

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.

APPLICATION FOR HOUSING

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

Please Print Clearly

This is an application for housing at:	Project: Redfield House
	Address: 48 Elizabeth Street
	Pittsfield, MA 01201
Please complete this application and return to:	Name: Berkshire Housing Services, Inc.
	Address: One Fenn St., 3rd Floor
	P.O. Box 1180
	Pittsfield, MA 01202-1180
	Fax: 413-445-7633 or call Leasing: 413-499-1630 ext 150

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: Studio One Bedroom Two Bedroom

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.

Household Member Name	Source of Income	Gross Monthly Amount
	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
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	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.	\$
	Child Support	
	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.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (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
If yes to any of the above, explain:		
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: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
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
<i>If yes</i> , describe:	
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
<i>If yes</i> , Type of property	
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
<i>If yes</i> , describe the asset	
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
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
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
<i>If yes, describe</i>		

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 #:

G. VEHICLE AND PET INFORMATION (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



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

For Office Use Only	
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	Disabled	Relation
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____

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

