

SMOKE FREE  
PROPERTY

### RENTAL APPLICATION

Bostwick Gardens, LLC  
899 Main St  
Gt. Barrington, MA

Management Agent:  
Berkshire Housing Services, Inc.  
One Fenn Street, 3<sup>rd</sup> Floor  
P.O. Box 1180  
Pittsfield, MA 01202-1180  
P 413.499.4887  
F 413.445.7633  
TTY/TTD

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

Please indicate bedroom size you are applying for:

Studio \_\_\_\_\_  
One bedroom \_\_\_\_\_      One bedroom handicap \_\_\_\_\_  
Two bedroom \_\_\_\_\_      Two bedroom handicap \_\_\_\_\_

Do you need a Hearing/Visual Adapted Unit?      Yes\_\_\_ No\_\_\_

<b>1) APPLICANT</b> _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL. # _____ Email _____	<b>MAILING ADDRESS, IF DIFFERENT:</b> _____ _____ _____ _____ BUS. TEL. # _____
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**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 \_\_\_\_\_    Other: \_\_\_\_\_

**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	Date of Birth	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) In order to be considered for eligibility the applicant or spouse must be at least 62 years of age unless you have a mobility impairment which requires a handicapped accessible apartment. If you or your spouse are in need of a handicap accessible unit due to a mobility impairment please check here:  In addition, please list the name of your physician so we can verify that you are in need of this type of apartment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

8) 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 \_\_\_\_\_

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) **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 be related to you.**

Name of Character Reference \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

11) Have you or any member of your household ever been a recipient of any state or federal housing assistance program? ***\*Applicants who were age 62 or older as of 1/31/2010 and who do not have a SSN and were receiving HUD rental assistance at another location on 1/31/2010 could qualify the applicant for the exemption from disclosing and providing verification of a SSN.***

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 11, has your assistance ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

12) 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.**

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

14) 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 \_\_\_\_\_

15) How did you hear about Bostwick Gardens? \_\_\_\_\_

16) Pets are allowed at these developments in accordance with BHSI's Pet Policy. If you have or will have a pet please check box:

Please send me a copy of the Pet Policy.

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

**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

Apartments are financed by the Commonwealth of MA through various programs including the Federal Low Income Housing Tax Credit Program and/or the U.S. Department of Housing and Urban Development. Applicants will be selected without regard to race, religious creed, sex, national origin, gender identity, sexual orientation, genetic information, ancestry, military status, family status, receipt of public assistance, or disability. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services or to request a reasonable modification of the housing when such accommodations are necessary to afford a disabled person equal opportunity to use and enjoy the housing. (A requested change that would impose an undue financial and administrative burden on the housing provider, or that would fundamentally alter the nature of the provider's operations would typically not be considered "reasonable.") 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.

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English are entitled to language assistance with respect to a particular type of service, benefit, or encounter. Assistance will be provided in accordance with Berkshire Housing's Language Assistance Plan, a copy of which is included in the Tenant Selection Plan for Bostwick Gardens.

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.

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APPLICANT'S SIGNATURE

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DATE



**Section 8  
Project-Based Voucher Program**



**Pre-Application for Housing Assistance**



Please complete and return to:

**Berkshire Housing  
Development Corporation  
One Fenn Street, 3<sup>rd</sup> Floor  
Pittsfield, MA 01201  
(413) 499-4887**

*For agency use only:  
Date/Time Stamp/  
Control Number*

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

**IMPORTANT!**

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

**Head of Household Information**

<b>Social Security Number</b>		<b>Phone</b> (include area code)		
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>		
<b>Address</b>		<b>City/Town</b>	<b>State</b>	<b>Zip code</b>
<b>Shelter Name</b>	<b>Shelter Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip code</b>

**Family Information**

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

**Gross annual household income \$** \_\_\_\_\_

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here  and list them on a separate piece of paper.

*For Agency Use Only. Number of Household Members*

*Household Bedroom Size:*  Single  1BR  2BR  3BR  4BR  5BR

**Check if the head of household or spouse is:** 62 years old or older  Disabled

**Check if anyone in the household requires a wheelchair accessible unit**

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

**Race of head of household (You may choose more than one of the following)**

White  Black/African American  American Indian/Alaskan Native  Asian

Native Hawaiian/Other Pacific Islander

**Ethnicity of head of household (Check only one)**

Hispanic  Non-Hispanic

**What is your current housing situation? (Check only one box)**

I am homeless

I live in substandard housing

I have been involuntarily displaced by fire, flood, or other natural disaster

I pay more than 50% of my monthly income for rent and utilities

I live in a shelter

I am doubled up with friends or relatives

I live in public housing

I live in a transitional housing program

I live in subsidized housing


Other (describe)








## Location of Project-Based Apartments

From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

**Single Room Occupancy (SRO)** and **Enhanced Single Room Occupancy (ESRO)** units are only for one person. SRO units typically have shared bathrooms and may not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons at least 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties. Properties that have **wheelchair accessible** apartments are marked with the  logo – contact us for more information on the available bedroom sizes of these apartments.

**NOTE: Any project listed below as closed is temporarily closed to new applicants, until further notice. FOR INFORMATION ON HOW TO APPLY TO ADDITIONAL PROJECT-BASED PROPERTIES WITH OWNER-MAINTAINED WAITLISTS, PLEASE CONTACT BERKSHIRE HOUSING DEVELOPMENT CORPORATION AT (413) 499-4887.**

✓	Community	Property/Street		Elderly Only	Supportive Services Provided	Number of Units by Bedroom Size						
						SRO	ESRO	Studio	1 BR	2 BR	3 BR	4+ BR
<input type="checkbox"/>	Lee	57 Main Street							2	2		
<input type="checkbox"/>	Pittsfield	Rice Silk Mill 55 Spring Street								3	2	
<input type="checkbox"/>	Pittsfield	YMCA					30					
<input type="checkbox"/>	Pittsfield	Brattlebrook Village								5	3	
<input type="checkbox"/>	Gt. Barrington	Bostwick Gardens		Yes	Yes				6	2		

\*Applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference.

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state, call the number at the top of this form or visit the Housing Consumer Education Center website at [www.masshousinginfo.org](http://www.masshousinginfo.org).

## Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date