

Date Received: _____
(For office use only)



Huntington, MA Waitlist Application

6 Blandford Hill Rd. Huntington, MA 01050

For information: (413)296-4536 x 105



Equal Housing Opportunity Program

Drop off: Hilltown Community Development Corporation, 387 Main Road, Chesterfield MA 01012

Mail to: Hilltown CDC, PO Box 17, Chesterfield, MA 01012

Email: kristephers@hilltowncdc.org

Fax to: 413 - 296 - 4020

All information provided herein is private and confidential and for the use of the owner and agent in the processing of this application. Hilltown CDC does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability (except disabled individuals will be given preference for special needs units), marital status, familial status, sexual orientation, or military status, in any of its activities or operations.

You may request help completing this application. If necessary, persons with disabilities may ask for this application in large print type, or other alternative formats.

This application must be filled out completely and relevant documentation must be submitted to secure a place on the waitlist.

Head of household name: _____

Address: _____

Mailing address (if different from home): _____

Telephone # (home): _____ **(cell):** _____ **Email:** _____

Please list all persons in household:

Full legal name of each person in household	Relationship to applicant	Birth Date	Sex	Social Security number	Veteran Y/N	Full-time student? Y/N
Head:	Self					

Size of apartment requested: 2BR: _____

Do you presently rent _____, own your home _____, or other _____ (please check one)

If other, please explain _____

Time at present address: _____ (years, months) Present rent amount \$ _____

Utilities included? Yes ___ No ___ If no, list what you pay for _____

Do you have a housing choice voucher? Yes ___ No ___

Do you have pets? Yes ___ No ___ If yes, please describe and give approximate weight of animal(s)

A separate pet application is required and will be provided upon request.

Present landlord's name: _____

Address: _____

Phone number: _____

Your previous address: _____

Previous landlord's name: _____

Address: _____

Phone number: _____

Rent: \$ _____ Time rented: _____ (years, months)

Utilities paid: _____

Why do you want to relocate? _____

Please list three personal references (not relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Have you or any member of your household who will live in the unit ever been convicted of a felony?

Yes ___ No ___ If yes, please provide date(s) and details: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

Yes ___ No ___ If yes, please provide details: _____

Please use this space to tell us anything additional about your application/household/circumstances:

Certification: Your signature(s) below certifies that the statements made above are true, correct, and gives consent to the management to verify the information contained in this written application.

Applicant #1 signature: _____ Date: _____

Applicant #2 signature: _____ Date: _____

How did you learn about this housing opportunity?

Newspaper: _____ Driving by: _____ Friend: _____

Other: _____

Do you require any special features or accommodation due to a disability?

Yes _____ No _____

Does any member of the household qualify for and desire a mobility-adapted unit?

Yes _____ No _____

Does any member of the household require the use of a wheelchair?

Yes _____ No _____

Does any member of the household require the unit be specially adapted due to a sensory impairment (i.e., deaf, blind)?

Yes _____ No _____

Any disabled person is entitled to request a reasonable accommodation of the rules, policies, practices, or services or may request a reasonable modification of the housing when necessary to afford the disabled person equal opportunity to use and enjoy the housing.

The following questions are voluntary and will not be used to qualify applicants.

The information below regarding race, national origin, and sex designation solicited on this application is requested to assure government agencies that the Owner complies with laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, familial status, age, and ability.

Race (check all that apply)

Asian/Pacific Islander: _____ American Indian/Alaskan Native: _____

African American: _____ White/Caucasian: _____

Ethnicity

Hispanic: _____ Non-Hispanic: _____

Income Certification

A required part of the application process and annual lease renewal is to complete an Income and Asset Certification. All household income and assets for household members 18 years of age or older must be reported and documented.

At the time of application, please submit a copy of your most recent federal tax return. If you do not file tax returns, please check here: _____

If you receive Social Security, please submit a copy of most recent award benefit letter. Please list your sources of income and **gross** amount of income in the spaces below (for example, social security, pension, wages, interest income, etc.).

Applicant #1:

Source of income: 1. _____ Monthly amount: _____
2. _____ Monthly amount: _____
3. _____ Monthly amount: _____

Applicant #2:

Source of income: 1. _____ Monthly amount: _____
2. _____ Monthly amount: _____
3. _____ Monthly amount: _____

Please note that three of the four apartments in Huntington have gross, annual income limits that must be at or below the level listed for the number of people in the household upon acceptance. The remaining unit is not subject to income limitation.

1 Person: \$47,150 2 People: \$53,850 3 People: \$60,600 4 People: \$67,300

The information given in this application will be used only to determine eligibility for participation in the Huntington waitlists and further income verification may be required before any offer of tenancy. All information will be confidential. This is an equal opportunity program. Discrimination is prohibited by Federal Law.

I/We, _____, living at _____

certify that my/our gross annual household income is at or below the level listed for the number of persons in my/our household, and understand this statement is subject to verification:

One-person	Two-person	Three-person	Four-person
Under \$47,150 ____	Under \$53,850 ____	Under \$60,600 ____	Under \$67,300 ____
Over \$47,150 ____	Over \$53,850 ____	Over \$60,600 ____	Over \$67,300 ____

Signature: _____ Date: _____

Signature: _____ Date: _____

Applicant Certification.

Please read before signing below.

I/We certify that the information given on this application is true and complete to the best of my/our knowledge and belief. I/We certify that I/we understand that false statements on information are punishable under applicable State or Federal Law.

I/We understand this is not an offer of housing. Based on this application I/we understand that I/we should not make plans to move or end present tenancy until presented with a written offer from Hilltown CDC. I/We understand that it is my/our responsibility to inform Hilltown CDC of any change of address, income, or household composition. I authorize Hilltown CDC to verify information given in this application and understand that false statements or misrepresentations may result in the denial of my/our application. I understand Hilltown CDC will perform background checks on applicants (you may request a copy of Hilltown CDC's screening policy).

All applicants 18 years of age or older must sign below.

Signed under pains and penalties of perjury.

Head of household signature

Date

Co-applicant Signature

Date



Enriching lives in a rural economy

Authorization to Release Information and Waiver of Confidentiality

Please complete a separate form for each member of your household 18 years of age or older

To Whom It May Concern,

This is to notify you that I, _____, currently living at _____, authorize the staff of Hilltown Community Development Corporation, at 387 Main Road, Chesterfield, MA 01012, to request records and information about me, including

- The amount and sources of my income
- Information concerning my assets
- Job-related information
- Credit checks

and other confidential information.

This document or a facsimile of it will be valid for 12 months following the date below.

Print Name: _____

Sign Name: _____

Date: _____