

RENTAL APPLICATION

Please Print Clearly

This is an application for housing at:	Project: _____
	Address: _____
Please complete this application and return to:	Name: <u>Valley Opportunity Council</u> _____
	Address: <u>Housing Program</u> _____
	<u>516 Chicopee Street</u> _____ <u>Chicopee, MA. 01013</u> _____

Applications are selected for review through a lottery process. An applicant may be interviewed only after the receipt of this tenant application.

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

Este es un documento importante. Si necesita interpretacion, por favor llame al numero de telefono que aparece abajo o visite nuestras oficinas.

413-594-3271

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

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: Studio Handicap BR

B. HOMELESS PREFERENCE

Are you homeless? Yes No (check one)

Definition of Homeless:

An applicant will generally be considered homeless, unless otherwise provided by DHCD, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is;

- (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or;
- (b) an institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or;
- (c) a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

Please provide one or more the following:

- Referral from a publicly or privately operated shelter
- Notarized document provided by the institution/individual providing temporary nighttime residence

C. HOUSEHOLD COMPOSITION

List who will live in the apartment.

	Name	Relationship to head	Marital Status	Birth Date	Age	SS#	Student Y/N
			M-married D-divorced S-single L-legal separation E-estranged				
Head							

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain

D. 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	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements for occupancy in the Development.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?
 Yes No If yes, please explain _____

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Child Support	
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
Do you anticipate any changes in this income in the next 12 months?		Yes No
If yes, explain:		

RENTAL HISTORY: (Please provide all rental history for past 5 years)

Name of Present Landlord _____ Phone # _____

Address of Landlord _____

Monthly Rent: \$ _____ Average costs of additional Utilities: \$ _____

Is this lease in your name? Yes _____ No _____ If not, whose name is it in? _____

How long have you lived here? _____ Years (circle
Months one)

Previous Address _____

Length of tenancy: _____ Years (circle
Months One) From ____ / ____ / ____ To ____ / ____ / ____

Name of Previous Landlord _____ Apartment Size _____

Address of Landlord _____ Phone # _____

Reason for Leaving _____

Previous Address _____

Length of tenancy: _____ Years (circle
Months One) From ____ / ____ / ____ To ____ / ____ / ____

Name of Previous Landlord _____

Address of Landlord _____ Phone # _____

Reason for Leaving _____

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, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, gender identity,

E. 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	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

F. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

G. REFERENCE INFORMATION

Current Landlord/ or Official at previous residence, whichever is more inclusive (include shelters)	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	How Long?		
Prior Landlord/ or Official at previous residence, whichever is more inclusive (include shelters)	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	How Long?		
NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.			
Character Reference #1:			
Address:			
Years Known:		Phone #:	
Character Reference #2:			
Address:			
Years Known:		Phone #:	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

H. VEHICLE AND PET 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	
If yes, describe:			

CERTIFICATION

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 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 adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

military status, or receipt of public assistance, unless a preference or limitation is pursuant to a lawful eligibility requirement. You are not required to furnish this information, but are encouraged to do so.



VALLEY OPPORTUNITY COUNCIL
516 CHICOPEE STREET
CHICOPEE, MA 01013
PH: 413-594-3267
FAX: 413-594-3273

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized the Valley Opportunity Council to verify the accuracy of the information which I have provided to the Valley Opportunity Council from the following sources:

1. Employers
2. Landlords
3. Personal references
4. Government funding agencies
5. Banks, and Financial Institutions
6. First Advantage, Feeding Hills, MA 01030 for credit reports (including rental history, retail credit history, and arrest and/or convictions records). Their Consumer Phone No. is 413-562-5650.
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. CORI
9. Other _____

I hereby give you my permission to release this information to the Valley Opportunity Council subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Valley Opportunity Council within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

(Signature)

(Date)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE NOTED ABOVE