

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



<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 NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
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<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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<input type="radio"/>	YOUR HOME TELEPHONE	<input type="radio"/>	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS		

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:

<input type="radio"/>	
<input type="radio"/>	

SECOND CONTACT ADDRESS

This is:

<input type="radio"/>	
<input type="radio"/>	

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

<input type="radio"/>	INCOME SOURCES
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<input type="radio"/>	MOBILE RENTAL ASSISTANCE, if any
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<input type="radio"/>	REQUESTED ACCOMMODATIONS
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<input type="radio"/>	SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
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PERSONAL:

Date _____

Please complete for those who will occupy the apartment (Applicant - co-applicant – children - other)

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____
5. _____ Relationship _____
6. _____ Relationship _____
7. _____ Relationship _____
8. _____ Relationship _____
9. _____ Relationship _____
10. _____ Relationship _____

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 2 _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?.

- If yes - you will be asked to complete a *Request for Reasonable Accommodation*
- unit for mobility impaired
 unit for visually impaired
 unit for hearing impaired
 grab bars

RESIDENCY & EMPLOYMENT:

Present Address _____

Present Phone _____ **Second Phone (if any)** _____

Own: Dates of Current Occupancy From: _____ to: Present Time \$ _____
Monthly Mortgage Payments

Rent: Dates of Current Occupancy From: _____ to: Present Time \$ _____
Monthly Rental Payments

If Rents _____
Present Landlord Name _____ Address _____ Landlord Phone _____

Previous Address _____

Dates of Previous Occupancy From: _____ to: _____ \$ _____
Monthly Rental Payments

If Rents _____
Former Landlord Name _____ Address _____ Landlord Phone _____

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year Other Income (Comm/Bonus) _____ \$ _____

RESIDENCY & EMPLOYMENT (continued):

Other Source of Income (i.e.- social security - retirement fund – disability - workmen’s compensation – pension - alimony/child support – investments - etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

FINANCIAL INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

Have you sold or given away any real property or other assets in the past two years? Yes No

If yes, did you receive Fair Market Value for the Asset? Yes No

CORI INFORMATION

Have you or any member of your household ever been convicted of a crime? Yes No

If yes, you must indicate the nature of the crime and the date of conviction _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy beginning (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



**RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing? Yes No

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? Yes No

If **Yes**, list where and when: _____

3. Are you or any member of your household currently engaging in the use of illegal drugs? Yes No

4. Have you or any member of your household ever been convicted of a felony? Yes No
If **Yes**, please explain: _____

5. Are you or any member of your household currently abusing alcohol? Yes No

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? Yes No

If **Yes**, please explain: _____

7. Are you or any member of your household subject to a lifetime registration requirement under a *State Sex Offender* registration program? Yes No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

All household members 18 and older must sign below:

The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize (Acadey Homes I) to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____



Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Head of Household's Signature _____

Print the Head of Household's name: _____

Date you completed this application: _____
mm / dd / yyyy

Head of Household's Date of Birth: _____
mm / dd / yyyy

Head of Household's Social Security Number: _____