

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



(SUBJECT TO APPROVAL)

PERSONAL	X	
	NAME OF APPLICANT	SOCIAL SECURITY NUMBER
	APARTMENT SIZE	DESIRED MOVE IN DATE
		INITIAL IF OVER 18

PRESENT ADDRESS	<div>X</div>		
	PRESENT ADDRESS (CITY/STATE/ZIP CODE)		
	OCCUPIED FROM: (MONTH/YEAR)	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
	PRESENT LANDLORD ADDRESS (CITY/STATE/ZIP CODE)		PHONE NUMBER

PRIOR ADDRESS

 PRIOR ADDRESS (CITY/STATE/ZIP CODE)

 OCCUPIED FROM: (MONTH/YEAR)

TO: (MONTH/YEAR)

PREVIOUS LANDLORD

 PREVIOUS LANDLORD ADDRESS (CITY/STATE/ZIP CODE)

PHONE NUMBER

EMPLOYMENT

CURRENT EMPLOYER		ADDRESS (CITY/STATE/ZIP CODE)		PHONE NUMBER
OCCUPATION OR INCOME SOURCE	SALARY	LENGTH OF EMPLOYMENT	CONTACT PERSON	
WHAT TYPE OF BUSINESS				
FORMER EMPLOYER	ADDRESS (CITY/STATE/ZIP CODE)		LENGTH OF EMPLOYMENT	PHONE NUMBER

OCCUPANTS	1.	2.	3.
	LIST ALL HOUSEHOLD MEMBERS (OVER THE AGE OF 18). EACH ADULT MUST FILE SEPARATE APPLICATIONS.		
	1.	2.	3.
	LIST NAMES AND AGES OF MINOR CHILDREN		

NAME	ADDRESS (CITY/STATE/ZIP CODE)	RELATIONSHIP	PHONE NUMBER

Have you ever been convicted of a criminal felony? _____

(A conviction record may not necessarily lead to a rejection of your application.)

Are you or any member of the applicant's household engaged in the current illegal use of a controlled substance? _____

Have you or any member of applicant's household been convicted of illegal manufacture, distribution or possession of a controlled substance? _____

List the year, model and state of registration for all cars in the household: _____

Do you have any recreational vehicles (boats, motorcycles, campers, etc.)? _____ Yes _____ No

If yes, please specify: _____

Do you have a waterbed? _____ If yes, list the waterbed insurance company: _____

Do you have a pet? _____ If yes, Height: _____ Weight: _____

Description: _____

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

I, _____, hereby give full permission for **Bay Tower** to obtain credit history, landlord references, criminal history, housing court information and any other information that may be needed to process this application. Information may also be obtained directly from the source provided on my application. I warrant and represent that all statements herein are true.

Please be informed that all apartments at **Bay Tower** are rented to individuals without regard to race, color, religion, sex, handicap, familial status, national origin or sexual orientation and **Bay Tower** practices Equal Housing Opportunity.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a **12-month** lease, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true.

Rent and Other Monthly Charges are due and payable on the first day of each month in advance.

Cancellation of this application must be made within 48 hours for refund of \$ _____. The deposit taken with this application is to be applied to the security deposit if application is approved. If the application fails to execute a lease, then the deposit shall be retained by the owner/agent as liquidated damages. However, the owner/agent will refund the deposit if this application is rejected.

Signature of Applicant

Date

Signature of Property Representative

Date

*** A \$25.00 Non-Refundable Application Fee Is Required To Process Each Application.**

FOR OFFICE USE ONLY

Date Received:	_____
Base Rent per Month	\$ _____
First Month's Rent	\$ _____
Term of Lease:	_____
Other Monthly Charges	_____
	\$ _____
Last Month's Rent	\$ _____
Security Deposit	\$ _____
Key Deposit	\$ _____
Other Deposits	\$ _____
Non Refundable Fees	\$ _____
Amount Received	\$ _____
Balance Due Upon Acceptance	\$ _____

AN MB RENTAL COMMUNITY





BAY TOWER

APARTMENTS

DATE: _____

TO: _____

CONTACT: _____

PHONE: _____

RE: **Employment Verification of** _____

The above-named person has applied for an apartment at Bay Tower Apartments and has given your name as present/previous employer. We would appreciate your supplying us with the following information, which shall be held in strict confidence.

Length of Employment: _____ Position: _____

Annual Salary: _____ Bonus/Commission: _____

Full or Part Time: _____

Do you expect continued employment: _____

Comments: _____

Thank you for your assistance in this matter.

Very truly yours,

Bay Tower Apartments

Signature of person verifying above

Carol Riley
Site Manager

Title

RELEASE TO EMPLOYER:

I hereby give my permission to allow the release of the information above to Bay Tower Apartments.

Signature of Applicant

1410 Columbia Road • South Boston, • Massachusetts 02127
Phone 617-268-4821 • Fax 617-269-0586

AN MB RENTAL COMMUNITY



BAY TOWER

APARTMENTS

Date: _____

To: _____

RE: Landlord Reference of _____

When applying for an apartment here, the above-named person gave us your name as a present or former landlord. Would you please provide the following information, which shall be held in strict confidence.

1. Monthly rent: \$ _____
2. Late in rent payments: _____ YES _____ NO
If yes, how late? _____ How Often? _____
3. Length of residence: _____
4. Were checks returned for insufficient funds? _____ YES _____ NO
5. How many people resided in the apartment? _____
6. Regarding cleanliness and care of the apartment, was resident:
_____ Excellent _____ Good _____ Fair _____ Poor
7. Were there any problems regarding this applicant's behavior or did you receive complaints from other residents? If yes, please give brief explanation:

8. Would you rent to this person again? _____ YES _____ NO
Other Comments: _____

Thank you for your assistance in this matter.

Very truly yours,

Bay Tower Apartments

Signature of person verifying above

Carol Riley
Site Manager

Title

RELEASE TO LANDLORD:

I hereby give my permission to allow the release of the information above to Bay Tower Apartments.

Signature of Applicant

1410 Columbia Road • South Boston, • Massachusetts 02127
Phone 617-268-4821 • Fax 617-269-0586

AN MB RENTAL COMMUNITY

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:

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