



All application fields are required. You must fill out the application and required attachments completely, in English.  
If there is information that doesn't apply, please write "N/A" in the blank. Please make sure you list a Property Name.

FOR MANAGEMENT USE ONLY

Date & Time Received:

## PRE-RENTAL APPLICATION

PROPERTY NAME: CHENEY HOMES

How many bedrooms does the household require?

1 bedroom      2 bedrooms

☐☐

Do you (any member of your household) need any specific features or apartment designs, such as: wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No  
If you answered YES above, please describe:

What is your preferred language?

## HEAD OF HOUSEHOLD INFORMATION

Last Name

First Name

Middle Initial

Mailing Address

Apt. #

City

State

Zip Code

Telephone Number

Home ☐ Cell ☐ Work ☐

Email

## HOUSEHOLD RESIDENTS

List all persons who will live with you, (include unborn children and live-in-aides).

If you anticipate any household composition change in the next 12-months, please include all persons you expect to live with you.

| # | Relationship | Last Name | First Name,<br>Middle Initial | Social Security Number<br>(type # without dashes) | Date of Birth<br>(mm/dd/yyyy) | Student<br>(Y/N)                                                            |
|---|--------------|-----------|-------------------------------|---------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------|
|   |              |           |                               |                                                   |                               | Full-time (FT)<br>Part-time (PT)                                            |
| 1 | Self         |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |
| 2 |              |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |
| 3 |              |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |
| 4 |              |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |
| 5 |              |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |
| 6 |              |           |                               |                                                   |                               | FT <input type="radio"/> PT <input type="radio"/> N/A <input type="radio"/> |

\* Not providing a Social Security number for the pre-application will not keep you from being put on the waitlist.



**Ethnicity, race and preferred language of household members**  
(Optional Information. Your answers will not affect your pre-application.)

| Name | Ethnicity<br>(Hispanic / Non-Hispanic / Decline) | Race<br>(White / Black / Asian / American Indian / Native Hawaiian / Other / Decline) | Disabled<br>(Yes/No)                               |
|------|--------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------|
| 1    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 2    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 3    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 4    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 5    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 6    |                                                  |                                                                                       | <input type="radio"/> Yes <input type="radio"/> No |

**Check all states where all household members have previously lived:**  
(States are listed alphabetically in columns.)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Alabama                  | Colorado                 | Hawai'i                  | Kansas                   | Massachusetts            | Montana                  | New Mexico               | Oklahoma                 | South Dakota             | Virginia                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alaska                   | Connecticut              | Idaho                    | Kentucky                 | Michigan                 | Nebraska                 | New York                 | Oregon                   | Tennessee                | Washington               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arizona                  | Delaware                 | Illinois                 | Louisiana                | Minnesota                | Nevada                   | North Carolina           | Pennsylvania             | Texas                    | West Virginia            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arkansas                 | Florida                  | Indiana                  | Maine                    | Mississippi              | New Hampshire            | North Dakota             | Rhode Island             | Utah                     | Wisconsin                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| California               | Georgia                  | Iowa                     | Maryland                 | Missouri                 | New Jersey               | Ohio                     | South Carolina           | Vermont                  | Wyoming                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**INCOME AND ASSETS:**

A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of pre-application and projecting forward 12 months). This excludes income earned by live-in-aides. Please answer the questions below:

**Total GROSS (before taxes) monthly income: \$** \_\_\_\_\_

income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, S.S.A., S.S.I. Federal, S.S.I. State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self-Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring



Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

Value of household assets: \$ \_\_\_\_\_

Income earned from assets: \$ \_\_\_\_\_

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, I.R.A. accounts (for example, 401K, Roth Keogh or other retirement investments), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

## PRIORITIES AND PREFERENCES

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities or preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (Please note: The selection of priorities/preferences could impact where you are placed on the waitlist).

Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.

- ☐ Homeless due to Displacement by Natural Forces
- ☐ Homeless due to Displacement by Urban Renewal
- ☐ Homeless due to Displacement by Sanitary Code Violations
- ☐ Involuntary Displacement by Domestic Violence
- ☐ HUD VAWA Certification (Violence Against Women Act)
- ☐ Owner's Preference – Grove Hall Apartments ONLY: Employee Working on Site / Former Resident

*\* As your pre-application nears the top of the waiting list, the Agent will require documentation to verify the priority/preference selected.*

In completing this pre-application, the Applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the Applicant in connection with this pre-application. Federally assisted housing requests **must** include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants found on the next page.

Contact Person Name

Address

( ) —  
Telephone #



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## ADDITIONAL INFORMATION

An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.

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Have you or any household members been convicted of, pled guilty, or pled no contest to a felony, drug related activity, criminal or sexual offense?

Yes ☐ No ☐

If YES, please explain below:

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Are you (or any household member) required to register as a Sex Offender under Massachusetts or any other state law?

Yes ☐ No ☐

If YES, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required below.

Name:

States where Registration is Required:

Length of Registration Requirement:                      years                      months

Have you or any household member ever committed any fraud in connection with any State or Federal Housing Assistance Program?

Yes ☐ No ☐

If YES, please explain and note if the assistance was terminated below:

Does the household have a Federal or State mobile housing voucher?

Yes ☐ No ☐

Agency Name:

*The Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose: (1) determining an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.*

As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location?

Yes ☐ No ☐



## CERTIFICATION BY APPLICANT

(All adult applicants who are 18-years-old or older, must sign this pre-application.)

I / We certify that all information in this pre-application is true to the best of my/our knowledge and I/we understand that false statements or information will lead to rejection of this Pre-application or termination of tenancy after occupancy; that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this pre-application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this pre-application; that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing that I, the Applicant, must notify the properties, for which I have submitted a pre-application, of any change of address in writing and I understand that my pre-application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental pre-application and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this pre-application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X \_\_\_\_\_  
Signature of head of household Date

X \_\_\_\_\_  
Signature of co-head of household Date

X \_\_\_\_\_  
Signature of spouse or co-head of household Date

X \_\_\_\_\_  
Signature of co-head of household Date

Note: If more applicant signatures are required, please print an additional copy of this page to sign.

## PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Note: The HUD Supplemental Application for Federally Assisted Housing Form must be completed.



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)**

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ Other: \_\_\_\_\_

**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.

**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. 13694) 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.