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: 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 NO Do you need a wheelchair accessible unit (or a "no-steps" unit)? ☐ YES □YES NO Do you need reasonable accommodations due to a disability, either during the application period or tenancy? IYES NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program? NO **Priority/Preference Status:** If there is a section in this application that asks ☐ YES about priorities and preferences, did you claim any? Office Only: Date/Time Stamp



RENTAL APPLICATION

SUBJECT TO APPROVAL

PRESENT ADDRESS (CITY/STATE/ZIP CODE) OCCUPIED FROM: (MONTH/YEAR) DAYTIME PHONE NUMBER PRESENT LANDLORD ADDRESS (CITY/STATE/ZIP CODE) OCCUPIED FROM: (MONTH/YEAR) TO: (MONTH/YEAR) PREVIOUS LANDLORD ADDRESS (CITY/STATE/ZIP CODE) 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	APARTMENT SIZE DESIRED MOVE IN DATE INITIAL IF OVE PRESENT ADDRESS (CITY/STATE/ZIP CODE) OCCUPIED FROM: (MONTH/YEAR) DAYTIME PHONE NUMBER EVENING PHONE NUMBER PRESENT LANDLORD ADDRESS (CITY/STATE/ZIP CODE) PRIOR ADDRESS (CITY/STATE/ZIP CODE) OCCUPIED FROM: (MONTH/YEAR) TO: (MONTH/YEAR) PREVIOUS LANDLORD PREVIOUS LANDLORD PHONE NUMBER 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		PERSONAL	NAME OF APPLICANT	т	SOCIAL SECURITY NUMBE
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Experience and the second state of the second	Parameter Service Control of the Con		WHAT TYPE OF BUSINESS			townstand to see
1. 2. 3.	1. 2. 3. LIST ALL HOUSEHOLD MEMBERS (OVER THE AGE OF 18). EACH ADULT MUST FILE SEPARATE APPLICATIONS. 1. 2. 3.		FORMER EMPLOYER A	DDRESS (CITY/STATE/Z	IP CODE) LENGTH OF EMPLOYMENT	PHONE NUMBER
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EMERGENCY

NAME

ADDRESS (CITY/STATE/ZIP CODE)

RELATIONSHIP

PHONE NUMBER

NAME ADDRESS (CITY/STATE/ZIP CODE)

RELATIONSHIP

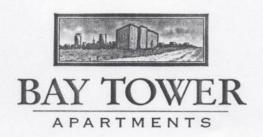
PHONE NUMBER

Have you ever been convicted of a criminal felony?		
(A conviction record may not necessarily lead to a rejection of your applic	cation.)	
Are you or any member of the applicant's household engaged in the curr		DISEASE AND A STATE OF THE STAT
Have you or any member of applicant's household been convicted of illeg	gal manufacture, distribution or possession of	f 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:	and the second of second	
Do you have a waterbed? If yes, list the waterbed insurance con	mpany:	
Do you have a pet? If yes, Height: Weight:		
Description:		
PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND DOES NO MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPL	OF YOUR APPLICATION. YOUR SIGNATURE BELO	
TOUR CONSENT TO VERIFF THE INFORMATION CONTAINED IN THIS AFFE	A SO THE STREET OF THE STREET	
, hereby give full perm	ission for Bay Tower to obtain credit history, land	dlord references, criminal history,
housing court information and any other information that may be needed to p		
provided on my application. I warrant and represent that all statements hereir	n are true.	
Please be informed that all apartments at Bay Tower are rented to individuals origin or sexual orientation and Bay Tower practices Equal Housing Opportur		dicap, familial status, national
The undersigned warrants and represents that all statements herein are true applicant has received or has had occasion to examine, which lease or agree		
Rent and Other Monthly Charges are due and payable on the first day of each	n month in advance.	
Cancellation of this application must be made within 48 hours for refund of \$	The deposit taken with this ap	oplication is to be applied to the
security deposit if application is approved. If the application fails to execute a damages. However, the owner/agent will refund the deposit if this application	a lease, then the deposit shall be retained by the	
	CAMP STORY	nebus, me sunt equation
	FOR OFFICE	USE ONLY
Signature of Applicant		
	Date Received:	
Date	Base Rent per Month	\$
	First Month's Rent	3
	Term of Lease:	
Signature of Property Representative	Other Monthly Charges	
Signature of Property Representative		\$
0.1	Last Month's Rent	\$
Date	Security Deposit	\$
* A \$25.00 Non-Refundable Application Fee	Key Deposit	\$
Is Required To Process Each Application.	Other Deposits	\$
Survey with a substractive	Non Refundable Fees	\$
A •	Amount Received	\$
1=1 -	Balance Due Upon Acceptance	\$

AN MB RENTAL COMMUNITY

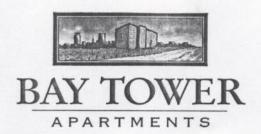






DATE:	
TO:	
	CONTACT:
	PHONE:
RE: Employment Verifi	ication of
Apartments and has given you	applied for an apartment at Bay Tower ar name as present/previous employer. We ing us with the following information, which ice.
Length of Employment:	Position:
Annual Salary:	Position: Bonus/Commission:
Full or Part Time:	
	loyment:
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



Го:				
RE:	Landlord Reference of			
When	applying for an apartment here,	the above-named per	son gave us your	name as a present or
	r landlord. Would you please pro	ovide the following in	formation, which	shall be held in strict
onfide	ence.			
1.	Monthly rent: \$ Late in rent payments:			
2.	Late in rent payments:	YES		NO
	If yes, how late?	How Ofte	n?	
3.	Length of residence:			
4.	Were checks returned for in	sufficient funds?	YES	NO
5.	How many people resided in	n the apartment?		
6.	Regarding cleanliness and c Excellent	are of the apartment,	was resident:	
7.	Were there any problems re complaints form other resid	egarding this applica	nt's behavior or	did you receive
8.	Would you rent to this pers Other Comments:	on again?	YES	NO.
	Would you rent to this pers Other Comments: you for your assistance in this m		YES	NO
hank	Other Comments:		YES	NO
hank ery t	Other Comments:	atter.		
hank ery t	Other Comments:	atter.	YES	
Thank Very t	Other Comments:	atter.		
hank ery t ay To	Other Comments: you for your assistance in this maruly yours, ower Apartments Riley lanager	atter. Signa	ture of person ve	erifying above
Thank Very to Bay To Carol Lite M	Other Comments: you for your assistance in this maruly yours, ower Apartments Riley	atter. Signa	ture of person ve	erifying above
Thank Very t Bay To Carol Site M ****	Other Comments: you for your assistance in this maruly yours, ower Apartments Riley lanager	Signa Title	ture of person ve	erifying above

Signature of Applicant
1410 Columbia Road • South Boston, • Massachusetts 02127 Phone 617 · 268 · 4821 · Fax 617 · 269 · 0586

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	D:	or present
Address you lived at: Street and Apt# Ci	ty State	Zip		
Landlord's Name and Address				
Landlord Tel:				
Did this landlord bring any court action against the leaseholder of	r you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)		□ Yes	□ No	□ N/A
PRIOR RESIDENCE		DATES YO	U LIVED TH	IERE:
Name on the lease			to	
Address you lived at: Street and Apt# Ci	ty State	Zip	· · · · · · · · · · · · · · · · · · ·	
Landlord's Name and Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
Landlord Tel:				
Did this landlord bring any court action against the leaseholder of	r 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	<u>-</u>
Address you lived at: Street and Apt# Ci	ty State	Zip		
Landlord's Name and Address				
Landlord Tel:				
Did this landlord bring any court action against the leaseholder of	r 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 Address you lived at: Street and Apt# City State Landlord's Name and Address _____ Landlord Tel: Did this landlord bring any court action against the leaseholder or you? □ Yes \square No Did this landlord return your security deposit? (check one) ☐ Yes □ N/A □ No **RESIDENCE BEFORE THAT DATES YOU LIVED THERE:** Name on the lease _____to____ Address you lived at: Street and Apt# City State 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 \square No □ N/A RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:** Name on the lease Address you lived at: Street and Apt# City 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

 \square No

 \square 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