Berkshire Housing Services

To request a translator to assist with this application, please contact Berkshire Housing Services at 413 499 1630.

English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish and Vietnamese.

Pou mande yon tradiktè pou ede avèk aplikasyon sa a, tanpri kontakte Berkshire Sèvis Lojman nan 413 499 1630.
Haitian Creole

ដើម្បីស្នើសុំអ្នកបកប្រែជួយកម្មវិធីនេះ
សូមទំនាក់ទំនងមកកាន់សេវាកម្មលំនៅដ្ឋាន Berkshire នៅ 413 499 1630។
Khmer

Para solicitar um tradutor para ajudar com este aplicativo, entre em contato com a Berkshire Housing Services pelo telefone 413 499 1630.
Portuguese Brazil

Para solicitar um tradutor para ajudar nesta aplicação, contacte os Serviços de Habitação da Berkshire pelo telefone 413 499 1630.
Portuguese Portugal

要請求翻譯人員協助此申請，請致電413 499 1630與伯克希爾住房服務部聯繫。
Cantonese

要请求翻译人员协助此申请，请致电413 499 1630与伯克希尔住房服务部联系。
Chinese Simple

Pour demander un traducteur pour vous aider avec cette application, veuillez contacter Berkshire Housing Services au 413 499 1630.
French

Um einen Übersetzer anzufordern, der Sie bei diesem Antrag unterstützt, wenden Sie sich bitte an Berkshire Housing Services unter 413 499 1630.
German

Чтобы запросить переводчика для помощи с этим заявлением, пожалуйста, свяжитесь с Berkshire Housing Services по телефону 413 499 1630.
Russian

Aby poprosić tłumacza o pomoc w tej aplikacji, skontaktuj się z Berkshire Housing Services pod numerem 413 499 1630.
Polish

Para solicitar un traductor que lo ayude con esta solicitud, comuníquese con Berkshire Housing Services al 413 499 1630.
Spanish

Щоб попросити перекладача допомогти з цією заявкою, будь ласка, зв'яжіться з Berkshire Housing Services за номером 413 499 1630.
Ukrainian

Để yêu cầu người phiên dịch hỗ trợ ứng dụng này, vui lòng liên hệ với Berkshire Housing Services theo số 413 499 1630.
Vietnamese

Berkshire Housing

I Speak Statements

- ☐ Unë flas **shqip** (Albanian)
- ☐ አማርኛ እናገራለው (Amharic)
- ☐ .انا اتكلم اللغة العربية (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ اینجانب به زبان **فارسی** صحبت می کنم (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικάι**. (Greek)
- ☐ હું ગુજરાતી બોલુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मं **हिंदी** बालता हूं (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は日本語を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ y k t Bk qdklf lb (Karen)
- ☐ ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다 (Korean)
- ☐ .ئه ز زمانی **کوردی** ده ئاخفم (Kurdish)
- ☐ Ǹ a po **Klào** Win. (Kru)
- ☐ ຂ້ອຍເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Portugês**. (Portuguese)
- ☐ ਇ ਸੁਪੇਆਕ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด **ภาษาไทย** (Thai)
- ☐ ኣነ ትግርኛ ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ میں **اردو** بولتا/ بولتی ہوں ۔ (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ **יידיש** רעד איך (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

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 ________________________________
STREET ________________________________
CITY ________________________________
STATE ________________________________
ZIP ________________________________
TEL. # ________________________________
S.S. # ________________________________
DATE OF BIRTH ________________________________

MAILING ADDRESS, IF DIFFERENT:
____
____
____

BUS. TEL. # _____________________

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.

Name	SS#	Relation	Sex	Date of Birth

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.

Name of Person Receiving Income	Type of Income	Name/Address of Employer if Applicable	Gross Monthly Income

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

EQUAL HOUSING OPPORTUNITY

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	dhcd Massachusetts	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.

						Number of Units by Bedroom Size						
✓	Community	Property/Street	♿	Elderly Only	Supportive Services Provided	SRO	ESRO	Studio	1 BR	2 BR	3 BR	4+ BR
☐	Lee	57 Main Street	♿						2	2		
☐	Pittsfield	Rice Silk Mill 55 Spring Street								3	2	
☐	Pittsfield	YMCA	♿				30					
☐	Pittsfield	Brattlebrook Village	♿							5	3	
☐	Gt. Barrington	Bostwick Gardens	♿	Yes	Yes				6	2		
☐	Gt. Barrington	Bentley Apts	♿		Yes				3	3	2	
☐	*Gt. Barrington	Hillside Ave Apts	♿						2	2	1	
☐	Williamstown	Cole Ave Apts	♿							4	4	

*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**