

ASISTENCIA DE TRADUCIR GRATIS, SI NECESITA ASISTENCIA, FAVOR DE AVISAR AL PERSONAL

RENTAL APPLICATION



PLEASE RETURN COMPLETED APPLICATIONS TO:
HOUSING SERVICES COORDINATOR
HILLTOWN CDC
P.O. Box 17 / 387 MAIN RD., CHESTERFIELD, MA 01012
FAX: 413.296.4020 **OR** EMAIL: CINDYT@HILLTOWNCDC.ORG

Please Note: This is an initial application. Additional information may be requested at a later date to complete the processing of the applicant(s). 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 pages #3 and #5. If you need additional space to provide an answer, please attach an additional sheet(s).

**YOU MAY REQUEST HELP WITH COMPLETING THIS DOCUMENT.
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS
APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

Please Print Clearly

APPLICANT HOUSEHOLD INFORMATION

Name: _____

Street Address: _____ Town: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address (If different from physical address) : _____

OPTIONAL SECTION: Information will be used for Fair Housing reporting purposes only, as required by State and Federal Laws, and will have no impact on your application.

Race: (check all that apply)

- | | |
|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> White/Caucasian |

Ethnicity: Hispanic Non-Hispanic Decline to Respond



EQUAL HOUSING OPPORTUNITY PROGRAM



FAMILY COMPOSITION

List all people who will occupy the unit, **including yourself**:

Full Legal Name of Each Person in Household	Relationship to Applicant	Social Security Number	Sex	Veteran Y/N	Date of Birth
	Head of Household				

Please indicate if anyone is a full time student by marking an asterisk (*) next to their name above.

***Size of Apartment Requested:** __ Studio / __ 1BR / __ 2BR / __ 3BR / __ 4BR

Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

***Do you require any special features or accommodations due to a disability? No / Yes**

If yes, please explain: _____

***Does anyone in your household need a mobility accessible apartment? No / Yes**

***Does anyone in your household need a sensory adapted apartment (hearing/visual)? No / Yes**

***Do you have any pets? No / Yes** If yes, please describe _____

Please Note: A separate Pet Application is required and will be provided to you upon request.

CURRENT LIVING ARRANGEMENTS

Currently: Rent Own Live with Relatives Other (please explain): _____

Length of time at current address: _____

Current rent amount: \$ _____ / month

Utilities included? (circle) **Yes / No** If yes, please specify which you pay and approximate monthly amounts: _____

Why do you wish to relocate? _____

How did you hear about this housing opportunity? _____

CURRENT LANDLORD:

Name: _____

Street Address: _____ Town: _____

Zip Code: _____ Home Phone: _____ / Cell Phone: _____

PREVIOUS LANDLORD:

Name: _____

Street Address: _____ Town: _____

Zip Code: _____ Home Phone: _____ / Cell Phone: _____

Previous rent: \$ _____/month Dates / length of time rented: _____

NOTE: If you are unable to provide a landlord or other housing reference, please provide character references. They must have known you for at least one (1) year, and not be family or friends.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

EMERGENCY CONTACTS: Name of two relatives or friends NOT planning to live with you. We will contact these people only if we are not able to reach you in the case of an emergency:

NAME	RELATIONSHIP	PHONE #s	EMAIL / Mailing Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Criminal Record:

Have you or any member of your household who will live in the unit ever been convicted of a felony?

No / Yes *If yes, please provide date(s) and details* _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

No / Yes *If yes, please provide date(s) and details* _____

Please use this space to tell us anything additional about your application / household / circumstances:

INCOME VERIFICATION

A required part of the application (and annual lease renewal) is to complete an Income and Asset Certification process. All household income and assets for household members aged 18 and over must be reported and documented. Assets that do not need to be listed include: personal property, such as your car, your primary dwelling, or assets used for farm or business use.

Please complete the attached *Tenant Income Certification Form* and submit it and all required support documentation together with this application. **Your application will not be reviewed until all portions are completed.**

APPLICANT CERTIFICATION (Please read before signing below)

I/We certify that the information given on this application is true and complete, to the best of my/our knowledge and belief. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I/We understand that this application is not an offer of housing.

Based on this application, I/we understand I/we should not make plans to move or end my present tenancy until I have received a written offer from Hilltown CDC. I understand that it is my responsibility to inform Hilltown CDC in writing of any change of addresses, income, or household composition. I authorize Hilltown CDC to verify information given in this application as true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that Hilltown CDC will perform background checks.

All applicants age 18 years and older must sign below

Signed under the pains and penalties of perjury,

Signature (Head of Household) Date

Signature (Co-applicant) Date

Signature (Co-applicant) Date

Signature (Co-applicant) Date

Applicants will be selected without regard to race, sex, national origin, sexual orientation, color, creed, military status, marital status, familial status, or disability (except that disabled individuals will be given preference for special needs units).

- ✓ You may request a copy of our *Applicant Screening Policy*.
- ✓ Each member of the household, age 18 years and older must complete a separate authorization to release information (see next page).



EQUAL HOUSING OPPORTUNITY PROGRAM





AUTHORIZATION TO RELEASE INFORMATION
AND WAIVER OF CONFIDENTIALITY

This is to notify you that I _____, currently living at _____, authorize the staff of the Hilltown Community Development Corporation to request my records and information about me, including the amount and source of my income, job-related and medical expenses, credit and reference checks and other confidential information.

This document, or a copy or facsimile of it will be valid for 12 months following the date below.

Signature

Date

