

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 _____

57 Main Street is a non smoking 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.

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

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

