



Berkshire  
Housing  
Services, Inc.

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

## APPLICATION FOR HOUSING

SMOKE FREE  
PROPERTY

Please Print Clearly

This is an application for housing at:	<b>Project: REDFIELD HOUSE</b>
	<b>Address: 48 ELIZABETH STREET</b>
	<b>Pittsfield, MA 01201</b>
Please complete this application and return to:	<b>Name: Leasing Department</b>
	<b>Address: Berkshire Housing Services, Inc.</b>
	<b>PO Box 1180</b> <b>Pittsfield, MA 01202-1180</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you RENT  or OWN  (check one)

Amount of current monthly rental or mortgage payment: \_\_\_\_\_

If owned, do you receive monthly rental income from property? No  Yes  (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  One BR  Two BR

**B. HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List the head of household first.

	<b>Name</b>	<b>Relationship to head</b>	<b>Marital Status</b> M-married D-divorced S-single L-legal separation E-estranged	<b>Birth Date</b>	<b>Age</b>	<b>SS#</b>	<b>Student Y/N</b>
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain

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**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount	
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Alimony</b>		
	Are you <i>entitled</i> to receive alimony?	oN í seY í	
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive alimony?	oN í seY í	
	If yes list amount you receive.	\$	
	<b>Child Support</b>		
	Are you <i>entitled</i> to receive child support?	oN í seY í	
	If yes list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive child support?	oN í seY í	
	If yes, list the amount you receive.	\$	
	<b>Other Income</b>	\$	
	<b>Other Income</b>	\$	
	<b>Other Income</b>	\$	
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$	
Do you anticipate any changes in this income in the next 12 months?		seY í	oN í
<b>If yes, explain:</b>			

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	oN í seY í
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	oN í seY í
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	oN í seY í
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	oN í seY í
<i>If yes, please list:</i>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	seY í	oN í
Have you or any member of your family ever been convicted of a felony?	seY í	oN í
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	seY í	oN í
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	seY í	oN í

*If yes, describe*

Will you take an apartment when one is available?

seY í

oN í

*Briefly describe your reasons for applying:*

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
Personal Reference #3:		
Address:		
Relationship:	Phone #:	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

**CERTIFICATION**

Apartments 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 understand that if I am contacted regarding this property and I do not respond, my name will be removed from the waiting list.



I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

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



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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 your 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**

**BERKSHIRE HOUSING DEVELOPMENT CORP.**  
**P.O. BOX 1180**  
**PITTSFIELD, MASSACHUSETTS 01202-1180**  
Tel: 413-499-4887 Fax: 413-445-7633

<b>For Office Use Only</b>	
Date received:	___/___/___
Time:	___:___:___
# of Bedrooms:	1    2
Control:	_____

**APPLICATION FOR REDFIELD HOUSE**

**48 ELIZABETH STREET PITTSFIELD, MA 01201**

**MODERATE REHABILITATION PROGRAM**

*\*Please print clearly, applications that are not legible may be returned.*

**PERSONAL DATA:**

1) NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

STREET: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

IF DIFFERENT MAILING ADDRESSES: \_\_\_\_\_

\_\_\_\_\_

2) Members of Household: Please list everyone to live in household.

Name:	SS#	D.O.B.	SEX	Relation
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

**Racial/Ethnic Designation for head of household: (Optional)**

White     Black     Asian     American Indian     Other \_\_\_\_\_

**Ethnicity:**     Hispanic     Non-Hispanic

Is a change in household expected?  Yes  No

If yes, what type of change: \_\_\_\_\_

3) **INCOME:** Please list all monies to be earned or received in the next (12) twelve-months by each household member who is 18 years or older; including Full-time students. **E.g.** Salaries, Wages, Social Security/SSI, Pension, TAFDC, Public Assistance, Unemployment, Disability benefits, Child support, or Alimony.

List person (s)

Receiving income	Source of income	Employer's name/address	Gross monthly income

4) All assets of any family member must be reported. Please check any applicable to your household:  
**IF YOU HAVE NO ASSETS, PLEASE COMPLETE NO ASSET CERTIFICATION ON PAGE 4.**

Savings  Checking  CD's  Stocks  Bonds  Real Estate  Other

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 If yes please complete chart

Type of Asset	Date of Disposal	Fair Market Value	Received Amount

5) **EXPENSES:** Do you pay for childcare for any children under the age of 13? Or for 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?  
(Premiums included). Yes No

If yes, please list amount: \_\_\_\_\_

6) Have you or any adult member of your current household ever lived in Federal public housing or been on the Section 8 Program?  Yes  No

If yes, name of head of household at that time: \_\_\_\_\_

**Relationship to present applicant:**

**Name of Housing Authority or Regional 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: \_\_\_\_\_

7) If you answered yes to question 6, have you ever been terminated for fraud while receiving assistance? Or terminated for non-payment? Or have failed to cooperate with re-certification procedures?  Yes  No

8) Have you or any member (s) in your household ever been convicted or evicted due to manufacturing, selling, using, distributing or possessing drugs?  Yes  No

If yes, when did this occur? \_\_\_\_\_

If yes, have you and/or any member (s) of your household received treatment?  Yes  No

9) Have you or any member (s) in your household ever been convicted or evicted due to violent criminal activity?  Yes  No

If yes, have you and/or any member of your household received treatment?  Yes  No

