



Property Management
APPLICATION

Please Print Clearly



TDD 413-233-1699

413-233-1705

email: LeaseUp@wayfindersma.org

<p>This is an application for an apartment at:</p> <p>Parsons Village 71 Parsons Street Easthampton MA, 01027 Hampshire County</p>	<p>DATE:</p>
<p>Applications may be hand delivered, mailed, emailed to LeaseUp@wayfindersma.org or faxed to 413.731.8723</p>	<p>Mail completed applications to: Way Finders Property Management Department 322 Main Street, Springfield, MA 01105</p>

An applicant may be interviewed only after the receipt of this completed rental 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: Efficiency One BR Two BR Three Bedroom Handicap BR

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

Do you currently work within the City of Easthampton or have you received an offer of employment within the City of Easthampton? Yes No

Do you currently have a child attending public school in Easthampton? Yes No

HOW DID YOU HEAR ABOUT US? _____



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:	
	Employment amount:		\$
	Employer:		
Employment Address:	Telephone#		
	How long employed:	Position Held:	
	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 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 (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Account#	Bank Name:	Balance \$
	Name of person on the account		
	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	Account#	Bank Name:	Balance \$
	Name of person on the account		
	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 \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
			Interest or Dividend \$	Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , 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	
<i>If yes</i> , 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
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed 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)?

Yes No

If yes, describe the asset:

Date of disposition:

Amount disposed

\$

Do you have any other assets not listed above (excluding personal property)?

Yes 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:

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 _____

Do you request a handicap (barrier free) 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?

Please note, this is a smoke free property.

G. VEHICLE INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?		Yes	No
<i>If yes, describe:</i>			

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 over the age of 18 must sign application. By signing you authorize credit checks, landlord, banks and personal reference checks.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

REFERENCE CHECKLIST

APPLICANT'S NAME: _____ DATE: _____

ADDRESS APPLYING FOR: _____ UNIT # _____ #BDS _____

CREDIT CHECK: Good _____ Fair _____ Poor _____ Explain: _____

____ LANDLORD REFERENCE:

NAME _____ PHONE: _____
FAX: _____

COMMENTS

____ PREVIOUS LANDLORD REFERENCE:

NAME _____ PHONE: _____
FAX: _____

COMMENTS

____ SOURCE OF INCOME _____ VOUCHER: YES/NO _____

TAFDC _____ SS#/SSI _____ UNEMPLOYMENT _____ EMPLOYED _____

IF EMPLOYED/DATES: _____ ATTENDANCE RELIABLE? _____ DO YOU FORESEE ANY PROBLEMS? _____

IF YES/EXPLAIN

____ (1) REFERENCES

PERSONAL REFERENCE: _____ PHONE: _____ RELATIONSHIP?: _____

DO YOU FEEL THIS PERSON IS RESPONSIBLE? _____ HOW LONG HAVE YOU KNOWN THE APPLICANT?: _____

COMMENTS:

____ (2) REFERENCES

PERSONAL REFERENCE: _____ PHONE: _____ RELATIONSHIP?:

DO YOU FEEL THIS PERSON IS RESPONSIBLE? _____ HOW LONG HAVE YOU KNOWN THE APPLICANT?:

COMMENTS:

____ AMOUNT \$ _____

VERIFICATION FORMS: Income: _____ Assets: _____ Employment: _____ Bank: _____ Child Support: Notarized: _____

**NOTICE TO APPLICANTS WITH DISABILITIES REGARDING
REASONABLE ACCOMMODATION**

HAP, Inc. does not discriminate against applicants on the basis of their race, creed, color, religion, sex, 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, HAP 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 HAP 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 HAP 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 HAP, 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 HAP, that is your right.

You can get a Request for Reasonable Accommodation form at HAP's Property Management Office, 322 Main Street, Springfield, MA 01105 or by calling (413) 233-1705 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 at the above numbers.

