

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

Property: **EDINBORO REALTY TRUST**
Location: 21 - 23 Edinboro Street
Boston, MA 01824

DO NOT WRITE IN BOX
OFFICE USE ONLY
Date of Receipt:
Time of Receipt:
Control Number:
Bedrooms: 0 1 2 or 3
Race: AI A B H O W
Priority Cat:
Preference:
Language:

Management Office: **L.E. Smith Management Co.**
180 Shawmut Ave.
Boston, MA 02118
Tel. 617-482-7237 Fax 426-0044

Instructions for Head of Household: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to your or which you choose to to answer. APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE FULLY COMPLETED.

For financial information, please make sure you provide complete information on the source that will verify the information you give us. (For example, bank information should include the name of the bank, full address, and account numbers.)

1. Name of Applicant _____

Current Address: _____

City _____ State _____ Zip _____

Home Telephone: _____ Work Telephone: _____

2. Type of Housing Needed: (Select One)

Rental Assistance Conventional Both

Number of Bedrooms needed (select one): 0 1 2 3

3. Veteran's Preference. (Only for Family Housing) You may apply for Veteran' Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of U.S. Military Service: Month _____ to Month _____

4. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.

American Indian Asian Black Hispanic Other White

5. Members of Household to live in unit, including Head of Household.

First name, middle initial, and last name of everyone to live in the household	Relationship to Head	Sex	Date of Birth	Occupation or Grade in School
1	HEAD			
2				
3				
4				
5				
6				

Will any of these people live anywhere except the unit you are applying for? Yes No

If yes, please explain: _____

Will anyone else live in the apartment on either a full-time or -part-time basis? Yes No

If yes, please explain: _____

Is a change in the household expected in the future? Yes No

If yes, what type of change? _____ When? _____

Special Needs: Specify _____

6. If a live-in attendant is required for an elderly, handicapped, or disable member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant: _____

Name and Address of Doctor: _____

7. **INCOME BEFORE DEDUCTIONS** Estimate the Gross Income anticipated for ALL Household members from all sources for the next 12 months. Specify all sources.

Household Member Name	Income Type	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	V.A Disability		
	Net Income From Business or Profession		
	Trust Income, Interest & Dividends		
	Pensions and Annuities		
	Regular Unemployment or Disability Compensation		
	Regular Social Security Benefits and/or SSI		
	A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments, Gifts		
	Other Income		

TOTAL GROSS INCOME

8. EXPENSES

Extraordinary Expenses required by Employer	
Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments	
Health Insurance	
Other	

TOTAL EXPENSES

9. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. DO NOT include clothing, furniture or cars.

Household Member	Description of Assets (Source and Account Number)	Value of Applicant's Equity

10. If you are now renting, who is your landlord?

Name: _____

Address: _____

Tel: _____ Current Rent: \$ _____ Security deposit: \$ _____

If you are not renting, please explain your current living arrangements:

11. List addresses for the last five years, in reverse order. You must fill in complete information

(1) Address: _____ From: _____ to present
Name of Landlord: _____ Tel #: _____
Address of Landlord: _____

(2) Address: _____ From: _____ to _____
Name of Landlord: _____ Tel #: _____
Address of Landlord: _____

(3) Address: _____ From: _____ to _____
Name of Landlord: _____ Tel #: _____
Address of Landlord: _____

12. Have you, or any member of your household ever received housing assistance from this or any other housing agency? This includes rental assistance programs. Yes No

If yes, Name of Head of Household at that time: _____

Relationship to applicant: _____

Name of Housing Agency: _____

Date moved out: _____

Reason moved out: _____

Did you leave as a tenant in good standing? Yes No

If NO, please explain:

13. Have you or any member of your household who will live in the unit been convicted of a felony, or a misdemeanor other than a traffic violation? Yes No

If yes, explain: _____

14. Do you or any member of your household use an illegal drug or other illegal controlled substance? Yes No

15. Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes No

If yes, explain: _____

16. Have you or your spouse / co-applicant ever used different names from the names given in this application? Yes No

If Yes, give name(s) and explain _____

17. Have you or any member of your household ever used social security numbers different from those listed in this application? Yes No

If yes, explain: _____

18. Have you or your spouse / co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No

If yes, explain: _____

19. How did you hear about this rental property, e.g. newspaper, word of mouth, etc.?

20. Please give three (3) references (other than family)

(1) Name _____ Tel # _____ Relationship _____

Address _____ City _____ State: _____ Zip _____

(2) Name _____ Tel # _____ Relationship _____

Address _____ City _____ State: _____ Zip _____

(3) Name _____ Tel # _____ Relationship _____

Address _____ City _____ State: _____ Zip _____

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature. An enhanced **consumer credit report, which includes housing court eviction records and arrest and conviction records, may also be requested.** I / we certify that I / we understand that false statement or information are punishable under State Law.

The L.E. Smith Management Co., Inc. does not discriminate on the basis of Race, Color, Religion, National Origin, Sex, Sexual Orientation, Age, Children, Ancestry, Marital Status, Veteran History, Public Assistance recipient, or Mental/Physical Disabilities.

If you have a disability and if you believe that your disability affects the processing of this application, you may inform us of mitigating circumstances, which will be carefully considered by L.E. Smith Management, and / or you may request, and L.E. Smith Management will consider granting, a reasonable accommodation.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

L. E. SMITH MANAGEMENT COMPANY, INC.
180 SHAWMUT AVENUE
BOSTON, MASSACHUSETTS 02118
TEL. (617) 4822747 — FAX (617) 428-0044

NOTIFICATION OF NONDISCRIMINATION
ON THE BASIS OF HANDICAPPED STATUS (504)

(To employees, applicants, tenants and other interested parties)

L.E. Smith Management Company, Inc. and Edinboro Realty Trust do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Loring E. Smith, President

L.E. Smith Management Company, Inc.
6 Beacon Street 5th Floor
Boston, Massachusetts 02108

Telephone — Voice (617) 973-0653
Telephone — TDD 1-800-439-2370
(Bell Atlantic Massachusetts Relay Service)

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

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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:

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