



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.

## APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Smoke Free Property**

Please Print Clearly

This is an application for housing at:	<b>Project: Belder Affordable Housing</b>
	<b>YMCA Studio Apartments</b>
	<b>Address: 292 North St</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>

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  Handicap BR

**B. HOUSEHOLD COMPOSITION**

	<b>Name</b>		<b>Marital Status</b> M-married D-divorced S-single L-legal separation E-estranged	<b>Birth Date</b>	<b>Age</b>	<b>SS#</b>	<b>Student Y/N</b>
Head							

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 minor child who is not a Dependant on another's tax return?	<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	\$
	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	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

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>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>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"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If yes, explain:</b> ..... ..... ..... .....			

**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	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	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: <i>Do you own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
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
<i>If yes, please list:</i>	

<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
<i>If yes, describe</i>		
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

*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 #:

**G. VEHICLE AND PET 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>			

**CERTIFICATION**

Apartments 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, perform a credit and criminal record check. Additional information will be provided if requested. I understand that if I am contacted regarding this property and I do not respond, my name will be removed from the waiting list.

I hereby certify that I Do/Will Not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my 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 adult applicants, 18 or older, must sign application.

SIGNATURE:

\_\_\_\_\_  
(Signature of 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.

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