

NOW ACCEPTING APPLICATIONS FOR THE LOTTERY!

Rosewood Way

Dear Applicant:

Thank you for your interest in Rosewood Way Townhouses! We look forward to the opportunity to serve you and your family's housing needs.

Enclosed please find our community flyer and the application packet. It is important that you fully understand the application as well as all documents enclosed. Plan on joining our public **Information Webinar** live on Zoom, or view the recorded presentation on our website: Wayfinders.org. Webinars will be held on March 20, 26, and 30, 2024. One webinar will have Spanish interpretation.

If someone within your household has a disability or limited English proficiency, and need assistance completing the application and/or require any assistance during the application process, please call 413-233-1705. We will be happy to assist you.

Please be aware that our resident selection criteria include suitability and eligibility requirements, including tenant income certification and student status rules. **You must answer every question asked in this packet.** If a question is not applicable to your household, please type or neatly write "N/A" rather than leaving anything blank. **If all sections are not completed, the incomplete application will be returned to you for completion and may not be included into the lottery.**

As stated within the local preference election section in the application, applicants who submit documentation verifying qualification of the local preference will receive priority for some of the available units. This documentation must be included with the complete application packet.

To be included in the LOTTERY, your application MUST be RECEIVED on or BEFORE the APPLICATION DEADLINE: May 1, 2024

Submit Your Application!

BY MAIL: 1780 MAIN ST.
SPRINGFIELD, MA 01103

SCAN TO
APPLY
ONLINE:



NOTE: ONLY ONE APPLICATION MAY BE SUBMITTED BY A HOUSEHOLD.

Any additional application(s) received for a household will not be added to the lottery/waitlist.

Upon receipt of a complete application packet, we will send a notice with your lottery registration number to the email address listed on your application or mailing address if no email is listed.

Any application received after the application deadline will be added to a "post lottery" wait list which will be processed only after all lottery applications are processed.

The LOTTERY DRAWING

be held PUBLICLY VIA ZOOM on June 3, 2024.

The results will be posted on our website WWW.WAYFINDERS.ORG





ROSEWOOD WAY TOWNHOMES RENTAL APPLICATION FOR AFFORDABLE APARTMENTS

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un document importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

This is an application for an apartment at:

Rosewood Way Townhomes
586 Mill Street, Lot 4
Agawam MA 01001

Please complete this application and return to:

Property Management Department Way
Finders, INC.
1780 Main Street
Springfield, MA 01103

Or complete online: <http://tinyurl.com/RosewoodWay>

Attachment REASONABLE ACCOMMODATION

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

A. General Information

Applicant Name(s): _____

Address: _____

| | | | | | |
|--|--------|-------|------|-------|-----|
| | Street | Apt.# | City | State | ZIP |
|--|--------|-------|------|-------|-----|

Best Phone #: _____ Email: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV):\$ _____

Bedroom size requested: One-bedroom Two-bedroom Three-bedroom Wheel-chair Accessible

Do you receive **mobile** Section 8 or other **mobile** rental assistance? Yes No

Do you meet any of the following:

- ___ homeless due to displacement by Natural Forces
- ___ homeless due to displacement by Public Action (Urban Renewal)
- ___ homeless due to displacement by Public Action (Sanitary Code Violations)
- ___ Involuntary Displacement by Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking
- ___ reside in emergency shelter
- ___ living with another family
- ___ at risk of homelessness (see definition below*)

* At risk of homelessness means: An individual or family who: (1) Has income below 30 percent of median income for the geographic area; and (2) Has insufficient resources immediately available to attain housing stability, meaning the individual or family does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter; and (3) Meets one of the following conditions: (A) has moved frequently because of economic reasons; (B) is living in the home of another because of economic hardship; (C) has been notified that their right to occupy their current housing or living situation will be terminated; (D) lives in a hotel or motel; (E) lives in severely overcrowded housing; (F) is exiting an institution; or (G) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness. See 24 CFR § 576.2

HOW DID YOU HEAR ABOUT US?

Disclosure of the social security number for every member of the household is required, except where a household member is not contending eligible immigration status.

If you do not have a social security number, were you 62 years of age or older as of January 31, 2010, and receiving HUD rental assistance at another location on January 31, 2010? Yes No

B. Household Composition

| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain: _____

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain: _____

C. Income

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |

| | | |
|------------------------|--------------------|-----------------|
| Household Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|------------------------|--------------------|-----------------|
| Household Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|------------------------|--------------------|-----------------|
| Household Member Name: | Source of Income: | Monthly Amount: |
| | Employment amount: | \$ |
| | Employer: | |
| Employment Address: | Telephone #: | |
| | How long employed: | Position: Held |

| | | |
|--|--|----|
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you are <i>entitled</i> to receive: | \$ |
| | Do you receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you receive: | \$ |

| | | |
|--|--|----|
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you are <i>entitled</i> to receive: | \$ |
| | Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you receive: | \$ |

| | | |
|--|---------------|----|
| | Other Income: | \$ |
| | Other Income: | \$ |
| | Other Income: | \$ |



| | | |
|---|------------------------------|-----------------------------|
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | \$ | |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | \$ | |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |

D. Assets

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

Checking Accounts:

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

Savings Accounts:

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |

| | | |
|--------------------------------|------------|------------|
| Name of person on the account: | | |
| Account# | Bank Name: | Balance \$ |
| Location & Address: | | |



Trust Account

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Certificates of Deposit

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Credit Union

| | | |
|---|-------|------------|
| # | Bank: | Balance \$ |
| # | Bank: | Balance \$ |

Savings Bonds

| | | |
|---|----------------|----------|
| # | Maturity Date: | Value \$ |
| # | Maturity Date: | Value \$ |

Life Insurance Policy

| | |
|---|---------------|
| # | Cash Value \$ |
| # | Cash Value \$ |

Mutual Funds

| | | | |
|-------|----------|---------------------|---------|
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |

Stocks

| | | | |
|-------|----------|------------------|---------|
| Name: | #Shares: | Dividend Paid \$ | Value\$ |
| Name: | #Shares: | Dividend Paid \$ | Value\$ |
| Name: | #Shares: | Dividend Paid \$ | Value\$ |

Bonds

| | | | |
|-------|----------|---------------------|---------|
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |
| Name: | #Shares: | Interest/Dividend\$ | Value\$ |

Real Estate Property

| | |
|---|--|
| Do you own any property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property: | |
| Location of property: | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |
| Investment Property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Address: | Value \$ |
| Rental Income: | \$ |

| | |
|---|--|
| 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 on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe: | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Type of property: | |
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe the asset: | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list: | |

E. Additional Information

Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe: _____

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe: _____

Have you ever filed for bankruptcy? Yes No

If yes, describe: _____

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying: _____

Is any member of the household subject to a State lifetime sex offender registration in any state? Yes No

List all states where all household members have resided:

F. Reference Information

| | | | | |
|------------------|-------------|--|-------------|--|
| Current Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | How long? | | | |
| Prior Landlord | Name: | | | |
| | Address: | | | |
| | Home Phone: | | Bus. Phone: | |
| | How long? | | | |

| | |
|----------------------|----------|
| Credit Reference #1: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #2: | |
| Address: | |
| Account #: | Phone #: |
| Credit Reference #3: | |
| Address: | |
| Account #: | Phone #: |



| | |
|------------------------------|----------|
| Personal Reference #1: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government 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.

The following information is requested for statistical purposes to determine the degree to which its programs are utilized by minority families and certain ethnic groups.

Hispanic or Latino Yes No

Native Hawaiian or Pacific Islander _____ Black or African American _____

American Indian/Alaskan Native _____ Asian _____ White _____ Other _____

Male _____ Female _____ Primary Language _____

Do you request a wheel-chair accessible unit? _____

Do you request any modifications of an apartment? _____

Do you have sensory impairments that require special features in 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?

Do any household members smoke? _____



G. Vehicle Information

(if applicable)

| | |
|---|-------------------|
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate#: |
| Year/Make: | Color: |
| Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe: |

H. Certification

I/We hereby certify that I/We Do/Will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

| | |
|-----------------------|-------|
| _____ | _____ |
| (Signature of Tenant) | Date |
| _____ | _____ |
| (Signature of Tenant) | Date |

NOTICE TO APPLICANTS WITH DISABILITIES REGARDING

REASONABLE ACCOMMODATION

Way Finders, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, gender identity, genetic information, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference in its management of rental housing. Consistent with applicable law, Way Finders will provide a reasonable accommodation to applicants if they or any household members have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is some modification that Way Finders can make to the apartments it manages or in its rules or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the housing, provided that the change does not pose an undue financial or administrative burden to Way Finders or require a fundamental change in its program. A reasonable accommodation may include providing an appropriate auxiliary aid to an applicant with a disability where such assistance is necessary to enable effective communication with the applicant.

Examples of reasonable accommodation include:

- Installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview.

An Applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example, they must be able to pay rent, to care for their apartment, to report required information to Way Finders, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after you have moved in. We prefer that you make the request by completing our Request for Reasonable Accommodation form, but you do not have to use our form to make the request. Of course, if you would prefer not to discuss your disability with Way Finders, that is your right.

You can get a Request for Reasonable Accommodation form at Way Finders' Corporate Office, at 1780 Main Street Springfield, MA 01103 or by calling (413) 233-1500 or TTY# (413) 233-1699. If you need help filling out the form or need to submit your request in some other way, please call the above numbers.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.