTY**

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

2) 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?

3) 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:

4) 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5) All assets of all family member (regardless of age) 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.

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

6) Personal reference (no relatives).

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

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

Yes No

If yes, please explain: _____

8) How did you hear of this apartment complex? _____

9) Do you own a car? ___ Yes ___ No
If yes, please indicate year and model _____

10) Do you have a pet? ___ Yes ___ No
If yes, please complete the Pet Policy form.

11) Are any family members full or part time students? If yes, list all student status and family member below.

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

Apartments managed by Berkshire Housing Services Inc. 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. 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

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.

SIGNATURE

DATE SIGNED

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

**Section 8
Project-Based Voucher Program**



Pre-Application for Housing Assistance



Please complete and return to:

**Berkshire Housing
Development Corporation
One Fenn Street, 3rd Floor
Pittsfield, MA 01201
(413) 499-4887**

*For agency use only:
Date/Time Stamp/
Control Number*

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Gross annual household income \$ _____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members

Household Bedroom Size: Single 1BR 2BR 3BR 4BR 5BR

Check if the head of household or spouse is: 62 years old or older Disabled

Check if anyone in the household requires a wheelchair accessible unit

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following)

White Black/African American American Indian/Alaskan Native Asian

Native Hawaiian/Other Pacific Islander

Ethnicity of head of household (Check only one)

Hispanic Non-Hispanic

What is your current housing situation? (Check only one box)

I am homeless

I live in substandard housing

I have been involuntarily displaced by fire, flood, or other natural disaster

I pay more than 50% of my monthly income for rent and utilities

I live in a shelter

I am doubled up with friends or relatives

I live in public housing

I live in a transitional housing program


I live in subsidized housing

Other (describe)





Location of Project-Based Apartments

From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and **Enhanced Single Room Occupancy (ESRO)** units are only for one person. SRO units typically have shared bathrooms and may not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons at least 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties. Properties that have **wheelchair accessible** apartments are marked with the  logo – contact us for more information on the available bedroom sizes of these apartments.

NOTE: Any project listed below as closed is temporarily closed to new applicants, until further notice. FOR INFORMATION ON HOW TO APPLY TO ADDITIONAL PROJECT-BASED PROPERTIES WITH OWNER-MAINTAINED WAITLISTS, PLEASE CONTACT BERKSHIRE HOUSING DEVELOPMENT CORPORATION AT (413) 499-4887.

✓	Community	Property/Street		Elderly Only	Supportive Services Provided	Number of Units by Bedroom Size						
						SRO	ESRO	Studio	1 BR	2 BR	3 BR	4+ BR
<input type="checkbox"/>	Lee	57 Main Street							2	2		
<input type="checkbox"/>	Pittsfield	Rice Silk Mill 55 Spring Street								3	2	
<input type="checkbox"/>	Pittsfield	YMCA					30					
<input type="checkbox"/>	Pittsfield	Brattlebrook Village								5	3	

*Applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference.

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state, call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org.

Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD’s regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD’s regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household

Date