



_____:Date Received
FOR OFFICE USE ONLY

Goshen Senior Housing

41 Main Street
Goshen, MA 01032

For Information: (413) 296-4536 ext. 105 /TTY call: 711

RENTAL APPLICATION *Deadline 10/16/17*

Please Note: This is an initial application. Additional information may be requested later 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.**

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)

- American Indian/Alaskan Native
- Asian or Pacific Islander
- African American
- White/Caucasian

Ethnicity: Hispanic Non-Hispanic Decline to Respond

Goshen Senior Housing LLC is a smoke-free property. Goshen Senior Housing LLC does not discriminate against smokers; however, tenants and guests will not be allowed to smoke on the property.



EQUAL HOUSING OPPORTUNITY PROGRAM



FAMILY COMPOSITION

List all those 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 |
|---|---------------------------|------------------------|-----|-------------|---------------|
| | SELF | | | | |
| | | | | | |

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/mortgage amount: \$ _____ / month

Utilities included in rent? (circle) **Yes / No** (Please specify which you pay, and average monthly cost)

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 related to you.

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 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 and 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.

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/household members must sign below

Signed under the pains and penalties of perjury,

Signature (Head of Household)

Date

Signature (Co-applicant)

Date

PRINT NAME

PRINT NAME

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** must complete a separate authorization to release information (see next page).

Mail, Drop Off, Fax or Email Applications to:

Mail: Goshen Senior Housing LLC, P.O. Box 17, Chesterfield, MA 01012 / **Drop Off:** Hilltown CDC, 387 Main Road, Chesterfield / **Fax** (413) 296-4020 / **Email:** CindyT@HilltownCDC.org



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



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 Village Center Apartments Waiting List 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:

| <u>1 Person</u> | <u>2 People</u> |
|------------------------|------------------------|
| \$16,800 | \$19,200 |
| \$28,000 | \$32,000 |
| \$33,600 | \$38,400 |

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

Signature Social Security Number Date

Signature Social Security Number Date

