

BERKSHIRE HOUSING SERVICES, INC.  
1 Fenn Street, 3<sup>rd</sup> Floor  
P.O. Box 1180  
PITTSFIELD, MASSACHUSETTS 01202-1180  
**413-499-4887**  
**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) \_\_\_

\_\_\_ CROSSWAY TOWER 130 High Street, Lee, MA

\_\_\_ CROSSWAY VILLAGE, 21 Crossway St., Lee, MA

1) NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
TEL. # \_\_\_\_\_  
S.S. # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS, IF DIFFERENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
BUS. TEL. # \_\_\_\_\_

**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 of 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: \_\_\_\_\_  
\_\_\_\_\_

Are any household members full time students? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify family member and educational institution \_\_\_\_\_  
\_\_\_\_\_

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) **Personal reference (someone who has known you for more than 1 year and is not a relative).**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ BUSINESS NUMBER \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

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

9) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? ***\*Applicants who were age 62 or older as of 1/31/2010 and who do not have a SSN and were receiving HUD rental assistance at another location on 1/31/2010 could qualify the applicant for the exemption from disclosing and providing verification of a SSN.***

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 as 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: \_\_\_\_\_

\_\_\_\_\_

10) 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: \_\_\_\_\_

\_\_\_\_\_

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

12) 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 below:

\_\_\_ Please send me a copy of the Pet Policy.

13) 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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.