

Date and Time
Received

Rental Application for Bradford Apartment, South Barre, MA

If you have a disability and as a result of your disability you need a reasonable accommodation in order to participate in the application process, you have the right to request such an accommodation. Contact the Management Office on page 5.

Bedroom Size Requested: Two BR Three BR Accessible BR

1) **HOUSEHOLD COMPOSITION & CHARACTERISTICS:**

Complete the following information for each member of your household (including yourself) who will be occupying the apartment. All children expected to reside in the unit must be counted (e.g., unborn children; children in the process of being adopted; children who are subject to a joint custody agreement and live in the unit at least 50% of the time).

Name	Relation to Head	Birth Date MM/DD/YYYY	Marital Status	Gender	Social Security #	Full-Time Student?	U.S. Military Veteran?
	HEAD			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Birth Certificates and Social Security Cards must be provided prior to admission for ALL household members)

- 2) Will **ALL** of the persons in the household be or have been full-time students during five calendar months of the year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES _____ NO _____
- If YES, answer the following questions:
- Are any full-time student(s) married and filing a joint tax return? YES _____ NO _____
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES _____ NO _____
- Are any full-time student(s) a TANF or a title IV recipient? YES _____ NO _____
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? YES _____ NO _____
- Has any student formerly received foster care assistance? YES _____ NO _____

3) **PRESENT ADDRESS:**

STREET _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: HOME _____ CELL _____ WORK _____

- 4) Do you or anyone in your household have a disability requiring the features of a mobility impaired/handicap unit? YES _____ NO _____ If YES, you will be required to verify this prior to acceptance.
- 5) Are all household members U.S. Citizens or Permanent Residents? YES _____ NO _____
If you are a Permanent Resident, please list Alien Registration Number _____
(In order to be eligible to receive housing assistance, each applicant must be lawfully within the U.S.)

6) Are you applying for status as an elderly household where the Tenant or Co-Tenant is 62 years or older and/or disabled as defined by HUD? YES _____ NO _____
If so, you may qualify for certain medical expenses. Please realize that eligibility **MUST** be verified.

7) Do you anticipate any changes in your household composition in the next twelve months? YES _____ NO _____
If yes, please explain _____

8) **RENTAL HISTORY:** Do you Presently: (Check those which apply)
Own your own home _____ Rent _____ Live with others _____ Who? _____
Other living arrangements _____ Explain _____

9) **PRESENT AND PREVIOUS ADDRESSES - include 5 years rental history:**
(if more space needed, please attach separate sheet)

From _____ to Present	Current Monthly Rent Amount _____
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: () _____	Reason for Leaving? _____

From _____ to _____	
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: () _____	Reason for Leaving? _____

From _____ to _____	
Address: Street _____	City _____ State _____ Zip _____
Landlord: _____	
Address: Street _____	City _____ State _____ Zip _____
Phone: () _____	Reason for Leaving? _____

10) Do you NOW or have you EVER lived in subsidized housing? YES _____ NO _____
If YES, **WHERE** _____
STREET CITY STATE ZIP
WHEN: FROM _____ TO _____
REASON FOR MOVING _____

11) Have you ever been evicted? YES _____ NO _____
If yes, please explain _____

12) Has any household member listed in Question 1 ever been CONVICTED of a crime? YES _____ NO _____
If YES, indicate if the conviction(s) was/were a felony, misdemeanor or both: ___ Felony ___ Misdemeanor ___ Both

13) Do any household members listed in Question 1 currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? YES _____ NO _____

14) Are you or any member of your household subject to a lifetime sex offender registration requirement in ANY state?
YES _____ NO _____ If YES, list household member(s) _____
Please list **ALL STATES** in which any household member listed in Question 1 has resided: _____

15) Are you being forced to move from your home? YES _____ NO _____ If Yes, explain _____

16) Are any family members temporarily absent from the home? YES _____ NO _____
If Yes, explain: _____

17) **EMPLOYMENT:**

Does anyone listed in question #1 have paid employment? YES _____ NO _____ If yes, please specify:

Applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Co-applicant _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

Other(who?) _____ POSITION _____ EMPLOYER NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

18) **GROSS MONTHLY INCOME:**

	List Amount Per Month	Applicant	Co-Applicant	Other (WHO?)
A.	Social Security	\$	\$	\$
B.	Supplemental Security Income (SSI)	\$	\$	\$
C.	State Supplemental Payment (SSP)	\$	\$	\$
D.	Salary* (Employment Income)	\$	\$	\$
E.	Pension/Retirement	\$	\$	\$
F.	Veterans Benefits	\$	\$	\$
G.	Unemployment	\$	\$	\$
H.	Workmen's Comp	\$	\$	\$
I.	Military Pay	\$	\$	\$
J.	TANF / AFDC/ Public Assistance / EAEDC	\$	\$	\$
K.	Child Support	\$	\$	\$
L.	Alimony	\$	\$	\$
M.	Other (Specify: _____) per month	\$	\$	\$
*PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER				

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

- 19) Do you expect a leave of absence from work due to lay-off, medical, maternity or military leave? _____
- 20) Now receive or expect to receive unemployment benefits? _____
- 21) Are you **legally entitled** to receive child support? _____
- 22) Do you receive child support? _____
- 23) Are you **legally entitled** to receive alimony? _____
- 24) Do you receive alimony? _____
- 25) Now receive or expect to receive public assistance (TANF/General Assistance)? _____
- 26) Now receive or expect to receive Social Security or disability benefits? _____
- 27) Now receive or expect to receive income from a pension or annuity? _____
- 28) Now receive or expect to receive income or assistance (**monetary or not**) from someone who is not listed in question 1? _____
- 29) Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds or income from rental property? _____
- 30) Own real estate or any assets for which you receive no income (checking account, cash)? _____

31) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? (*This includes E-payment accounts, Direct Express Debit Cards and Debit Cards*) _____ Yes _____ No **If YES, please list:**

Owner of Account	Bank Name	Type of Acct.	Account #	Interest Rate	Balance
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$
			#	%	\$

32) Does anyone listed in question #1 have Certificates of Deposit? YES _____ NO _____

If yes, please specify:

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____
Name of Bank _____

Rate of Interest _____ Term of CD _____ Amount \$ _____ Principal CD# _____
Name of Bank _____

33) Does anyone listed in question #1 own any Stock/Bonds? YES _____ NO _____

If yes on Stocks, please specify:

Name of Company _____ #of share of stock _____
Dividend Paid \$ _____ Per _____

If yes on Bonds, please specify:

Paying Company _____ Interest _____
Earned _____ per _____ Value _____

34) Does anyone listed in question #1 own U.S. Savings Bonds? YES _____ NO _____

If yes, please list on a separate sheet of paper: Who, Date of Purchase, Series # and Amount. Attach to your application.

35) Does anyone listed in question #1 have Whole Life Insurance? YES _____ NO _____

Name on Policy _____ Policy # _____ Cash Value\$ _____
Name on Policy _____ Policy # _____ Cash Value\$ _____
Name on Policy _____ Policy # _____ Cash Value\$ _____

36) Does anyone listed in question #1 have any other assets? YES _____ NO _____

If yes, please specify: _____

37) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?

YES _____ NO _____ If yes, please specify: Type of Asset _____
Date Disposed _____
Dollar Amount Received \$ _____ Market Value \$ _____

38) Do you own any real estate? YES _____ NO _____ If other than your present address, please specify:

If YES, please include verification (letter from Realtor or Appraiser stating an opinion of value of your property, tax assessment bill, etc.)

39) Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed in question #1? YES _____ NO _____ If yes, describe _____

Do they have access to the asset(s)? YES _____ NO _____

40) Do you expect any **change in your income or assets during the next 12 months?** YES _____ NO _____
If yes, please explain _____

41) Do you own a pet? YES _____ NO _____ If yes, describe _____

42) Please give three (3) references (**other than family members or friends**):

Name	Relationship	Address	Phone

43) How did you hear about our property? _____

44) *Ethnicity (please choose only one): Hispanic or Latino Non-Hispanic or Latino

45) *Race/national origin (please choose one or more):

- White Black/African American American Indian or Alaskan Native
 Asian Native Hawaiian or Pacific Islander Other

*The information regarding ethnicity, race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the US Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our permanent residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We understand that false statements or information are punishable under Federal law and will lead to cancellation of this application. All adult applicants, 18 or older, must sign application.

Applicant Signature

Date

Co-Applicant Signature

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

**Please Return Completed Application to:
 Barre Housing Authority
 149 Grandview Terrace
 Barre, MA 01005
 (978) 355-6643**



Barre Housing Authority does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, sex, gender identity or expression, sexual orientation, familial status, marital status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy.