

**BERKSHIRE HOUSING SERVICES, INC.**  
**Christian Hill Commons Application**  
**1 Fenn Street, 3<sup>rd</sup> Floor**  
**PITTSFIELD, MASSACHUSETTS 01201**  
**413-499-4887**  
**413-445-7633 (FAX)**

The agent will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print or other alternative formats.

Please indicate bedroom size:

One bedroom \_\_\_\_\_ Four Bedroom \_\_\_\_\_  
Two bedroom \_\_\_\_\_ Hearing/Visual Adapted Unit  
Three Bedroom \_\_\_\_\_ Yes \_\_\_ No\_\_

**1) Applicant** \_\_\_\_\_ **MAILING ADDRESS, IF DIFFERENT:**  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
TEL. # \_\_\_\_\_ BUS. TEL. # \_\_\_\_\_

**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 \_\_\_\_\_

Note: Upon request to the Agent, you have a right to receive a Tenant Selection Plan (with Program Description Insert) which summarizes the tenant application process, eligibility and screening requirements, for occupancy in this property.

**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	Age	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 form 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. : IF YOU HAVE NO ASSETS, COMPLETE PAGE 6.

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 related to you.**

Name of Character Reference \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_

**9) Expenses:** Do you pay for child care for any children under the age of 13, 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: \_\_\_\_\_

City, State: \_\_\_\_\_

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) Have you ever been displaced from your home? Yes \_\_\_ No \_\_\_ If so, please describe \_\_\_\_\_

13) Does your present apartment contain health code violations? Yes \_\_\_ No \_\_\_ If so, please describe \_\_\_\_\_

14) Is your present apartment too small for your family Yes \_\_\_ no \_\_\_

15) Does your current housing cause accessibility or other problems for any household member who has a disability? Yes \_\_\_ No \_\_\_ If so, please describe \_\_\_\_\_

16) 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 \_\_\_\_\_

17) How did you hear of this apartment complex? \_\_\_\_\_

18) Pets are allowed at these developments in accordance with Berkshire Housing Services, Inc.'s Pet Policy. If you have or will have a pet please check box:

Please send me a copy of the Pet Policy.

19) Do you own a car? \_\_\_ Yes \_\_\_ No  
If yes, please indicate year and model \_\_\_\_\_

Apartments are financed by the Massachusetts Housing Finance Agency 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/we understand that this application is not an offer of housing. I/we 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/.we are giving permission for Berkshire Housing 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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

**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 Berkshire Housing Services, Inc. immediately.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

