

Management Agent:  
Hearthway Inc.  
One Fenn Street, 3rd Floor  
P.O. Box 1180  
Pittsfield, MA 01202-1180  
P 413.499.1630  
F 413.496.9831  
TTY/TTD



To make this form fillable for mobile users:  
Please download this form to your phone  
and open it using Adobe Reader (a free app)

**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 leasing@hearthway.org

### 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**



Berkshire  
Housing  
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180  
Tel 413-499-1630 Fax 413-445-7633 www.berkshirehousing.com

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**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 your assistance and cooperation in this matter.

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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.