

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. តែ 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 ਸ੍ਰਪੇਆਕ 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 གུ་ཤར་ལཱི ཡོལུ འུ་ (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 ידיש (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjjj
(Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> y k t ꨀꨁꨂꨃꨄꨅꨆꨇꨈꨉꨊꨋꨌꨍꨎꨏꨐꨑꨒꨓꨔꨕꨖꨗꨘꨙꨚꨛꨜꨝꨞꨟꨠꨡꨢꨣꨤꨥꨦꨧꨨꨩꨪꨫꨬꨭꨮꨯꨰꨱꨲꨳꨴꨵꨶ꨷꨸꨹꨺꨻꨼꨽꨾꨿ꩀꩁꩂꩃꩄꩅꩆꩇꩈꩉꩊꩋꩌꩍ꩎꩏꩐꩑꩒꩓꩔꩕꩖꩗꩘꩙꩚꩛꩜꩝꩞꩟ꩠꩡꩢꩣꩤꩥꩦꩧꩨꩩꩪꩫꩬꩭꩮꩯꩰꩱꩲꩳꩴꩵꩶ꩷꩸꩹ꩺꩻꩼꩽꩾꩿꪀꪁꪂꪃꪄꪅꪆꪇꪈꪉꪊꪋꪌꪍꪎꪏꪐꪑꪒꪓꪔꪕꪖꪗꪘꪙꪚꪛꪜꪝꪞꪟꪠꪡꪢꪣꪤꪥꪦꪧꪨꪩꪪꪫꪬꪭꪮꪯꪰꪱꪴꪲꪳꪵꪶꪷꪸꪹꪺꪻꪼꪽꪾ꪿ꫀ꫁ꫂ꫃꫄꫅꫆꫇꫈꫉꫊꫋꫌꫍꫎꫏꫐꫑꫒꫓꫔꫕꫖꫗꫘꫙꫚ꫛꫜꫝ꫞꫟ꫠꫡꫢꫣꫤꫥꫦꫧꫨꫩꫪꫫꫬꫭꫮꫯ꫰꫱ꫲꫳꫴꫵ꫶꫷꫸꫹꫺꫻꫼꫽꫾꫿꬀ꬁꬂꬃꬄꬅꬆ꬇꬈ꬉꬊꬋꬌꬍꬎ꬏꬐ꬑꬒꬓꬔꬕꬖ꬗꬘꬙꬚꬛꬜꬝꬞꬟ꬠꬡꬢꬣꬤꬥꬦ꬧ꬨꬩꬪꬫꬬꬭꬮ꬯ꬰꬱꬲꬳꬴꬵꬶꬷꬸꬹꬺꬻꬼꬽꬾꬿꭀꭁꭂꭃꭄꭅꭆꭇꭈꭉꭊꭋꭌꭍꭎꭏꭐꭑꭒꭓꭔꭕꭖꭗꭘꭙꭚ꭛ꭜꭝꭞꭟꭠꭡꭢꭣꭤꭥꭦꭧꭨꭩ꭪꭫꭬꭭꭮꭯ꭰꭱꭲꭳꭴꭵꭶꭷꭸꭹꭺꭻꭼꭽꭾꭿꮀꮁꮂꮃꮄꮅꮆꮇꮈꮉꮊꮋꮌꮍꮎꮏꮐꮑꮒꮓꮔꮕꮖꮗꮘꮙꮚꮛꮜꮝꮞꮟꮠꮡꮢꮣꮤꮥꮦꮧꮨꮩꮪꮫꮬꮭꮮꮯꮰꮱꮲꮳꮴꮵꮶꮷꮸꮹꮺꮻꮼꮽꮾꮿꯀꯁꯂꯃꯄꯅꯆꯇꯈꯉꯊꯋꯌꯍꯎꯏꯐꯑꯒꯓꯔꯕꯖꯗꯘꯙꯚꯛꯜꯝꯞꯟꯠꯡꯢꯣꯤꯥꯦꯧꯨꯩꯪ꯫꯬꯭꯮꯯꯰꯱꯲꯳꯴꯵꯶꯷꯸꯹꯺꯻꯼꯽꯾꯿가각갂갃간갅갆갇갈갉갊갋갌갍갎갏감갑값갓갔강갖갗갘같갚갛개객갞갟갠갡갢갣갤갥갦갧갨갩갪갫갬갭갮갯갰갱갲갳갴갵갶갷갸갹갺갻갼갽갾갿걀걁걂걃걄걅걆걇걈걉걊걋걌걍걎걏걐걑걒걓걔걕걖걗걘걙걚걛걜걝걞걟걠걡걢걣걤걥걦걧걨걩걪걫걬걭걮걯거걱걲걳건걵걶걷걸걹걺걻걼걽걾걿검겁겂것겄겅겆겇겈겉겊겋게겍겎겏겐겑겒겓겔겕겖겗겘겙겚겛겜겝겞겟겠겡겢겣겤겥겦겧겨격겪겫견겭겮겯결겱겲겳겴겵겶겷겸겹겺겻겼경겾겿곀곁곂곃계곅곆곇곈곉곊곋곌곍곎곏곐곑곒곓곔곕곖곗곘곙곚곛곜곝곞곟고곡곢곣곤곥곦곧골곩곪곫곬곭곮곯곰곱곲곳곴공곶곷곸곹곺곻과곽곾곿관괁괂괃괄괅괆괇괈괉괊괋괌괍괎괏괐광괒괓괔괕괖괗괘괙괚괛괜괝괞괟괠괡괢괣괤괥괦괧괨괩괪괫괬괭괮괯괰괱괲괳괴괵괶괷괸괹괺괻괼괽괾괿굀굁굂굃굄굅굆굇굈굉굊굋굌굍굎굏교굑굒굓굔굕굖굗굘굙굚굛굜굝굞굟굠굡굢굣굤굥굦굧굨굩굪굫구국굮굯군굱굲굳굴굵굶굷굸굹굺굻굼굽굾굿궀궁궂궃궄궅궆궇궈궉궊궋권궍궎궏궐궑궒궓궔궕궖궗궘궙궚궛궜궝궞궟궠궡궢궣궤궥궦궧궨궩궪궫궬궭궮궯궰궱궲궳궴궵궶궷궸궹궺궻궼궽궾궿귀귁귂귃귄귅귆귇귈귉귊귋귌귍귎귏귐귑귒귓귔귕귖귗귘귙귚귛규귝귞귟균귡귢귣귤귥귦귧귨귩귪귫귬귭귮귯귰귱귲귳귴귵귶귷그극귺귻근귽귾귿글긁긂긃긄긅긆긇금급긊긋긌긍긎긏긐긑긒긓긔긕긖긗긘긙긚긛긜긝긞긟긠긡긢긣긤긥긦긧긨긩긪긫긬긭긮긯기긱긲긳긴긵긶긷길긹긺긻긼긽긾긿김깁깂깃깄깅깆깇깈깉깊깋까깍깎깏깐깑깒깓깔깕깖깗깘깙깚깛깜깝깞깟깠깡깢깣깤깥깦깧깨깩깪깫깬깭깮깯깰깱깲깳깴깵깶깷깸깹깺깻깼깽깾깿꺀꺁꺂꺃꺄꺅꺆꺇꺈꺉꺊꺋꺌꺍꺎꺏꺐꺑꺒꺓꺔꺕꺖꺗꺘꺙꺚꺛꺜꺝꺞꺟꺠꺡꺢꺣꺤꺥꺦꺧꺨꺩꺪꺫꺬꺭꺮꺯꺰꺱꺲꺳꺴꺵꺶꺷꺸꺹꺺꺻꺼꺽꺾꺿껀껁껂껃껄껅껆껇껈껉껊껋껌껍껎껏껐껑껒껓껔껕껖껗께껙껚껛껜껝껞껟껠껡껢껣껤껥껦껧껨껩껪껫껬껭껮껯껰껱껲껳껴껵껶껷껸껹껺껻껼껽껾껿꼀꼁꼂꼃꼄꼅꼆꼇꼈꼉꼊꼋꼌꼍꼎꼏꼐꼑꼒꼓꼔꼕꼖꼗꼘꼙꼚꼛꼜꼝꼞꼟꼠꼡꼢꼣꼤꼥꼦꼧꼨꼩꼪꼫꼬꼭꼮꼯꼰꼱꼲꼳꼴꼵꼶꼷꼸꼹꼺꼻꼼꼽꼾꼿꽀꽁꽂꽃꽄꽅꽆꽇꽈꽉꽊꽋꽌꽍꽎꽏꽐꽑꽒꽓꽔꽕꽖꽗꽘꽙꽚꽛꽜꽝꽞꽟꽠꽡꽢꽣꽤꽥꽦꽧꽨꽩꽪꽫꽬꽭꽮꽯꽰꽱꽲꽳꽴꽵꽶꽷꽸꽹꽺꽻꽼꽽꽾꽿꾀꾁꾂꾃꾄꾅꾆꾇꾈꾉꾊꾋꾌꾍꾎꾏꾐꾑꾒꾓꾔꾕꾖꾗꾘꾙꾚꾛꾜꾝꾞꾟꾠꾡꾢꾣꾤꾥꾦꾧꾨꾩꾪꾫꾬꾭꾮꾯꾰꾱꾲꾳꾴꾵꾶꾷꾸꾹꾺꾻꾼꾽꾾꾿꿀꿁꿂꿃꿄꿅꿆꿇꿈꿉꿊꿋꿌꿍꿎꿏꿐꿑꿒꿓꿔꿕꿖꿗꿘꿙꿚꿛꿜꿝꿞꿟꿠꿡꿢꿣꿤꿥꿦꿧꿨꿩꿪꿫꿬꿭꿮꿯꿰꿱꿲꿳꿴꿵꿶꿷꿸꿹꿺꿻꿼꿽꿾꿿 | |

RENTAL APPLICATION

Bentley Apartments
20 Bentley Ave.
Great Barrington, MA 01230

SMOKE FREE PROPERTY

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

Please indicate bedroom size you are applying for:

One bedroom _____ One bedroom handicap _____
Two bedrooms _____ Two bedrooms handicap _____
Three bedrooms _____ Three bedrooms handicap _____

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

1) APPLICANT _____ MAILING ADDRESS, IF DIFFERENT:
STREET _____
CITY _____
STATE _____
ZIP _____
TEL. # _____ BUS. TEL. # _____
Email _____

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? _____

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 from 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:

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) 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

8) **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 _____

9) **Expenses:** Do you pay for 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) 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: _____

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 10, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?

Yes _____ No _____

If yes, explain: _____

11) 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.

12) Does your present apartment contain health code violations? Yes_____ No_____ If so, please describe

13) Is your present apartment too small for your family Yes ____ No____

14) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes____ No____

If so, please describe: _____

15) 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 _____

16) How did you hear about Bentley Apartments?

17) 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.

18) Do you own a car? ____ Yes ____ No

If yes, please indicate year and model _____

If necessary, persons with disabilities may ask for this application in large print or other alternative formats and may request assistance in reviewing and completing this application.

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name _____
Relationship _____
Address _____
City, State, Zip _____
Telephone Number _____

C. 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. 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.”

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. Language Assistance Plan, a copy of which is included in the Tenant Selection Plan for Highland Woods.

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.

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.



**Application for
Massachusetts Rental
Voucher Program (MRVP)**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race and/or Ethnicity:	_____
Priority Category:	_____
Local Preference (LHAs Only):	_____
Voucher Size:	_____

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 the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	Head					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify): _____

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? Yes No

Primary Spoken Language: _____

Primary Written Language: _____



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
 NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check ALL boxes):</p> <p><input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.
 Please answer the following:

Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? Yes No

Please Specify: _____

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? Yes No If yes, please provide the address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years? Yes No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member)	\$ _____



11. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? Yes No
 If yes, Name of Head of Household at that time: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Where you terminated for cause? Yes No Do you owe any money, back rent, or damages to the housing agency? Yes No

If Yes to either above, please explain: _____

12. Rental History

Do you owe any previous property owner money for damages or unpaid rent? Yes No

Have you ever been evicted from a rental unit for cause? Yes No

If Yes to either, please explain: _____

13. Criminal Record

Have you or any member of your household ever been convicted of a drug or violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*	Do you or any member of your household have any criminal matters pending? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*
Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*	
If Yes to <u>ANY</u> , please explain: _____	

* An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Administering Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. 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 denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____

Date: _____

