

BERKSHIRE HOUSING SERVICES, INC.

74 NORTH STREET
PITTSFIELD, MASSACHUSETTS 01201
413-499-1630, 413-445-7633 (FAX)

PRE-APPLICATION FOR HOUSING

FOR OFFICE USE ONLY	
Date Received: ____ / ____ / ____	
Time: ____ : ____ : ____	
# of B R's: 0 1 2	
Control #: _____	

Please indicate bedroom size

- One Bedroom ____
Studio ____
One Bedroom (H) ____
Two Bedroom (H) ____
Two Bedroom ____ (Proprietor's Fields Only)

PLEASE INDICATE WHICH BUILDING(S) YOU ARE INTERESTED IN:

- | | |
|---|---|
| _____ Epworth Arms, 350 West St, Pittsfield | _____ Hyde Place, 46 Railroad St, Lee |
| _____ Capitol Square, 379 North St., Pittsfield | _____ Holy Family Terrace, 611 State Rd, No. Adams |
| _____ Crossway Village, 21 Crossway, Lee | _____ Proprietors Fields, 118 Church St, Williamstown |
| _____ Bostwick Gardens, 899 Main St, Gt. Barrington | |

- 1) NAME _____ MAILING ADDRESS, IF DIFFERENT: _____
STREET _____
CITY, STATE _____
ZIP _____ S.S. # _____
TEL. # _____ DATE OF BIRTH _____

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

<u>Name</u>	<u>SS#</u>	<u>Relation</u>	<u>Sex M/F</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 3) Total Annual Income \$ _____ 4) Total Value of Assets \$ _____ 5) Race _____

- 6) If you are in need of a handicap accessible unit due to a mobility impairment please check here: _____

- 7) How did you hear of this apartment complex? _____

- 8) Has any member of your household been arrested or convicted of a crime or subject to a lifetime requirement to register as a sex offender? _____

Apartments are financed by the Massachusetts Housing Finance Agency and/or the U.S. Department of Housing and Urban Development and 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 Berkshire Housing in writing of any change of address, income or family composition. By signing this application I am giving permission for Berkshire Housing 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