

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



## APPLICATION FOR HOUSING

**Please Print Clearly**

This is an application for housing at:	<b>Project: Redfield House</b>
	<b>Address: 48 Elizabeth Street</b>
	<b>Pittsfield, MA 01201</b>
Please complete this application and return to:	<b>Name: Hearthway, Inc.</b>
	<b>Address: One Fenn St., 3<sup>rd</sup> Floor</b>
	<b>P.O. Box 1180</b>
	<b>Pittsfield, MA 01202-1180</b>
<b>Fax: 413-445-7633 or call Leasing: 413-499-1630 ext 150</b>	

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      Apt.#                      City                      State                      ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One Bedroom  Two Bedroom

## B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?  Yes  No

***If yes, explain:***

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

***If yes, explain:***

Is there someone not listed above who would normally be living with the household?  Yes  No

***If yes, explain:***

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

### **IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, please list:</i></b>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:

Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<i>If yes, describe:</i>			

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	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.

**HEARTHWAY, INC.**

P.O. BOX 1180

PITTSFIELD, MASSACHUSETTS 01202-1180

Tel: 413-499-4887

Fax: 413-445-7633

<b>For Office Use Only</b>	
Date received: _____/_____/_____	
Time: _____:_____:_____	
# of Bedrooms: 1    2	
Control: _____	

**APPLICATION FOR REDFIELD HOUSE**

**48 ELIZABETH STREET PITTSFIELD, MA 01201**

**MODERATE REHABILITATION PROGRAM**

*\*Please print clearly, applications that are not legible may be returned.*

**PERSONAL DATA:**

1) NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

STREET: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

IF DIFFERENT MAILING ADDRESSES: \_\_\_\_\_

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

Name:	SS#	D.O.B.	SEX	Disabled	Relation
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____
_____	_____	____/____/____	_____	<u>Yes or No</u>	_____

**Racial/Ethnic Designation for head of household: (Optional)**

White     Black     Asian     American Indian     Other \_\_\_\_\_

**Ethnicity:**     Hispanic     Non-Hispanic

Is a change in household expected?  Yes  No

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

**3) INCOME:** Please list all monies to be earned or received in the next (12) twelve-months by each household member who is 18 years or older; including Full-time students. **E.g.** Salaries, Wages, Social Security/SSI, Pension, TAFDC, Public Assistance, Unemployment, Disability benefits, Child support, or Alimony.

List person (s)

Receiving income	Source of income	Employer's name/address	Gross monthly income

**4)** All assets of any family member must be reported. Please check any applicable to your household:  
**IF YOU HAVE NO ASSETS, PLEASE COMPLETE NO ASSET CERTIFICATION ON PAGE 4.**

Savings  Checking  CD's  Stocks  Bonds  Real Estate  Other

Provide name of banks or any applicable companies and approximate value/amount 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 If yes please complete chart

Type of Asset	Date of Disposal	Fair Market Value	Received Amount

**5) EXPENSES:** Do you pay for childcare for any children under the age of 13? Or 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?  
(Premiums included). Yes No

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

6) Have you or any adult member of your current household ever lived in Federal public housing or been on the Section 8 Program?  Yes  No

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

**Relationship to present applicant:**

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

7) If you answered yes to question 6, have you ever been terminated for fraud while receiving assistance? Or terminated for non-payment? Or have failed to cooperate with re-certification procedures?  Yes  No

8) Have you or any member (s) in your household ever been convicted or evicted due to manufacturing, selling, using, distributing or possessing drugs?  Yes  No

If yes, when did this occur? \_\_\_\_\_

If yes, have you and/or any member (s) of your household received treatment?  Yes  No

9) Have you or any member (s) in your household ever been convicted or evicted due to violent criminal activity?  Yes  No

If yes, have you and/or any member of your household received treatment?  Yes  No

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, perform a credit and criminal record check. 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 statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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

\_\_\_\_\_  
NAME RELATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

**No ASSET CERTIFICATION (please complete if you have no assets listed in section #4)**

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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE