



Management use only
 Date and Time stamp:
 Control Number:

Rental Application for Workforce Housing Program

Houghton Village is owned and professionally managed by Newton Community Development Foundation, Inc.

Houghton Village 37 Hamlet Street Newton Centre, MA 02459	TEL: 617-244-5196 FAX: 617-928-1281 TDD: 800-439-2370 EMAIL: houghtonvillage@ncdfinc.org
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All sections of this application must be completed entirely; failure to do so will result in processing delays or rejection of application.

Name: _____

Current Address: _____

Mailing Address (if different): _____

Home Tel: _____ Mobile: _____ Email: _____@_____

How did you hear about Houghton Village? _____

SIZE OF APARTMENT NEEDED:

- 2-bedroom 3-bedroom 4-bedroom

ACCESSIBILITY INFORMATION AND UNIT TYPE:

Unit adapted for Wheelchair Accessibility: YES NO

Unit adapted for Hearing/Visual Impairment: YES NO

FAMILY COMPOSITION:

Please list all those who will occupy the apartment, INCLUDING YOURSELF.

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	OCCUPATION	FULL TIME STUDENT
	HEAD OF HOUSEHOLD				Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No



Do you have a pet? YES NO If YES, what species and breed? _____

Do you own a vehicle? YES NO

Year: _____ Color/Make/Model: _____ Plate #: _____ State: _____

Year: _____ Color/Make/Model: _____ Plate #: _____ State: _____

Commercial/recreational vehicles are not permitted on the premises without written permission from the management agent.

LANDLORD HISTORY: Provide the full name, address and contact information for current Landlord and any other residences you have lived in the last five years or past two residences, whichever is more inclusive.

PRESENT LANDLORD

Name of Landlord: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____@_____ How long have you lived at present address? _____

Is apartment rented to you? YES NO If no, explain _____

Are you presently under a lease? YES NO If yes, when does lease expire? _____

Reason for leaving: _____ Number of bedrooms: _____ Number of occupants: _____

Amount of rent per month: \$ _____ If applicable, amount of subsidy per month: \$ _____

Including utilities? YES NO Is your rent paid in a timely manner? _____

PREVIOUS LANDLORD(S):

Name of Landlord: _____ Telephone Number: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Email: _____@_____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Length of tenancy: from _____ to _____ Amount of rent per month: \$ _____

Was apartment rented to you? YES NO If NO, explain _____

Were you under a lease? YES NO If YES, did you remain for its term? _____

Reason for leaving: _____ Number of bedrooms: _____ Number of occupants: _____

PREVIOUS LANDLORD(S):

Name of Landlord: _____ Telephone Number: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Email: _____@_____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Length of tenancy: from _____ to _____ Amount of rent per month: \$ _____

Was apartment rented to you? YES NO If NO, explain _____

Were you under a lease? YES NO If YES, did you remain for its term? _____

Reason for leaving: _____ Number of bedrooms: _____ Number of occupants: _____

Are you currently receiving Federal (HUD) or State housing assistance? YES NO If YES, please check the type of assistance being received:

- Section 8 Housing Choice Voucher Program (HCVP) Massachusetts Rental Voucher Program (MRVP)
- Alternative Housing Voucher Program (AHVP) State Aided Subsidized Public Housing
- Federally Aided Subsidized Public Housing Other _____

PERSONAL REFERENCES: (Please list three non-related references)

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS
1.				
2.				
3.				

EMPLOYMENT: (for each household member age 18 and older)

Name of Family Member Employed: _____

Employer Name: _____

Address: _____

Contact Person/Supervisor: _____ TEL #: _____ FAX #: _____

Email: _____ @ _____ Dates of Employment: from _____ to _____

Gross Wages/Salary \$ _____ [] weekly [] bi-weekly [] monthly

Name of Family Member Employed: _____

Employer Name: _____

Address: _____

Contact Person/Supervisor: _____ TEL #: _____ FAX #: _____

Email: _____ @ _____ Dates of Employment: from _____ to _____

Gross Wages/Salary \$ _____ [] weekly [] bi-weekly [] monthly

Name of Family Member Employed: _____

Employer Name: _____

Address: _____

Contact Person/Supervisor: _____ TEL #: _____ FAX #: _____

Email: _____ @ _____ Dates of Employment: from _____ to _____

Gross Wages/Salary \$ _____ [] weekly [] bi-weekly [] monthly



OTHER SOURCES OF INCOME:

(for all Household Members)

	AMOUNT RECEIVED PER MONTH	HOUSEHOLD MEMBER
Social Security/SSI	\$	
Pension/Annuity/Trust	\$	
Public assistance	\$	
Unemployment compensation	\$	
Disability compensation	\$	
Child support/Alimony	\$	
Income from rental property	\$	
Other Income (please specify)	\$	
	\$	

INCOME FROM ASSETS: List the assets now owned or disposed of within the last two years of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate holdings, Stocks, Bonds and Cash value of a life insurance policy)

ASSET DESCRIPTION	SOURCE/BANK NAME	AMOUNT OF VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	

ADDITIONAL INFORMATION:

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? YES NO If YES, please list the name of person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): _____

2. Have you or any member of your household ever resided outside of Massachusetts? YES NO If yes, please list all other states of residence for each household member: _____

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:

Newton Community Development Foundation, Inc. does not and will not discriminate on the basis of age, gender, pregnancy, disability, perceived disability, sexual orientation, race, national origin, citizenship, religion, color, marital status, veteran’s status, genetic background, familial status, gender identity and any other class of individuals protected from discrimination under state or federal law.

The following information will be required by the Federal Government to monitor owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.



RACE CATEGORIES (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws):

- American Indian/Alaska Native Black (not of Hispanic origin) White (not of Hispanic origin)
 Asian or Pacific Islander Hispanic

RIGHT TO A REASONABLE ACCOMMODATION

Newton Community Development Foundation, Inc. will consider a reasonable accommodation, upon request for qualified applicants with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

If you require a reasonable accommodation in completing this application, please contact NCDF's ADA/504 Coordinator at 617-467-6069 or email mwheeler@ncdfinc.org or via TDD at 800-439-2370.

I/We hereby certify that the information furnished in this application is true and complete to the best of my/our knowledge and belief and hereby acknowledge the understanding that this application constitutes my/our request for consideration as a tenant(s) at Houghton Village. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available. I/We understand that additional information may be requested to complete processing of this application.

I/We understand and grant permission for all of the information noted in the application to be verified by the owner/management agent. All information will be regarded as confidential in nature and I/we further understand and grant permission to authorize a credit bureau service to make any consumer report, investigative consumer report and criminal and lifetime sex offender screening, whereby information is obtained through public records, personal or telephone interviews with supplied references. This inquiry may include information as to my/our character, credit worthiness, credit standing, and credit capacity. I/We understand that I/we have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I/We understand that a false statement or misrepresentation of any information on this application is punishable under applicable State or Federal Law and will affect approval for residency. In the event that I/we take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I/we understand and grant permission that information regarding my/our tenancy can and will be made available to a consumer credit agency, criminal checks, and /or other inquiring about my tenancy with the owner/management agent during and after my/our tenancy period.

Signed under the pains and penalty of perjury:

Signature: _____
(Head of household)

Date: _____

Signature: _____
(Co-applicant)

Date: _____

