

Rental Application

Please Print Clearly

This is an application for an apartment at:

Please complete this application and return to:

Mountain View Apartments

21 Campus Plaza Road
Hadley, MA 01035

Way Finders, INC.

Property Management Department

12 Longmeadow Drive
Amherst, MA 01002

An applicant may be interviewed only after the receipt of this tenant application.

A. General Information

ApplicantName(s): _____

Address: _____

Street

Apt.#

City

State

ZIP

Best Phone #: _____ Email: _____

Do any household members smoke? _____

Name and phone number of a friend or relative we can contact if we are unable to reach you at the above numbers.

Name _____ Phone _____

How did you hear about us? _____

B. HOUSING STATUS

How many people reside in your home? _____

Why do you wish to move? _____

How long have you resided at your current address? _____

Are you being evicted? _____ If yes, explain _____

Are you displaced? _____ If yes, explain _____

Are you currently living in a government-subsidized unit? _____

Are you legally capable of entering into a lease agreement? _____

Present Landlord _____ Phone _____
 Present Address _____
 Previous Landlord _____ Phone _____
 Previous Address _____
 Previous Landlord _____ Phone _____
 Previous Address _____
 Credit References _____

C. FAMILY OR HOUSEHOLD COMPOSITION

| Full Name | Relationship | Birth date | Age | Sex | SS# |
|-----------|-------------------|------------|-------|-------|-------|
| (1) _____ | Head of Household | _____ | _____ | _____ | _____ |
| (2) _____ | | | | | |
| (3) _____ | | | | | |
| (4) _____ | | | | | |
| (5) _____ | | | | | |

OTHER SOURCES OF INCOME

(Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment, Baby-sitting, Care-taking, Alimony, Child Support, Scholarships, and/or Grants.)

| Household Member | Employer & Address to verify information | Gross earning per week (before taxes) |
|------------------|--|---------------------------------------|
| | | |
| | | |

| Household Member | Sources | Amounts |
|------------------|---------|---------|
| | | \$ per |
| | | \$ per |
| | | \$ per |

MEDICAL EXPENSE INFORMATION

This information is needed only if tenant or co-tenant is 62 or older, handicapped, or disabled. Please list Health Insurance Company, ID#, and your premium.

| | |
|------------------------|---------------------------|
| Doctors Name & Address | Pharmacist Name & Address |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ASSETS

| Name/Address of Bank | Type of Account | Balance | Interest Rate |
|----------------------|-----------------|---------|---------------|
| | | | |
| | | | |

Do you own stocks or bonds? _____ Do you own real estate? _____

If yes to either question, please explain, listing the market value: _____

Have you disposed of an asset within the last years? _____ If so, Please answer the following:

Market value at time of disposal or sale _____

Amount sold for _____

Date disposed of or sold _____

CHILD CARE

This information is needed only for children under the age of 13.

Do you pay for baby-sitting? _____

How much? _____ Per _____

Name of baby-sitter and Address _____

PROGRAM INFORMATION

Are you applying for status as an elderly household where the tenant or co-tenant is 62 plus years old or handicapped or disabled? If so, are you aware you will receive a \$400.00 elderly household and medical deduction? If so, please indicate _____. Please be aware that eligibility must be verified. Handicapped or disabled applicants do not have to be 62 years old to apply for this status. They may be any age.

Do you request a handicap (barrier free) unit? _____

Do you request and modifications of an apartment? _____

Are you currently using an illegal controlled substance? _____

Do you have a previous conviction of same? _____

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance? _____

ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSES

Amount over 5 of adjusted income can be deducted for each handicapped member of family to the extent necessary to enable any member of same family (including handicapped member) to be employed.

List total amount paid _____

To whom paid to _____

Signature

Date

Signature

Date

"The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure in order to assure the Federal Government, acting through its USDA/RD, 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 encourage to do so, This information will not be used in evaluating your application or to discriminate against you in any way, However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname."

The following information is required for statistical purposes so USDA/RD may determine the degree to which its programs are utilized by minority families.

Hispanic or Latino ___ Native Hawaiian ___ Black or African American ___

American Indian/Alaskan Native ___ Asian ___ White ___

Male ___ Female ___

I/we, _____ do hereby authorize the management agent Way Finders Inc. to investigate my/our credit rating and my/our current and past rental record. The information obtained will be used for management purposes only. Furthermore, I/we certify that the housing I/we will occupy will be my/our permanent residence and that I/we do/will not maintain a separate rental unit in a different location.

* Signaure Date

* Signaure Date

**Both Applicants MUST sign.*