



Westhampton Woods Senior
Housing WAITING LISTS
 13 Main Road
 Westhampton, MA 01027

Which **waiting lists** are you interested in? **Please check all that apply:**

Phase I (Units A-H)

Phase II (Units I-P)

Date Rec'd: _____ for office use only
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Return to: Hilltown Community Development Corporation, 387 Main Road (Rt. 143), Chesterfield
Mail to: Hilltown CDC, P.O. Box 17, Chesterfield, MA 01012
Fax to: 413-296-4020 **Email:** CindyT@HilltownCDC.org

All of the information provided herein is private and confidential and for the use of the owner and agent in the processing of this application. Hilltown CDC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

**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.**

Applicant #1 _____

Social Security # _____ Date of Birth _____ Age _____

Address _____

Telephone Number (Home)(____) _____ (Cell)(____) ____ - _____

Applicant #2 (if applicable) _____

Social Security # _____ Date of Birth _____ Age _____

Relationship to Applicant #1 _____

Do you presently rent _____, own your home _____, or other _____ ? (please check)

If other, please explain _____

Time at present address _____ (years, months) Present Rent Amount: _____

Utilities Included? Yes _____ No _____ *If no, list what you pay for:* _____

Have you ever received a rent or housing related subsidy? Yes _____ No _____

Are you *currently* receiving a subsidy for your rent? Yes _____ No _____

Do you have any pets? Yes _____ No _____ If yes, please describe the pet(s), including approximate weight of animal(s): _____

If an apartment is available, how much notice would you need to move? _____

Can move immediately? Yes _____ No _____ Other (please specify) _____

Current Landlord's Name

Address

Phone

_____ () _____ - _____

Your Previous address: _____

Previous Landlord's Name

Address

Phone

_____ () _____ - _____

Rent \$ _____ Time Rented _____ (years, months) Utilities Paid _____

Why do you wish to relocate to Westhampton Senior Housing?

Please list three (3) references (not relatives):

Name _____ Telephone: () _____ - _____

Address _____

Name _____ Telephone: () _____ - _____

Address _____

Name _____ Telephone: () _____ - _____

Address _____

CERTIFICATION

Your signature(s) below certifies that the statements made above are true and correct, and gives consent to the management to verify the information contained in this written application.

Applicant #1 Signature _____ Date _____

Applicant #2 Signature _____ Date _____

If anyone has helped you or completed this initial written application for you, please give name, address, telephone number and relationship below:

Name _____

Address _____

Telephone () _____ - _____ Relationship _____

**EACH APPLICANT MUST FILL OUT AND SIGN AN
AUTHORIZATION TO RELEASE INFORMATION FORM**

The following questions are voluntary and will not be used to qualify applicants.
This information will not be used in evaluating your application or to discriminate against you in any way.

The information below regarding race, national origin, and sex designation solicited on this application is requested in order to assure government agencies that the Owner complies with laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and ability. You are not required to furnish this information, but are encouraged to do so.

Applicant 1

Gender: M F

Race: Asian/Pacific Islander, American Indian, Alaskan Indian,
 African American/Black, Hispanic/Latino, White, Other

Applicant 2

Gender: M F

Race: Asian/Pacific Islander, American Indian, Alaskan Indian,
 African American/Black, Hispanic/Latino, White, Other

Does any member of the household qualify for and desire a mobility-adapted unit?

Yes ____ No ____

Does any member of the household require the use of a wheelchair?

Yes ____ No ____

Does any member of the household require the unit to be specially adapted due to a sensory impairment? (i.e. Deaf, Blind)

Yes ____ No ____

Any disabled person is entitled to request a reasonable accommodation of the rules, policies, practices or services or may request a reasonable modification of the housing when necessary to afford the disabled person equal opportunity to use and enjoy the housing.

How did you learn about this housing? (check)

____ Newspaper ____ Driving By ____ Friend

____ HCDC Website ____ Other (please describe): _____





H I L L T O W N

Community Development Corporation

387 MAIN ROAD • P.O. Box 17 • CHESTERFIELD, MA 01012
413-296-4536 • FAX: 413-296-4020 • WWW.HILLTOWNCDC.ORG

AUTHORIZATION TO RELEASE INFORMATION

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

INCOME CERTIFICATION

Westhampton Woods Senior Housing Waiting Lists

All information will be treated as confidential.

This is an equal opportunity program. Discrimination is prohibited by Federal Law.

- ✓ At the time of application, **please submit a copy of your most recent federal tax return.**
- ✓ If you do not file tax returns, please check this box:
- ✓ In addition, please list your sources of income and amount of income in the spaces below:
(for example: social security, pension, wages, interest income etc.)

	Source of Income	Monthly Amount
Applicant 1:	1) _____	\$ _____
	2) _____	\$ _____
	3) _____	\$ _____
Applicant 2:	1) _____	\$ _____
	2) _____	\$ _____
	3) _____	\$ _____

I understand that the information given in this application will be used only to determine eligibility for participation in the Westhampton Woods Waiting Lists and that further income verification may be required before any offer of a tenancy. I/We, _____, living at _____ certify that my/our gross annual household income is at or below the level listed for the number of persons in my/our household:

1 Person Household

- \$17,500
- \$29,150
- \$34,980
- Over \$34,980

2 Person Household

- \$20,000
- \$33,300
- \$39,960
- Over \$39,960

I/We understand that this statement is subject to verification.

Signature

Social Security Number

Date

Signature

Social Security Number

Date

