

Date Received: \_\_\_\_\_  
(For office use only)



## Westhampton Woods Senior Housing Waitlist Application

13 Main Road  
Westhampton, MA 01027

For information: 413 – 296 – 4536 x 105



Which waitlist are you interested in? Choose one, or both:

\_\_\_\_\_ Phase I (units A – H)      \_\_\_\_\_ Phase II (units I – P)

**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, marital 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.*

*Housing at Westhampton Woods is limited to families with at least one member who is 62 years of age or older. This application must be filled out completely and relevant documentation must be submitted to secure a place on the waitlist.*

**Applicant #1 Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_ **age:** \_\_\_\_\_

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

**Mailing address (if different from home):** \_\_\_\_\_

**Telephone # (home):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Applicant #2 Name** (if applicable): \_\_\_\_\_

SS#: \_\_\_\_\_ date of birth: \_\_\_\_\_ age: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

If other, please explain \_\_\_\_\_

Time at present address: \_\_\_\_\_ (years, months) If renting, how much per month: \$ \_\_\_\_\_

Utilities included? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list what you pay for \_\_\_\_\_

Do you currently 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 to Westhampton Woods Senior Housing? \_\_\_\_\_

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: \_\_\_\_\_

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

Applicant #1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

If anyone has helped you or completed this initial written application for you, please give their name, address, telephone number, and relationship below:

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

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

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you learn about this housing opportunity?

Newspaper: \_\_\_\_\_ Driving by: \_\_\_\_\_ Friend: \_\_\_\_\_ Other: \_\_\_\_\_

Does any member of the household require special features or accommodations due to disability?

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

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/Black: \_\_\_\_\_ White/Caucasian: \_\_\_\_\_

Ethnicity

Hispanic: \_\_\_\_\_ Non-Hispanic: \_\_\_\_\_

## Income Certification

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 amount of income in the spaces below (for example, social security, pension, wages, interest income, IRA distribution, 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: \_\_\_\_\_

The information given in this application will be used only to determine eligibility for participation in the Westhampton Woods 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 household: \$17,700 \_\_\_\_\_ Two-person household: \$20,200 \_\_\_\_\_

\$29,450 \_\_\_\_\_ \$33,650 \_\_\_\_\_

\$35,340 \_\_\_\_\_ \$40,380 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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.*

**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 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: \_\_\_\_\_