

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

65-67 Cherry Street Apartments,
Pittsfield, MA 01201

Three Bedroom Unit _____

| | |
|----------------------------|---------------------------------------|
| 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.

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

