

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.

Name of HoH: _____

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

SYMPHONY PLAZA WEST

333 Massachusetts Avenue
Boston, MA02115
Fax: (617) 266-6448
Telephone: (617) 266-9778
TDD: (800) 545-1833, Ext. 804

Date of occupancy desired: _____

Office Use Only

Apartment size desired: 0 1 2

Priority: _____

Do you have any pets? **Yes** or **No**

Application date: ____/____/____

Preliminary Rental Application

Please fill out each item completely as possible to help us process your application in a timely manner.

1.) Name: _____ Telephone Number: _____

Current Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Apt. # _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Please fill out the following information for each family member who plans to live in the apartment (including yourself)

| <u>Name</u> | <u>Date of Birth</u> | <u>Sex</u> | <u>S.S. #</u> | <u>Relationship</u> |
|-------------|----------------------|------------|---------------|---------------------|
| A.. | | | | HEAD |
| B. | | | | |
| C. | | | | |
| D. | | | | |

2.) Are you and all the members of your household U.S. Citizens? **Y** or **N**

If no, explain: _____

3.) Are you or any members of your household a full-time student? **Y** or **N**

Have you or any members of your family been a full-time student during the current calendar year? **Y** or **N**

Are you or any members of your family planning on becoming a full-time student in the next twelve months? **Y** or **N**

4.) Please list all landlords for the past five years starting with your current landlord. If more space is needed please attach a separate sheet of paper.

| <u>Date(s) of Occupancy</u> | <u>Address</u> | <u>Landlord(s)</u> | <u>Reason(s) for Leaving</u> |
|-----------------------------|----------------|--------------------|------------------------------|
|-----------------------------|----------------|--------------------|------------------------------|

| | |
|-------|-------|
| From: | Name: |
|-------|-------|

| | |
|-----|-------|
| To: | Addr: |
|-----|-------|

Tel. #:

| | |
|-------|-------|
| From: | Name: |
|-------|-------|

| | |
|-----|-------|
| To: | Addr: |
|-----|-------|

Tel. #:

5.) Did you leave as a tenant in good standing from all previous addresses? Y or N

6.) Criminal Record:

A.) Have you/ any member of your family who will live in the unit, been convicted of a misdemeanor in the last ten years? Y or N

B.) Have you/ any member of your family who will live in a unit, been convicted of a felony in the last ten years? Y or N

(If you answered yes to either of the questions above, please describe the circumstances, docket # , charge, date and court.) _____

7.) Have you or any members of your family who will live in the unit ever been evicted? (If yes, describe the circumstances) Y or N

8.) Employment (Please include employment history of all persons who will be occupying the apartment.)

| | | |
|-----------------|-------------------|------|
| Applicant Name: | Name of Employer. | Tel. |
|-----------------|-------------------|------|

| | | |
|-----------------------|--------------------------------------|----------|
| Length of Employment: | Gross Wages: \$ _____ (wk./ mo./yr.) | Address: |
|-----------------------|--------------------------------------|----------|

| | | |
|-----------------|-------------------|------|
| Applicant Name: | Name of Employer. | Tel. |
|-----------------|-------------------|------|

| | | |
|-----------------------|--------------------------------------|----------|
| Length of Employment: | Gross Wages: \$ _____ (wk./ mo./yr.) | Address: |
|-----------------------|--------------------------------------|----------|

9.) Income Sources: (Please list all income sources for all persons who will be occupying the apartment - example(s): Disability Compensation, Unemployment Compensation, Alimony, Child Support, Annuities, Income from Rental Properties, Military Pay, Scholarships, grants and/or any other income a family member may receive

| | | | |
|----------------------------|--------------------|-------------|--------------------|
| A.) Social Security Amount | \$ _____ per month | D.) Pension | \$ _____ per month |
|----------------------------|--------------------|-------------|--------------------|

| | | | |
|-------------|--------------------|-------------|--------------------|
| B.) S.S. I. | \$ _____ per month | E.) Welfare | \$ _____ per month |
|-------------|--------------------|-------------|--------------------|

| | | | |
|-----------------------|--------------------|------------|--------------------|
| C.) Veterans Benefits | \$ _____ per month | F.) Other: | \$ _____ per month |
|-----------------------|--------------------|------------|--------------------|

10.) Income from Assets: (Asset include Checking, Savings and Certificates of Deposit (CDs), as well as Money Market accounts, Stocks, Bonds, Dividends, Annuities, Real Estate Holdings and Cash Value of a Life Insurance Policy, etc.)

A.) _____ %
Bank Name Account Number Type of Acct. savings, checking, CD) Int. Rate

B.) _____ %
Bank Name Account Number Type of Acct. savings, checking, CD) Int. Rate

C.) Stocks - Name: _____ No. of shares owned: _____ Value: \$ _____

D.) Stocks - Name: _____ No. of shares owned: _____ Value: \$ _____

E.) Bonds - Name: _____ No. of shares owned: _____ Value: \$ _____

F.) Property Owned - Address: _____ Current Value: \$ _____

G.) Other Assets: _____

11.) Please indicate whether any of the following priorities below apply to your current situation: (If you answer "yes" to any of these questions, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority you have selected. Please note that all preference claims will be verified prior to the offering of an apartment.)

A.) **Priority # 1:** Homelessness due to Displacement by Natural Forces -- An applicant, otherwise eligible and qualified, who has been displaced by one of the following:

_____ 1.) fire not due to the negligence or intentional act of applicant or a household member; or

_____ 2.) earthquake, flood or other natural cause; or

_____ 3.) a disaster declared or otherwise formally recognized under disaster relief laws.

B.) **Priority #2:** Homelessness due to Displacement by Public Action (Urban Renewal) - An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within three years prior to application, by:

_____ 1.) any low rent housing project as defined in M.G.L. c.12 121B, s 1, or

_____ 2.) a public slum clearance or urban renewal project initiated after January 1, 1947, or

_____ 3.) other public improvement

C.) **Priority #3:** Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

_____ 1.) neither the applicant nor a household member has caused or substantially contributed to *the cause of* enforcement proceedings, and

_____ 2.) the applicant has pursued available ways to remedy the situation by seeking assistance *through the* courts or appropriate administrative or enforcement agencies,

(*Please note: "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without written verification from the agency, constitute a condemnation.)

D.) Priority #4: Involuntary Displacement by 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. An applicant is involuntarily displaced by domestic violence if at least one of the family members is under the age of eighteen and if

- _____ 1.) the applicant has vacated a housing unit because of domestic violence; or
- _____ 2.) the applicant lives in a housing unit with a person who engages in domestic violence; or
- _____ 3.) if the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

12.) Are you seeking admission on the basis of a disability? **Y or N**

(If yes, you must provide proper verification of your disability.)

13.) Do you require a physically adapted unit? **Y or N**

14.) Do you require any special modifications on the basis of your disability? **Y or N**

(If yes, please state what special accommodations you require. Answering "no" does not preclude any subsequent request for an accommodation to a disability.) _____

15.) Please provide us with the Name, Address * Phone Number of *a person* to contact in the case of an emergency:

16.) Do you use controlled substances (e.g., drugs) illegally? **Y or N**

17.) Have you been denied housing in the past five years? **Y or N**

18.) Optional - Race. (check one) **Caucasian:** _____ **Black:** _____ **Native American:** _____ **Hispanic:** _____

Asian: _____ **Other:** _____

(This information will be used only for Fair Housing Programs as required by federal and state laws.)

I understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of my application. My signature certifies that the information contained in this application is true and authorizes the management to verify that information and to obtain information about my credit rating and criminal record from a credit bureau. I understand that false statements will result in the cancellation of my application. (*Please note, this application will not be processed unless it is completely filled out.)

Signature of Applicant _____ Date ____/____/____

Signature of Applicant _____ Date ____/____/____

NOTICE TO ALL APPLICANTS/RESIDENTS/EMPLOYEES

Reasonable Accommodations for Applicants, Residents and/or Employees. with. Disabilities

Federal Management Company, Inc. does not discriminate against applicants or residents on the basis of disabilities. No applicant or tenant is required, as a condition of applicant, eligibility, or continued occupancy to provide information regarding the nature or severity of a disability. Individuals may choose to identify themselves as persons with disabilities in order to receive an accommodation or to qualify for special programs available to disabled persons only

Federal Management Company, Inc. has an obligation to provide "reasonable accommodations*" to applicants or tenants if they or any of their household members require such accommodations as a result of a physical and/or mental disability. A reasonable accommodation is some type of change that Federal Management Company, Inc. can make to its facilities or practices that will assist an otherwise eligible applicant with a disability to be able to participate fully in Federal Management Company, Inc. programs. An applicants household that has a member with a mental and/or physical disability must still be able to meet the essential obligations of the lean such as being able to pay rent, to care for the apartment, to report required information to Federal Management Company, Inc. and to avoid disturbing neighbors, but there is no requirement that states that a disabled applicants or tenants be able to do these things without a reasonable accommodation.

If you would like to be identified as a person with a disability, please request and complete the 'Form for Persons Who Choose to Self-Identify as Persons With Disabilities', and if you would like to request a reasonable accommodation, please complete the "Reasonable Accommodation Request Form for Persons With Disabilities". After completing either or both of the forms, please return the form(s) to the Symphony Plaza East Management Office and/or Property Manager. When requesting a reasonable accommodation, you will also need to submit documentation verifying the existence of the disability, and the need for an accommodation as a result of that disability, Federal Management Company, Inc. will work with you to discuss what can be done to accommodate your disability.

Please remember, should you or a member of your household have a mental and/or physical disability, and you need an accommodation, you may request it at any time during the application process or after admission.

It is the intent of Federal Management, Inc., to promote and encourage the participation of disabled persons to the fullest extent possible in all programs, services and activities- It is the policy of Federal Management Company, Inc. to take affirmative actions regarding persons with disabilities and to not discriminate against persons with disabilities in any way, shape, or form. Within reason and to the fullest extent possible it is the intent of the Management to accommodate the needs of disabled individuals, whether they be existing tenants, employees, programs participants, or applicants for tenancy, employment and/or program participation

The policy of Federal Management Company, Inc, in making "Reasonable Accommodations" for persons with disabilities is most commonly applied in the following situations:

- to accommodate an applicant or tenant who requires modifications to an inaccessible dwelling unit;
- to make programs, services, activities, non-housing facilities and common space accessible to and usable by persons with disabilities; and
- to accommodate an applicant who has been offered a job or a current employee, by making the workplace accessible and usable by that person.

The policy of Federal Management Company, Inc, is to provide "reasonable accommodations" to all individuals with disabilities who request them unless such accommodation would present an undue hardship and/or unreasonable financial or administrative burden to Management. In such cases where a request for reasonable accommodation may present an undue hardship or financial/administrative burden for Management, the Management will attempt to Propose an alternative solution and/or accommodations that do not create a hardship.

Federal\ Management Company, Inc. may provide reasonable accommodations by making structural alterations to an existing facility or, if any equivalent result can be, achieved, by other means such as by the employment of auxiliary aids or by the utilization of the Management Transfer Policy. Every consideration will be given to recommendations made by the person requesting the accommodation in achieving the desired result.

When physical alterations or modifications are required to provide reasonable accommodations; such accommodations will be made to the maximum extent feasible to provide a unit, common area, or work space that is readily accessible to and usable by the individual requesting the accommodation.

The provision of reasonable accommodations shall be consistent with the capabilities and resources available to Federal Management Company, Inc. and/or Symphony Piazza East/West to the extent that such reasonable accommodations do not impose undue financial and/or administrative burden(s) on federal Management Company, Inc. and/or Symphony Plaza East/West.

When Federal Management Company, Inc, and/or Symphony Plaza East's capabilities and resources are insufficient in providing reasonable accommodations, a search will be conducted to locate other resources. and/pr similar situations where reasonable accommodations have been applied, prior to concluding that any request for the same constitutes an "Undue Hardship" to the Management and/or Owner.

Some factors considered in determining "Undue Hardship" include:

- * level of difficulty involved with providing the requested accommodation;
- * cost of the requested accommodation
- * thorough consideration of availability/unavailability of outside or other sources funding;
- * impact of the requested accommodation on the overall operations of the Management;
- * aggregate costs of providing reasonable accommodations, or Management commitments to provide reasonable accommodation requested previously, within a fiscal year-,
- * impact on other Management employees.; and
- * failure of documented research to disclose an alternative reasonable accommodation which Management could provide and which would have an equivalent result as the requested accommodation.

Request forms for "Reasonable Accommodations" are available at the management office of Symphony Plaza East is located at 334 Massachusetts Avenue, Boston, MA 02115. Assistance will be provided to any person needing help preparing and/or filling out the "Reasonable Accommodation Request Form".

The determinations regarding reasonable request for accommodations and/or any questions regarding Federal Management Company, Inc.'s reasonable accommodations policy will be reviewed and/or resolved by Symphony Plaza East's Property Manager, Jonathan N. Donahue and Ms. Donna. Bronk of Federal Management Company, Inc. located at 175 Federal Street, Boston, MA and/pr the Management's Section 504 Coordinator

TENANT SIGNATURE: _____ **DATE:** _____

TENANT SIGNATURE: _____ **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

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

Housing History, Page 3

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