

APPLICATION FOR WINDRUSH COMMONS APARTMENTS



Please Print Clearly

<p>This is an application for an apartment at:</p> <p>Windrush Commons 910 Main Street Great Barrington, MA 01230</p>	<p>DATE:</p>
<p>Please complete this application and return to:</p>	<p>Berkshire Housing Services, Inc., Email: leasing@berkshirehousing.com Fax: 413 496 9831 Drop Off: 3rd Floor One Fenn Street Pittsfield, MA 01201 Mail To: P.O. Box 1180 Pittsfield, MA 01202-1180</p>

Attachment REASONABLE ACCOMMODATION

An applicant may be interviewed only after the receipt of this tenant application to Berkshire Housing Services Inc.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street	Apt.#	City	State
ZIP			

Best Phone #: _____ Email: _____

_____ Do you RENT or OWN (check one)

No. of BR's in current unit: _____

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? (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___Three BR
___One BR(ADA) ___Two BR(ADA)___Three BR(ADA)

Do you receive MOBILE Section 8 or other rental assistance payments? ___Yes___No

Do you meet any of the following: _____reside in emergency shelter _____living with another family _____at risk of homelessness (see definition below*)

* For an individual or family to qualify as “at risk of homelessness”, the individual or family must exhibit one or more specified risk factors: (1) the individual or family has income below 30 percent of median income for the geographic area; and (2) the individual or family has insufficient resources immediately available to attain housing stability, meaning the individual or family does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter. (3) has moved frequently because of economic reasons; (4) is living in the home of another because of economic hardship; (5) has been notified that their right to occupy their current housing or living situation will be terminated; (6) lives in a hotel or motel; (7) lives in severely overcrowded housing; (8) is exiting an institution; or (9) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS #	Student Y/N
Head						
Co- Tenant						
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:

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	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income		Gross Annual Amount
Employment Address:	Employment amount:		\$
	Employer:		
	Telephone#		
	How long employed:	Position Held:	
Employment Address:	Employment amount:		\$
	Employer:		
	Telephone#		
	How long employed:	Position Held:	
Employment Address:	Employment amount:		\$
	Employer:		
	Telephone#		
	How long employed:	Position Held:	
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)?	<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	Account#	Bank Name:	Balance \$
Name of person on the Account	Location & Address:		
Name of person on the Account	Account#	Bank name:	Balance \$
	Location & Address:		
Name of person on the Account	Account#	Bank Name:	Balance \$
	Location & Address:		
Savings Accounts	Account#	Bank Name:	Balance \$
	Location & Address:		
Name of person on the Account			
Name of person on the Account	Account#	Bank name:	Balance \$

	Location & Address:			
Trust Account	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Fund	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 \$
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
			Interest or Dividend \$	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	\$
Investment Property	
<i>If yes</i> , Address:	Value: \$
	Rental Income: \$

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
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Have you sold/disposed of any property in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>		
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

Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe:

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Briefly describe your reasons for applying:

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F. REFERENCE INFORMATION

	Name:			
Current Landlord	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 #:	

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so.

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino Yes No
 Native Hawaiian or Pacific Islander _____ Black or African American _____
 American Indian/Alaskan Native _____ Asian _____ White _____ Other _____
 Male _____ Female _____

Do you request an accessible (barrier free) unit? _____
 Do you request any modifications of an apartment? _____
 Do you have sensory impairments that require special features in an apartment? _____

Are you currently using an illegal controlled substance? _____
 Do you have a previous conviction of same? _____
 Have you ever been convicted of illegal manufacturing or distribution of a controlled substance?

Do any household members smoke? _____ All apartments at Windrush Commons are non-smoking.

G. VEHICLE 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?	Yes	No
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If yes, describe:

CERTIFICATION

I hereby certify that I will not maintain a separate rental unit in another location. I further certify that this will be my/our permanent residence. I understand that I must pay a security deposit for this apartment prior to occupancy. I understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my/our knowledge and I 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 applicants must sign application. By signing you authorize credit checks, landlord, bank and personal reference checks.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date

NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

Berkshire Housing Services, Inc., Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, gender identity, genetic information, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, Berkshire Housing will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that Berkshire Housing can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to Berkshire Housing or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to Berkshire Housing to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with Berkshire Housing Services, that is your right.

You can get a Request for Reasonable Accommodation form at Berkshire Housing Services' office, at One Fenn Street, Pittsfield, MA 01201 or by calling (413) 499-1630. If you need help filling out the form or need to submit your request in some other way, please call at the above numbers.

**Section 8
Project-Based Voucher Program**



Please complete and return to:

**Berkshire Housing
Development Corporation
One Fenn Street, 3rd Floor
Pittsfield, MA 01201
(413) 499-4887**

Pre-Application for Housing Assistance

*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 a 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* *SBR*

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  1090 - 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.

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

*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**



**Application for
Massachusetts Rental
Voucher Program (MRVP)**

This box is for Office Use Only

Date of Receipt:
Time of Receipt:
Control Number:
Race and/or Ethnicity:
Priority Category:
Local Preference (LHAs Only):
Voucher Size:

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	Head					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify):

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? Yes No

Primary Spoken Language: _____

Primary Written Language: _____



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>	
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>	

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.
 Please answer the following:

Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? Yes No

Please Specify: _____

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? Yes No If yes, please provide the address:

Have you sold, transferred or given away any real property or assets in the last three (3) years? Yes No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member)	\$ _____

11. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? Yes No

If yes, Name of Head of Household at that time: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Where you terminated for cause? Yes No Do you owe any money, back rent, or damages to the housing agency? Yes No

If Yes to either above, please explain: _____

12. Rental History

Do you owe any previous property owner money for damages or unpaid rent? Yes No

Have you ever been evicted from a rental unit for cause? Yes No

If Yes to either, please explain: _____

13. Criminal Record

Have you or any member of your household ever been convicted of a drug or violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*	Do you or any member of your household have any criminal matters pending? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*
Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*	
If Yes to <u>ANY</u> , please explain: _____	

* An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Administering Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. 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 denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____

Date: _____

