



Thank you for your interest in Terrace 592!



We look forward to assisting you with your housing needs.

To process your application, please include copies of the following documents with the return of your completed application.

- Photo ID for all household members aged 18 and older
- Social Security Cards for all household members
- Birth Certificates for all household members
- Verification of all income sources.
 - For benefit amounts (social security, SSI, DTA, pensions) a benefit letter stating gross amount and frequency of payments.
 - For employment, 8 weeks of most recent pay stubs. Pay stubs must be in order of pay date. If paid weekly, 8 paystubs are required, if paid biweekly, 4 pay stubs are required.

Applications and accompanying documentation can be returned by email, fax, mail, or in person (we can make copies for you).

Return Completed Application & Accompanying Documentation to:

Email: leasing@hearthway.org
Fax: 413.403.2710
Mail: Hearthway, Inc.
Attn: Leasing
PO Box 1180
Pittsfield, MA 01202-1180

In Person: 1 Fenn St. 3rd FL Pittsfield, MA 01201
Office is Open Tues, Wed, Thurs from 9-3

There is also a secure gray drop box outside our offices that documents can be placed in.

1 Fenn Street., 3rd Floor, P.O. Box 1180, Pittsfield, Massachusetts 01201 Tel 413.499.1630 Fax 413.496.9831 www.hearthway.org

This document can be translated upon request. Este documento pode ser traduzido, a pedido do requerente.
Este documento puede ser traducido a su petición. Qoraalkan waa la turjumi karaa hadii la codsado.
Tài liệu này có thể được phiên dịch nếu yêu cầu. Данный документ может быть переведен по вашей просьбе.



Hearthway, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



592 Terrace
592 North St.
Pittsfield, MA 01201
Rental Application

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un document importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

APPLICATION FOR AFFORDABLE APARTMENTS

Please Print Clearly

413-499-1630 ext. 150

This is an application for an apartment at: 592 North Street 592 Terrace Apartments Pittsfield, MA 01201	DATE:
Please complete this application and return to: leasing@hearthway.org P.O. Box 1180 Pittsfield, MA 01202-1180	Property Management Hearthway, Inc., P.O. Box 1180 One Fenn Street Pittsfield, MA 01202 - 1180

Attachment REASONABLE ACCOMMODATION

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

Best Phone #: _____

Email: _____

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: One BR Two BR

Do you receive **MOBILE** Section 8 or other **MOBILE** rental assistance payments? Yes No

Do you meet any of the following: ____ reside in emergency shelter ____ living with another family ____ at risk of homelessness (see definition below*)

* For an individual or family to qualify as "at risk of homelessness", the individual or family must exhibit one or more specified risk factors: (1) the individual or family has income below 30 percent of median income for the geographic area; and (2) the individual or family has insufficient resources immediately available to attain housing stability, meaning the individual or family does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter. (3) has moved frequently because of economic reasons; (4) is living in the home of another because of economic hardship; (5) has been notified that their right to occupy their current housing or living situation will be terminated; (6) lives in a hotel or motel; (7) lives in severely overcrowded housing; (8) is exiting an institution; or (9) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

B. HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-Tenant						
3						
4						
5						
6						
7						
8						

Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		

C. INCOME

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

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$

	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income		Gross Annual Amount
	Employment amount:		\$
	Employer:		
Employment Address:	Telephone#		
	How long employed:	Position Held:	
	Employment amount:		\$
	Employer:		
Employment Address:	Telephone#		
	How long employed:	Position Held:	
	Employment amount:		\$
	Employer:		
Employment Address:	Telephone#		
	How long employed:	Position Held:	
	Alimony		
	Are you legally entitled to receive alimony?	Yes No	
	If yes, list the amount you are entitled to receive.	\$	
	Do you receive alimony?	Yes No	
	If yes list amount you receive.	\$	
	Child Support		
	Are you legally entitled to receive child support?	Yes No	
	If yes list the amount you are entitled to receive.	\$	
	Do you receive child support?	Yes No	
	If yes, list the amount you receive.	\$	
	Other Income		\$

	Other Income	\$	
	Other Income	\$	
TOTAL GROSS ANNUAL INCOME (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?	Yes	No	
Is any member of the household legally entitled to receive income assistance?	Yes	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)?	Yes	No	
If yes to any of the above, explain:			
Is the income received?	Yes	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	Account#	Bank Name:	Balance \$
Name of person on the account	Location & Address:		
Name of person on the account	Account#	Bank name:	Balance \$
Name of person on the account	Location & Address:		
Name of person on the account	Account#	Bank Name:	Balance \$
Name of person on the account	Location & Address:		
Savings Accounts	Account#	Bank Name:	Balance \$
Name of person on the account	Location & Address:		
Name of person on the account	Account#	Bank name:	Balance \$
Name of person on the account	Location & Address:		
Trust Account	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$

	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	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 \$
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
			Interest or Dividend \$	Value \$

Real Estate Property: <i>Do you own any property?</i>	Yes No
<i>If yes</i> , 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	\$
Investment Property	
<i>If yes</i> , Address:	Value: \$
	Rental Income: \$

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?	Yes No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	Yes No

Have you sold/disposed of any property in the last 2 years?	Yes No
<i>If yes</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed 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)?

	Yes	No
--	-----	----

If yes, describe the asset:

Date of disposition:

Amount disposed \$

Do you have any other assets not listed above (excluding personal property)?

	Yes	No
--	-----	----

If yes, please list:

E. ADDITIONAL INFORMATION

Have you or any member of your family ever been convicted of a felony?

	Yes	No
--	-----	----

If yes, describe:

Have you or any member of your family ever been evicted from any housing?

	Yes	No
--	-----	----

If yes, describe:

Have you ever filed for bankruptcy?

	Yes	No
--	-----	----

If yes, describe:

Will you take an apartment when one is available?

	Yes	No
--	-----	----

Briefly describe your reasons for applying:

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 #:

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so.

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino Yes No
 Native Hawaiian or Pacific Islander ____ Black or African American ____
 American Indian/Alaskan Native ____ Asian ____ White ____ Other ____
 Male ____ Female ____

Do you request an accessible (barrier free) unit? _____

Do you request any modifications of an apartment? _____

Do you have sensory impairments that require special features in an apartment? _____

Are you currently using an illegal controlled substance? _____

Do you have a previous conviction of same? _____

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance? _____

Do any household members smoke? _____

All apartments at White Terrace Apartments are non-smoking.

G. VEHICLE INFORMATION (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?	Yes	No
<i>If yes, describe:</i>		

CERTIFICATION

I hereby certify that I will not maintain a separate rental unit in another location. I further certify that this will be my/our permanent residence. I understand that I must pay a security deposit for this apartment prior to occupancy. I understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my/our knowledge and I 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 applicants must sign application. By signing you authorize Hearthway, Inc., White Terrace LLC, Reagan Development LLC, and/or their agents to process criminal history checks, credit checks, landlord, bank, and personal reference checks

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

**NOTICE TO APPLICANTS WITH DISABILITIES REGARDING
REASONABLE ACCOMMODATION**

Berkshire Housing Services, 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, Berkshire Housing 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 Berkshire Housing 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 Berkshire Housing 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 Berkshire Housing 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 Berkshire Housing Services, that is your right.

You can get a Request for Reasonable Accommodation form at Berkshire Housing Services' 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 <u>ALL</u> 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 <u>MUST</u> 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: _____

