

SMOKE FREE  
PROPERTY

### RENTAL APPLICATION

Highland Woods  
110 Church Street  
Williamstown, 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. If you believe that due to your income, you are qualified for a subsidy through the Massachusetts Rental Voucher Program please check here:

Please indicate bedroom size you are applying for:

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) 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 be related to you.**

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

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

**9) Expenses:** Do you pay for 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) Does your present apartment contain health code violations? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, please describe\_\_\_\_\_

13) Is your present apartment too small for your family Yes \_\_\_ No\_\_\_

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

15) 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\_\_\_\_\_

16) How did you hear about Highland Woods? \_\_\_\_\_

17) 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.

18) 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. 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.”

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 Highland Woods.

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



**All family members age 18 or older must complete this form. NO CHANGES TO FORM**



Berkshire  
Housing  
Services, Inc.

P.O. Box 1180, Pittsfield, MA 01202-1180  
Tel 413-499-1630 Fax 413-445-7633 www.berkshirehousing.com

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**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the above named individual, have authorized the Berkshire Housing Services Inc. to verify with the following sources, the accuracy of the information, which I have provided.

- Employers
- Public Benefits (DET; DTA; Soc. Sec.; VA Benefits, former state or federal assisted tenancies)
- Other Federal, State or Municipal Pensions
- Account balances and interest earned on accounts
- Dividends on investments
- Income from trust funds
- Credit Report/Criminal Record Check
- Lottery Proceeds
- Child Support Payments / Alimony
- Income from Annuities, Private Pensions, IRA's, or 401K Plans
- Workmen's Comp or other health / accident payments in lieu of earnings
- Regular allowance, gifts, or monetary contributions to household
- Income from self-employed business or profession
- Student Status / Scholarship information from Schools

I authorize you to release the information requested on the attached form to the Berkshire Housing Services Inc., subject to the conditions that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for you assistance and cooperation in this matter.

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SIGNATURE

DATE SIGNED

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED**



**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**
	<b>Head</b>					

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 ALL 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 <b>MUST</b> 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 <b>reside</b> 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 <b>work</b> 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 <b>have a child who attends school</b> 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:** \_\_\_\_\_

