

Hearthway, Inc.

To request a translator to assist with this application, please contact Hearthway, Inc. at 413 499 1630.

English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish and Vietnamese.

Pou mande yon tradiktè pou ede avèk aplikasyon sa a, tanpri kontakte Hearthway, Inc. Sèvis Lojman nan 413 499 1630.

Haitian Creole

ដើម្បីស្នើសុំអ្នកបកប្រែជួយកម្មវិធីនេះ

សូមទំនាក់ទំនងមកកាន់សេវាកម្មលំនៅដ្ឋាន Hearthway, Inc. ។ នៅ 413 499 1630។

Khmer

Para solicitar um tradutor para ajudar com este aplicativo, entre em contato com a Hearthway, Inc. pelo telefone 413 499 1630.

Portuguese Brazil

Para solicitar um tradutor para ajudar nesta aplicação, contacte os Serviços de Habitação da Hearthway, Inc. pelo telefone 413 499 1630.

Portuguese Portugal

要請求翻譯人員協助此申請，請致電413 499 1630與伯克希爾住房服務部聯繫。

Cantonese

要请求翻译人员协助此申请，请致电413 499 1630与伯克希尔住房服务部联系。

Chinese Simple

Pour demander un traducteur pour vous aider avec cette application, veuillez contacter Hearthway, Inc. au 413 499 1630.

French

Um einen Übersetzer anzufordern, der Sie bei diesem Antrag unterstützt, wenden Sie sich bitte an Hearthway, Inc. unter 413 499 1630.

German

Чтобы запросить переводчика для помощи с этим заявлением, пожалуйста, свяжитесь с Hearthway, Inc. по телефону 413 499 1630.

Russian

Aby poprosić tłumacza o pomoc w tej aplikacji, skontaktuj się z Hearthway, Inc. pod numerem 413 499 1630.

Polish

Para solicitar un traductor que lo ayude con esta solicitud, comuníquese con Hearthway, Inc. al 413 499 1630.

Spanish

Щоб попросити перекладача допомогти з цією заявкою, будь ласка, зв'яжіться з Hearthway, Inc. за номером 413 499 1630.

Ukrainian

Để yêu cầu người phiên dịch hỗ trợ ứng dụng này, vui lòng liên hệ với Hearthway, Inc. theo số 413 499 1630.

Vietnamese

Hearthway, Inc.

I Speak Statements

- | | |
|---|---|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N̄ a po Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Portugês . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်ပြန်ဟောကားပြောသည်။
(Burmese) | <input type="checkbox"/> ਇ ਸੁਪੇਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم
(Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien
(French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني)
(Sudanese) |
| <input type="checkbox"/> ཧྭ གཤམ་ལཱི ཡོལུ ལྷོ (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng
Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> ኣካ ትግርኛ ይዘረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською .
(Ukrainian) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | <input type="checkbox"/> ך ף ארע ן ן ן (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjjj
(Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> y k t ṣṣ (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다
(Korean) | |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ناخفم. (Kurdish) | |

HEARTHWAY, INC.
1 Fenn Street, 3rd fl., P.O. Box 1180, Pittsfield, MA 01202-1180
PH [413] 499-4887 - Fax 445-7633

57 Main Street Apartments, Lee, MA 01238

One Bedroom Unit _____
Two Bedroom Unit _____
One Bedroom Handicap Unit _____

**SMOKE FREE
PROPERTY**

1) NAME _____ **MAILING ADDRESS, IF DIFFERENT:** _____
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____ **BUS. TEL. #** _____
S.S. # _____
DATE OF BIRTH _____

2) 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?

3) 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:

4) 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5) All assets of all family member (regardless of age) 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 _____ Life Insurance

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

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

6) Personal reference (no relatives).

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

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

Yes No

If yes, please explain: _____

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

9) Do you own a car? ___ Yes ___ No
If yes, please indicate year and model _____

10) Do you have a pet? ___ Yes ___ No
If yes, please complete the Pet Policy form.

11) Are any family members full or part time students? If yes, list all student status and family member below.

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

Apartments managed by Hearthway, Inc. are rented without regard to race, color, religion, sex or national origin, handicap or familial status.

Federal law prohibits the discrimination against individuals with handicaps. 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.

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



All family members age 18 or older must complete this form. NO CHANGES TO FORM



PO Box 1180, 1 Fenn St, Pittsfield, Mass. 01201; 413-499-1630

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

I, the above named individual, have authorized the Hearthway, Inc. to verify with the following sources, the accuracy of the information, which I have provided.

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools

I authorize you to release the information requested on the attached form to the Hearthway, Inc., subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for you assistance and cooperation in this matter.

SIGNATURE

DATE SIGNED

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED

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.