

## 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

- |  |  |
|--|--|
| <input type="checkbox"/> Unë flas <b>shqip</b> (Albanian)                    | <input type="checkbox"/> N̄ a po <b>Klào</b> Win. (Kru)                            |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)                               | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)                            |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)                   | <input type="checkbox"/> Yie gorngv <b>Mienh</b> waac. (Mien)                      |
| <input type="checkbox"/> Ես խոսում եմ <b>հայերեն</b> (Armenian)              | <input type="checkbox"/> म <b>नेपाली</b> बोल्छु (Nepali)                           |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)                           | <input type="checkbox"/> Mówię <b>po polsku</b> . (Polish)                         |
| <input type="checkbox"/> Ja govorim <b>bosanski jezik</b> (Bosnian)          | <input type="checkbox"/> Eu falo <b>Portugês</b> . (Portuguese)                    |
| <input type="checkbox"/> ကျွန်တော်ပြန်ဟောကားပြောသည်။ (Burmese)               | <input type="checkbox"/> ਇ ਸੁਪਆਕ ਪੰਜਾਬੀ (Punjabi)                                  |
| <input type="checkbox"/> 我说中文 (Chinese Simplified)                           | <input type="checkbox"/> Cunosc limba <b>Română</b> . (Romanian)                   |
| <input type="checkbox"/> 我說中文 (Chinese Traditional)                          | <input type="checkbox"/> Я говорю <b>по-русски</b> . (Russian)                     |
| <input type="checkbox"/> Ja govorim <b>hrvatski</b> . (Croatian)             | <input type="checkbox"/> Ou te tautala <b>faaSamoa</b> . (Samoan)                  |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)           | <input type="checkbox"/> Govorim <b>srpski</b> . (Serbian)                         |
| <input type="checkbox"/> Je parle <b>français</b> . (French)                 | <input type="checkbox"/> Waxaan ku hadlaa <b>Somali</b> . (Somali)                 |
| <input type="checkbox"/> Je parle le <b>Français haïtien</b> (French Creole) | <input type="checkbox"/> Yo hablo <b>español</b> . (Spanish)                       |
| <input type="checkbox"/> Μιλάω <b>ελληνικά</b> . (Greek)                     | <input type="checkbox"/> أتحدث <b>السودانية</b> (لغوي سوداني) (Sudanese)           |
| <input type="checkbox"/> ડું ગુજરાતી બોલુ છું (Gujarati)                     | <input type="checkbox"/> Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog) |
| <input type="checkbox"/> Mwen pale <b>Kreyòl</b> . (Haitian Creole)          | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)                                |
| <input type="checkbox"/> मैं <b>हिंदी</b> बोलता हूँ (Hindi)                  | <input type="checkbox"/> ኢካ ትግርኛ ይዘረብ እየ. (Tigrinya)                               |
| <input type="checkbox"/> Kuv hais <b>lus hmoob</b> . (Hmong)                 | <input type="checkbox"/> Я розмовляю <b>українською</b> . (Ukrainian)              |
| <input type="checkbox"/> Ana m a sụ <b>Igbo</b> (Igbo)                       | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu)                        |
| <input type="checkbox"/> Parlo <b>Italiano</b> (Italian)                     | <input type="checkbox"/> Tôi nói tiếng <b>Việt</b> . (Vietnamese)                  |
| <input type="checkbox"/> 私は <b>日本語</b> を話します (Japanese)                      | <input type="checkbox"/> <b>ייִדיש</b> ארעד אײך (Yiddish)                          |
| <input type="checkbox"/> Mi chat <b>Jamiekan langwjjj</b> (Jamaican Creole)  | <input type="checkbox"/> Mo gbọ <b>Yoruba</b> (Yoruba)                             |
| <input type="checkbox"/> y k t <b>ᩃ᩠ᩅᩢ᩵ᨦᩣ᩠ᨾᩮᩥᩬ᩵</b> (Karen)                  |  |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)                         |  |
| <input type="checkbox"/> 본인의 모국어는 <b>한국어</b> 입니다 (Korean)                    |  |
| <input type="checkbox"/> ئە ز زمانى <b>كوردى</b> ده ناخفم. (Kurdish)         |  |

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	<b>Project: Clark Biscuit Apartments</b>
	<b>Address: 191 Ashland Street</b>
	<b>N. Adams, MA 01247</b>
Please complete this application and return to:	<b>Name: Berkshire Housing Services, Inc.</b>
	<b>Address: One Fenn St., 3<sup>rd</sup> Floor</b>
	<b>P.O. Box 1180</b>
	<b>Pittsfield, MA 01202-1180</b>
	<b>Fax: 413-445-7633 or call Leasing: 413-499-1630 ext 150</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?  Yes  No (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 Bedroom  Two Bedroom  Two Bedroom - Handicap

## B. HOUSEHOLD COMPOSITION

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

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?  Yes  No

*If yes, explain:*

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

*If yes, explain:*

Is there someone not listed above who would normally be living with the household?  Yes  No

*If yes, explain:*

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

### **IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

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

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

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>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	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: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe:</i></b>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>	
Market value when sold/dispensed	\$
Amount sold/dispensed 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe the asset</i></b>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, please list:</i></b>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

**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</b> (if applicable)			
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?			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<i>If yes, describe:</i>			

**CERTIFICATION**

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**



Berkshire  
Housing  
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180  
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 you 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**