

WAITING LIST RENTAL APPLICATION

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.

DESIRED PROPERTY NAME:	
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Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Criteria.		
1st Choice: Studio or #____ Bedroom(s)	2nd Choice: Studio or #____ Bedroom(s)	3rd Choice: Studio or #____ Bedroom(s)

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

Applicant Information				
Full Name:				
Email Address:		Best Phone Number:		
Current Address:				
Date of Birth:		Social security/Alien reg. #:		
Sex:	Race:	Ethnicity:	Are you a full-time student?	Are you disabled?
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	<input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> None <input type="checkbox"/> Decline to Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Household Composition				
Co-Applicant Name:				
Email Address:			Best Phone Number:	
Relationship to Applicant:		Date of Birth:		Social security/Alien reg. #:
Sex:	Race:	Ethnicity:	Is this person a full-time student?	Is this person disabled?
_____ Male	_____ America Indian/Alaska Native	_____ Hispanic/Latino	_____ Yes	_____ Yes
_____ Female	_____ Asian	_____ None	_____ No	_____ No
_____ Other	_____ Black or African American	_____ Decline to Disclose		
_____ Decline to Report	_____ Native Hawaiian or Other Pacific Islander			
	_____ White			
	_____ Other			
	_____ Decline to Report			
Household Member 3:				
Relationship to Applicant:		Date of Birth:		Social security/Alien reg. #:
Sex:	Race:	Ethnicity:	Is this person a full-time student?	Is this person disabled?
_____ Male	_____ America Indian/Alaska Native	_____ Hispanic/Latino	_____ Yes	_____ Yes
_____ Female	_____ Asian	_____ None	_____ No	_____ No
_____ Other	_____ Black or African American	_____ Decline to Disclose		
_____ Decline to Report	_____ Native Hawaiian or Other Pacific Islander			
	_____ White			
	_____ Other			
	_____ Decline to Report			



Household Member 4:				
Relationship to Applicant:		Date of Birth:	Social security/Alien reg. #:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Race: <input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> None <input type="checkbox"/> Decline to Report	Is this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member 5:				
Relationship to Applicant:		Date of Birth:	Social security/Alien reg. #:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Race: <input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> None <input type="checkbox"/> Decline to Report	Is this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No



Household Member 6:				
Relationship to Applicant:		Date of Birth:		Social security/Alien reg. #:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Race: <input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> None <input type="checkbox"/> Decline to Report	Is this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member 7:				
Relationship to Applicant:		Date of Birth:		Social security/Alien reg. #:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Race: <input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Report	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> None <input type="checkbox"/> Decline to Report	Is this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No



Household Member 8:				
Relationship to Applicant:		Date of Birth:	Social security/Alien reg. #:	
Sex:	Race:	Ethnicity:	Is this person a full-time student?	Is this person disabled?
<input type="checkbox"/> Male	<input type="checkbox"/> America Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> None	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Decline to Report		
<input type="checkbox"/> Decline to Report	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
	<input type="checkbox"/> White			
	<input type="checkbox"/> Other			
	<input type="checkbox"/> Decline to Report			

Vehicle Information			
Make:		Model:	
Color:	Year:	License Plate State:	License Plate Number:

Pets/Assistance Animals:			
Do you have any Pets?	# of Pets:	Description/Pet Breed:	Do you have a Service Animal:
<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
<input type="checkbox"/> No			<input type="checkbox"/> No



Residency Information (Past Three Years)				
Current Full Address:				Own, Rent, or Other:
Landlord Name:	Landlord Phone:	Move in Date:	Move Out Date:	Monthly Rent/Mortgage:
Past Full Address:				Own, Rent, or Other:
Landlord Name:	Landlord Phone:	Move in Date:	Move Out Date:	Monthly Rent/Mortgage:

Student Information				
Does this household contain all full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive)?				
Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.				
Member Name:		Member Name:		
Institution:		Institution:		
<input type="checkbox"/>	Full Time	Or	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Full Time	Or	<input type="checkbox"/>	Part Time

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.	
Would you or anyone in your household benefit from an apartment with special features?	
Do you require mobility impaired upgrades?	_____ Yes _____ No
Do you require hearing impaired upgrades?	_____ Yes _____ No
Do you require vision impaired upgrades?	_____ Yes _____ No
Do you request any additional modifications of a unit?	_____ Yes _____ No



Household Questions	Y/N	Explain
Do you expect any additions to the household within the next twelve months?		Name of New Member:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver:
Do you currently live in housing where your rent goes up or down when your income goes up or down (i.e., you have a voucher, like Section 8, or live in public housing)?		Please Explain:
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?		Please Explain:
Is there any member of the household legally entitled to receive income assistance?		Please Explain:
Does any member of your household smoke?		Name the Member:

Criminal History	Y/N	If Yes Explain
Is any member of your household subject to any state sex offender or violent offender lifetime registration requirement?		
Is any member of your household currently using, selling, distributing or in possession of an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?		
Are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household members?		
Have you or any household member ever been convicted of a drug-related offense?		



Household Gross Income		
Member Name	Income Type	Annual Amount

Farm Labor Income
What type of income is this?
Who does this income belong to?
What is the name of this farm?
What is the telephone number of this farm?
How often is this person paid?
On average, what is the gross amount this person receives on each paycheck before taxes and deductions? (Include any overtime, tips, and commissions):



Household Assets				
Member Name	Asset Type	Value	Interest Earned	Cost to Convert

Homelessness Questions:

* For an individual or family to qualify as “at risk of homelessness”, the individual or family must exhibit one or more specified risk factors: (1) the individual or family has income below 30 percent of median income for the geographic area; and (2) the individual or family 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. (3) has moved frequently because of economic reasons; (4) is living in the home of another because of economic hardship; (5) has been notified that their right to occupy their current housing or living situation will be terminated; (6) lives in a hotel or motel; (7) lives in severely overcrowded housing; (8) is exiting an institution; or (9) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Do you meet any of the following:

- Reside in Emergency Shelter Yes No
- Living With Another Family Yes No
- At risk of Homelessness (See Definition Above*) Yes No
- Eligible for educational or economic self-sufficiency program. If enrolled in educational/economic self-sufficiency program, please provide documentation of enrollment. If eligible, please provide letter from program/agency on letterhead stating your eligibility. Yes No



Household Signatures

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Please complete this application and return to:

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



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.

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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.