

# RENTAL APPLICATION

Bostwick Gardens, LLC  
899 Main St  
Gt. Barrington, MA

Management Agent:  
Hearthway, Inc.  
One Fenn Street, 3<sup>rd</sup> Floor  
P.O. Box 1180  
Pittsfield, MA 01202-1180  
P 413.499.4887  
F 413.445.7633  
TTY/TTD

The agent will provide help in reviewing and completing this application. If necessary, persons with disabilities may ask for this application in large print or other alternative formats.

Please indicate bedroom size you are applying for:

Studio \_\_\_\_\_  
One bedroom \_\_\_\_\_      One bedroom handicap \_\_\_\_\_  
Two bedroom \_\_\_\_\_      Two bedroom handicap \_\_\_\_\_

Do you need a Hearing/Visual Adapted Unit?      Yes\_\_\_ No\_\_\_

<b>1) APPLICANT</b> _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL. # _____ Email _____	<b>MAILING ADDRESS, IF DIFFERENT:</b> _____ _____ _____ _____ BUS. TEL. # _____
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**2) Racial and Ethnic Designation** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws).

Race:    White (not of Hispanic Origin) \_\_\_\_\_    American Indian/Alaskan Native \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_    Black (Not of Hispanic Origin) \_\_\_\_\_  
Hispanic \_\_\_\_\_    Other: \_\_\_\_\_

**3) Rental History (please provide a minimum of 5 years rental history)**

**Current Landlord:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 \_\_\_\_\_ Utilities Included \_\_\_\_\_

Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_  
 Why do you want to leave this address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Date of occupancy: From \_\_\_\_\_ to \_\_\_\_\_  
 Why did you leave this address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Date of occupancy: From \_\_\_\_\_ to \_\_\_\_\_  
 Why did you leave this address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all States that Applicants have resided in: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4) Members of Household: Please list everyone who will occupy the apartment. INCLUDE Yourself.

Full Name	Social Security Number	Date of Birth	Relationship to Head of Household	Sex	Full Time Student Yes or No (indicate below )

Is a change in household expected?  Yes  No

If yes, what type of change: \_\_\_\_\_  
 \_\_\_\_\_

5) **Income.** Please list all money to be earned or received in the next twelve months by each household member; including full time students, such as welfare, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, alimony, annuities, dividends, income form rental property, military pay, scholarships or other grants. **If you are collecting benefits under another social security number, please list the claim number here:** \_\_\_\_\_.

Household Member	Type of Income/Frequency	Source	Gross monthly income ( before taxes)

6) All assets of any family member must be reported. Assets include: checking accounts, savings accounts, Certificates of Deposit, Money Markets, Stocks, Bonds, Real Estate holdings, and Life Insurance policies. : IF YOU HAVE NO ASSETS, COMPLETE PAGE 6.

Provide name of banks or any applicable companies and approximate value/amount of asset.

Household Member	Type 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

<u>Type of Asset</u>	<u>Date of Disposal</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

- 7) In order to be considered for eligibility the applicant or spouse must be at least 62 years of age unless you have a mobility impairment which requires a handicapped accessible apartment. If you or your spouse are in need of a handicap accessible unit due to a mobility impairment please check here:  In addition, please list the name of your physician so we can verify that you are in need of this type of apartment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- 8) Does any member of the household have any accessibility or reasonable accommodation request or changes in a unit or development or alternate ways we need to communicate with you? \_\_\_Yes\_\_\_ No If yes, please explain \_\_\_\_\_

- 9) **Expenses:** Do you pay for child care for any children under the age of 13, 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? This includes insurance premiums.  Yes  No

If yes, please list amount: \_\_\_\_\_

- 10) **Note: If you are unable to furnish a landlord reference or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.**

Name of Character Reference \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

- 11) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? ***\*Applicants who were age 62 or older as of 1/31/2010 and who do not have a SSN and were receiving HUD rental assistance at another location on 1/31/2010 could qualify the applicant for the exemption from disclosing and providing verification of a SSN.***

Yes  No

If yes, name of head of household at that time: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_

Name of Housing Authority or 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: \_\_\_\_\_

If you answered yes to question 11, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

12) Have you or any member of your household ever been arrested or convicted of a crime? Are any household members required to register as a sex offender under Massachusetts state law or any other state law?  Yes  No

If yes, list the names of the persons and registration requirements. (Place and length of time registration is required. \_\_\_\_\_)

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

13) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes \_\_\_ No \_\_\_ If so, please describe \_\_\_\_\_

14) Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details \_\_\_\_\_

15) How did you hear about Bostwick Gardens? \_\_\_\_\_

16) Pets are allowed at these developments in accordance with BHSI's Pet Policy. If you have or will have a pet please check box:

Please send me a copy of the Pet Policy.

17) Do you own a car? \_\_\_ Yes \_\_\_ No  
If yes, please indicate year and model \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**NO ASSET CERTIFICATION**

**PLEASE COMPLETE THIS ONLY IF YOU HAVE NO ASSETS. OTHERWISE PLEASE COMPLETE THE REQUIRED ASSET SECTION ON PAGE 3.**

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate or any other assets I will notify Hearthway, Inc. immediately.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Apartments are financed by the Commonwealth of MA through various programs including the Federal Low Income Housing Tax Credit Program and/or the U.S. Department of Housing and Urban Development. Applicants will be selected without regard to race, religious creed, sex, national origin, gender identity, sexual orientation, genetic information, ancestry, military status, family status, receipt of public assistance, or disability. 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 are necessary to afford a disabled person equal opportunity to use and enjoy the housing. (A requested change that would impose an undue financial and administrative burden on the housing provider, or that would fundamentally alter the nature of the provider's operations would typically not be considered "reasonable.") Upon request, reasonable accommodations will be made to rules, policies, practices and services making them accessible and permit assistive animals when they provide tenants with equal housing opportunities.

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English are entitled to language assistance with respect to a particular type of service, benefit, or encounter. Assistance will be provided in accordance with Hearthway, Inc.'s Language Assistance Plan, a copy of which is included in the Tenant Selection Plan for Bostwick Gardens.

I/we understand that this application is not an offer of housing. I/we understand that it is my responsibility to notify Hearthway, Inc. in writing of any change of address, income or family composition. By signing this application I/.we are giving permission for Hearthway, Inc. staff to verify any information in this application, perform a credit and criminal record check. All information is regarded as confidential in nature. Additional information will be provided if requested. I/we understand that any false statements or misrepresentation are punishable by State and Federal laws. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I/ We understand that if I/we am contacted regarding these programs and I/we do not respond, my name will be removed from the waiting list. I /we certify that the information provided on this application is true and accurate, to the best of my knowledge and belief. I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

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APPLICANT'S SIGNATURE

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DATE



## NOTICE TO APPLICANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

Hearthway, 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, Hearthway, Inc. 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 Hearthway, Inc. 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 Hearthway, Inc. 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 Hearthway, Inc. 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 Hearthway, Inc., that is your right.

You can get a Request for Reasonable Accommodation form at Hearthway, Inc.'s 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.