

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**



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH
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<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
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YOUR MOTHER'S MAIDEN NAME

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:

SECOND CONTACT ADDRESS

This is:

<input type="radio"/>	TOTAL HOUSEHOLD SIZE			<input type="radio"/>	# BEDROOMS	<input type="radio"/>	How much money does your family receive in a year?	<input type="radio"/>	.0	<input type="radio"/>	0
	# Adults	# Children	Total #								

INCOME SOURCES

MOBILE RENTAL ASSISTANCE, if any

REQUESTED ACCOMMODATIONS

SPECIAL CIRCUMSTANCES THAT SOME 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

_____	_____	_____	_____	_____
ADDRESS:	STREET	APT#	TOWN OR CITY	STATE ZIP CODE
Is apartment rented to you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	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

_____	_____	_____	_____	_____
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.

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.

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

