

Instructions for submitting this form electronically: Download the Adobe App (if necessary); Download and save the form; Open the Adobe app on your device; Open the downloaded form while in the Adobe app; Complete the form; Save again by clicking the save tab at the top left of the screen; Please click submit to send this application to the Leasing Dept.; if the submit button option is not working, draft an email and send the saved form as an attachment to

SMOKE FREE PROPERTY

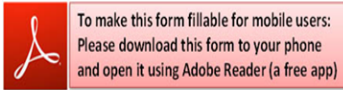
leasing@hearthway.org

HEARTHWAY, INC.

1 Fenn Street, 3rd Fl., P.O. Box 1180, Pittsfield, MA 01202-1180

Phone: 413.499.1630 ext.150

Fax: 413.496.9831



18 George Street Apartments, Pittsfield, MA

Studio: _____

One Bedroom: _____

Two Bedroom: _____

1) NAME _____
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____
S.S. # _____
DATE OF BIRTH _____

MAILING ADDRESS, IF DIFFERENT:

BUS. TEL. # _____

2) Racial and Ethnic Designation (Optional)

Race: White _____ American Indian _____ Asian _____ Black _____ 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?

4) Members of Household: Please list everyone to live in household.

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 who is 18 years of age or older; including full time students, such as salaries, wages, social security / SSI, pension, TANF, public assistance, unemployment, disability benefits, child support, or alimony.

<u>Name of Person Receiving Income</u>	<u>Type of Income</u>	<u>Name/Address of Employer if Applicable</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) All assets of any family member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 5.

_____ Savings _____ Checking _____ CD's _____ Stocks
_____ Bonds _____ Real Estate _____ Other

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

_____ \$ _____
_____ \$ _____
_____ \$ _____

7) Personal reference (no relatives).

NAME	_____	PHONE NUMBER	_____
ADDRESS	_____	BUSINESS NUMBER	_____
CITY, STATE, ZIP	_____		

8) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? 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 us a tenant in good standing: Yes No

If no, please explain: _____

9) Have you or any member of your household ever been arrested or convicted of a crime?

Yes No

If yes, please explain: _____

10) How did you hear of this apartment complex? _____

11) 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 2.

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

I understand that this application is not an offer of housing. I 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 am giving permission for Hearthway, Inc. staff to verify any information in this application. Additional information will be provided if requested. 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 cancellation of this application. I understand that if I am contacted regarding an apartment and I do not respond my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

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.