

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: **617-536-8561**



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other



# 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 \_\_\_\_\_

Applying for: 1BR 2BR 3BR Other Specify BR Size: \_\_\_\_\_

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 ☐

YES ☐ NO ☐

If NO,  
explain: \_\_\_\_\_

Are you presently under lease? YES ☐ NO ☐

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 ☐

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

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

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.

**Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.**

### ETHNIC CATEGORIES

- ☐ Hispanic or Latino ☐ Not-Hispanic or Latino

### RACE CATEGORIES

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other  
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding 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 non-compliance 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, criminal checks, and / or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people 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.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

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 # \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

