



**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.*

<b>Houghton Village</b> <b>37 Hamlet Street</b> <b>Newton Centre, MA 02459</b>	<b>TEL:</b> 617-244-5196 <b>FAX:</b> 617-928-1281 <b>TDD:</b> 800-439-2370 <b>EMAIL:</b> 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](mailto: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: \_\_\_\_\_

