

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

RENTAL APPLICATION
ROBBINS NEST

General Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Work Telephone Number _____

Number of persons in household _____

Household information

Please list ALL household members, regardless of age, who will occupy the affordable home:

Name	Date of Birth	Social Security	Relationship
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Local Preference

Using the definitions found in the Information Packet, please check one of the following local preference categories, if applicable

- ☐ Current Dracut, Mass. resident
- ☐ Child of Dracut, Mass. resident
- ☐ Parent of Dracut, Mass. resident
- ☐ Current Dracut, Mass. employee
- ☐ Current employee of a local business in Dracut, Mass.

To be considered for the Local at Preference category, one of the above boxes must be checked. Please provide proof of preference, such as a copy of license, tax bill, utility bill, census listing, birth certificate, pay stubs, etc.

RENTAL APPLICATION
ROBBINS NEST

Income Information

Please complete the following information for all persons receiving income in the household at the time of applicant. Household income includes gross wages, retirement income (if drawing on it for income), business income, veterans benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.

In addition to completing the following, please attach all income documentation including:

- Five most recent pay stubs
- Social security documentation
- Pension documentation
- Entire Tax Returns and W-2s for the last year

Applicant

Salary:	\$ _____
Interest & Dividends	\$ _____
Alimony/Child Support	\$ _____
Other Income & Source	\$ _____
TOTAL INCOME:	\$ _____

Co-Applicant

Salary:	\$ _____
Interest & Dividends	\$ _____
Alimony/Child Support	\$ _____
Other Income & Source	\$ _____
TOTAL INCOME:	\$ _____

If there are other adult household members who are earning income, please attach 2 separate sheets with their current income information.

RENTAL APPLICATION
ROBBINS NEST

Optional Section: Please check off the appropriate race category for each household member. This information will be used only in accordance with New England Fund guidelines to ensure affirmative marketing requirements.

	Head of Household	Co-Applicant	Dependent(s)
Native American/Alaskan Native			
Asian/Pacific Islander			
African American			
Hispanic/Latino			
Cape Verdean			
White/Non-Miority			
Other			

Employment Status

Applicant's Name:

Occupation:

Present Employer:

Contact Information:

Date of Hire:

Name & Title of Supervisor:

Annual Gross Salary:

Co-Applicant's Name:

Occupation:

Present Employer:

Contact Information:

Date of Hire:

Name & Title of Supervisor:

Annual Gross Salary:

If other adult household members are employed, please attach a separate sheet with their Current employment information.

Applicant Signature

Co-Applicant Signature

Date

RENTAL APPLICATION
ROBBINS NEST

**APPLICATION CHECKLIST
ROBBINS NEST
DRACUT, MASS.**

**Your application is not considered complete without the following documents.
Incomplete or ineligible applications will not be acted on.**

- ☐ Completed and signed application
- ☐ All income documentation including 5 most recent pay stubs, entire tax returns and W-2s for the last year, and any additional income documentation (such as social security or pension income)
- ☐ Signed Disclosure Form

RENTAL APPLICATION
ROBBINS NEST

Disclosure Form
Rental Project
Robbins Nest

Please check and fill in the following items that apply to you

_____ I/We certify that our household is _____ persons.

_____ I/We certify that our annual household income is _____. Income from all family members has been included.

_____ If applicable, I/We certify that at least one member of household qualifies under the local preference category.

I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief under fall penalty of perjury. I/We understand that perjury will result in disqualification from further consideration.

I/We understand that completing an application for the Robbins Nest Development does not guarantee that I/We will be able to rent an affordable unit. I understand that all application data will be verified and my qualifications will be reviewed in detail.

I/We further authorize the Rental Agent to verify any and all income and other financial information to verify any and all households, resident location and workplace information and directs any employer, landlord or financial institution to release any information to the Rental Agent and consequently the project's monitoring agency, for the purpose of determining income eligibility for Robbins Nest Development.

I/We have completed an application and have reviewed and understand the process that will be used to distribute the available affordable units at Robbins Nest Development.

Applicant Signature

Date

Co-Applicant Signature

Date

Please return this form with your completed application to:
O'Card Realty
34 Broadway Road
Dracut, MA 01826
Telephone (978) 453-2845

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:

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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