

Mail this application to:

The name of the waitlist I’m applying for is: \_\_\_\_\_

Some waitlists are closed: *Before sending this application*, check <http://www.housingworks.net/> to see what is open

You must answer every question on this application: respond to questions that are not applicable by writing “N/A”.  
**Incomplete applications may be returned or discarded.**

Your Name: \_\_\_\_\_

Long-Term Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

Phone(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If “Yes” you must provide it above.*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother’s last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family’s **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you **have a rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a “no-steps” unit)?

☐ YES ☐ NO Do you need **reasonable accommodations due to a disability**, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

REFERENCES - BANKS

Name	Account #	Address

CREDIT - BANKS

Name	Account #	Address

OPTIONAL RACE INFORMATION

Please note that completing this section is optional. This information will only be for our fair housing reports.

- ☐ American Indian
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Other

Are you now or have you ever lived in subsidized/Government assisted housing? ☐ Yes ☐ No

If yes, please give the address \_\_\_\_\_

Have you ever been evicted? ☐ Yes ☐ No Reason \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

I

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We have ☐ have not ☐ disposed of any asset(s) for less than fair market value in the last 24 months. If asset(s) were disposed of for less than fair market value, describe below.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing of applicants. My/Our signature(s) below gives consent to management to verify the information contained in this application. I understand that this in no way guarantees me an apartment and that falsifying any information will be grounds for rejection of my application.

\_\_\_\_\_  
Signature of Applicant Co-Applicant Date



PROFESSIONALLY MANAGED BY CMJ MANAGEMENT COMPANY  
Financed by the Massachusetts Housing Finance Agency  
and the U.S. Department of Housing and Urban Development



MILLBROOK SQUARE APARTMENTS  
17 MILL STREET  
ARLINGTON, MASSACHUSETTS 02174

PRIORITY CHECKLIST

In order to help process your application more efficiently, please read the following pages and check off any of the circumstances that presently apply to you.

☐ SUBSTANDARD HOUSING.

- A unit is substandard because it:
  - \_\_\_\_\_ is dilapidated;
  - \_\_\_\_\_ does not provide safe and adequate shelter, and
  - \_\_\_\_\_ endangers the health, safety, or well being of a family; or
  - \_\_\_\_\_ has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. (These defects may involve original construction, or result from continued neglect or lack of repair or serious damage to the structure.)
  - \_\_\_\_\_ does not have operable indoor plumbing;
  - \_\_\_\_\_ does not have usable flush toilet in the unit for exclusive use of the family;
  - \_\_\_\_\_ does not have a usable bathtub/shower in the unit for exclusive use of the family;
  - \_\_\_\_\_ does not have electricity, or has inadequate or unsafe electrical service;
  - \_\_\_\_\_ does not have a safe or adequate source of heat;
  - \_\_\_\_\_ should, but does not, have a kitchen; or
  - \_\_\_\_\_ has been declared unfit for habitation by an agency or unit of government.
- In defining substandard housing, an applicant who is a "homeless family" meets the criteria of substandard housing. A "homeless family" includes an individual or family who:
  - \_\_\_\_\_ lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is:
    - a supervised publicly/private operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing);
    - an institution that provides a temporary residence for individuals intended to be institutionalized;
    - a public/private place not designed for, or ordinarily used for sleeping for human beings;
  - \_\_\_\_\_ "Homeless family" does not include an individual imprisoned or otherwise detained pursuant to an act of Congress or a State law.
  - \_\_\_\_\_ Single room Occupancy Housing is not considered substandard solely because it does not contain sanitary or food preparation facilities.

☐ INVOLUNTARILY DISPLACED.

- \_\_\_\_\_ A disaster, such as fire or flood, has made the unit uninhabitable.
- \_\_\_\_\_ Code enforcement, public improvement or development program activities by a U.S. agency or a State or local governmental body or agency.
- \_\_\_\_\_ The housing owner has taken an action which forces the applicant to vacate the unit:
  - \_\_\_\_\_ the action was beyond the applicant's ability to control or prevent;
  - \_\_\_\_\_ the action occurred despite the applicant's having met all previously imposed conditions of occupancy; and
  - \_\_\_\_\_ the action was not a rent increase.
- \_\_\_\_\_ The applicant has vacated a housing unit because of domestic violence, or the applicant lives in a unit with a person who engages in domestic violence.
  - \_\_\_\_\_ Domestic violence means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. The violence must have occurred recently or is of a continuing nature.
  - \_\_\_\_\_ The applicant's family members provide information on criminal activities to a law enforcement agency based on a threat assessment, and a law enforcement agency recommends re-housing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- \_\_\_\_\_ One or more members of the applicant's family have been the victim of one or more hate crimes, and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.
  - \_\_\_\_\_ Hate crime means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on a person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is of a continuing nature.
  - \_\_\_\_\_ A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit, and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
  - \_\_\_\_\_ Disposition of a multifamily rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.

☐ **RENT BURDENED.**

- \_\_\_\_\_ A rent burden exists if the applicant pays more than 50 percent of gross monthly income for rent and utilities.
- \_\_\_\_\_ The definition of income is the one used to compute eligibility and Total Tenant Payment (TTP)
- \_\_\_\_\_ Rent is the amount due on a monthly basis to the family's current landlord under a lease or rental agreement.
- \_\_\_\_\_ The amount of tenant-paid utilities may be determined by using the utility allowances established by the PHA for its Section 8 existing Program; however, the family may choose to document the actual average monthly utilities for the past 12 months (or for an appropriate recent period if a full 12 month's information is not attainable.)
- \_\_\_\_\_ A family does not qualify for this preference if the applicant has been paying more than 50 percent of its income for rent for less than 90 days.

☐ **OVER-CROWDED CONDITIONS**

- \_\_\_\_\_ Currently living in over-crowded conditions, defined as more than two people per bedroom, or in circumstances violating the state or local codes pertaining to over-crowded conditions.

☐ **NONE OF THE ABOVE APPLY TO ME**

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Applicant Signature:

ATTACHMENT TO APPLICATION

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that the owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant also agrees to declare U.S. citizenship or submit evidence of eligible immigrant status for each family member. Applicant authorizes any person, or credit-checking agency having any information of him/her to release any and all such information to the owner/manager/employee or their agents or credit agencies.

Applicant hereby releases and forever discharges, from any action whatsoever, in law and equity, all owners , managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that a credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of the Info Center, Inc. Feeding Hills, MA 01030, Consumer Phone 413-562-5650.

The above statements are made under the penalties of perjury and all must be verified. No campers, commercial vehicles, or waterbeds without written consent from Management.

Leasing Agent: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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

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

# Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor’s website in each town (or by calling the Tax Assessor’s phone number in most towns:** To determine if there is an online Tax Assessor page for a town search the web like this: “Tax Assessor, Boston MA” or “Property Assessment, Dallas TX”.

## CURRENT RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## PRIOR RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A