

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



Peabody Properties, Inc.

536 Granite Street, Braintree, MA 02184
Tel: 781-794-1000 Fax: 781.794.1001

MANAGEMENT USE ONLY

Date: _____
Take By: _____
Unit Size: _____ BR
AA Status: _____
Priority/Conc: _____
Income: _____
Adapted Unit: _____

SITE _____

NAME 1:

_____	_____	_____	_____
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER

NAME 2:

_____	_____	_____	_____
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

Resided Since: _____

(1) HOME TEL: _____ BUSINESS TEL: _____

(2) HOME TEL: _____ BUSINESS TEL: _____

Reason for applying at this development? _____

How did you hear about this development? _____

PRESENT LANDLORD

_____	_____
TEL#	_____
FAX#	_____

ADDRESS: _____

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

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

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

Reason for leaving: _____

Monthly Rent: _____ No. of Bedrooms: _____ No. of Occupants: _____

Do you usually pay rent in a timely manner? _____

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

PREVIOUS LANDLORD

_____	_____
TEL#	_____
FAX#	_____

LANDLORD ADDRESS: _____

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

APPLICANT'S ADDRESS: _____

_____	_____	_____	_____	_____
STREET	APT#	TOWN OR CITY	STATE	ZIP CODE

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

Length of Tenancy: from _____ to _____ Monthly Rent: \$ _____

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

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

The reason for your leaving: _____

Add Landlord Address if you lived at any of the above for a total of less than five years.

Previous apartment
address: _____

Landlord Name: _____ Landlord Address: _____

Why did you leave this apartment? _____

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐

If yes, please explain: _____

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DOB	SEX	OCCUPATION	F.T. STUDENT ✓ IF APPLICABLE	SOCIAL SECURITY NUMBER

EMPLOYMENT (for each household member aged 18 or over):

INDIVIDUAL EMPLOYED: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

GROSS WAGES / SALARY \$ _____ PER _____ TEL #: _____

FAX #: _____

CONTACT PERSON / SUPERVISOR: _____

INDIVIDUAL EMPLOYED: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

GROSS WAGES / SALARY \$ _____ PER _____ TEL #: _____

FAX #: _____

CONTACT PERSON / SUPERVISOR: _____

OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
SOCIAL SECURITY	\$ _____	
SUPPLEMENTAL SECURITY INCOME (SSI)	\$ _____	
PENSION / ANNUITY / TRUST	\$ _____	
PUBLIC ASSISTANCE (AFDC / GR)	\$ _____	
UNEMPLOYMENT COMPENSATION	\$ _____	
WORKER'S COMPENSATION	\$ _____	
CHILD SUPPORT	\$ _____	
GROSS AMOUNTS RECEIVED FROM NON-REVOCABLE TRUSTS	\$ _____	
OTHER INCOME	\$ _____	

RELATIVES (Please list two relatives not living with you)

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

ASSETS: Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (Include Checking, Savings, IRA, and Money Market Accounts, Term Certificates; Real Estate, Stocks, Bonds, and Certificates, Whole Life Insurance Policies, Trusts, Cash held in safety deposit box(es), homes, etc.; and personal property held as an investment).

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

CREDIT HISTORY: (Include payments, loans, credit cards, etc.)

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you currently pay for utilities? YES ☐ NO ☐ If yes, \$_____ per month.
 Do you pay child support? YES ☐ NO ☐ If yes, \$_____ per month.
 Do you pay alimony? YES ☐ NO ☐ If yes, \$_____ per month.
 Do you pay child care? YES ☐ NO ☐ If yes, \$_____ per month.

ADDITIONAL INFORMATION:

Do you have a **Water Bed**? YES ☐ NO ☐; a **Washing Machine**? YES ☐ NO ☐ a **Dryer**? YES ☐ NO ☐

Do you currently have a Household Pet? YES ☐ NO ☐ if YES, what type?

How many cars will be parked at the premises? _____ (copies of registration must be provided)

Year _____ Registration # _____ Make/Model _____

Year _____ Registration # _____ Make/Model _____

PLEASE NOTE THAT COMMERCIAL/RECREATIONAL VEHICLES ARE NOT ALLOWED ON THE PREMISES UNLESS WRITTEN PERMISSION IS GRANTED BY THE LESSOR.

Do you or any household members currently reside in Federally Assisted Housing or have you or any household members ever resided in Federally Assisted Housing? YES ☐ NO ☐

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program? YES ☐ NO ☐; if YES, *please explain*:

Have you or any household members on Federal Assistance ever been terminated for fraud?
YES ☐ NO ☐. If YES, *please explain*

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this 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 OR NATIONAL ORIGIN

- ☐ White / Non-Minority ☐ American Indian ☐ Black
☐ Spanish American ☐ Asian ☐ Other
☐ I do not wish to furnish the above information.

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I 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 understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material noncompliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency and / or others inquiring about my tenancy with the apartment complex during and after my tenancy period.

IN COMPLIANCE WITH FEDERAL AND STATE FAIR HOUSING AND EQUAL OPPORTUNITY LAWS, ELIGIBLE INDIVIDUALS ARE CONSIDERED FOR HOUSING WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, AGE, CHILDREN, ANCESTRY, MARITAL STATUS, VETERAN HISTORY, PUBLIC ASSISTANCE RECIPIENCY OR HANDICAP (MENTAL OR PHYSICAL).

IF YOU ARE A PERSON WITH DISABILITIES, AND YOU FEEL THAT A REASONABLE ACCOMMODATION BY US WOULD ALLOW YOU TO BECOME QUALIFIED, PLEASE CONTACT US AND WE WILL MEET WITH YOU TO DISCUSS YOUR APPLICATION.

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD NEED OR PREFER A UNIT WITH SPECIAL DESIGN FEATURES, PLEASE CHECK APPROPRIATE BOX: MOBILITY ☐ VISION ☐ HEARING ☐ OTHER ☐

DATE _____

SIGNATURE _____

SIGNATURE _____

Signatures and proof of identification will be required of all those who sign lease.

FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial.
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

AMOUNT OF DEPOSIT \$ _____

CHECK ☐ CASH ☐

OCCUPANCY DATE: _____

Signature _____ Date _____ Signature _____ Date _____

