

**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



**ARLINGTON PARK, INC.**  
355 Park St., Lawrence, MA 01841  
(978)688-2870 FAX (978)687-6424

### OFFICE USE ONLY

Date Received \_\_\_\_\_

# BR \_\_\_\_\_ Code \_\_\_\_\_

# Occupants \_\_\_\_\_

AP HSA

Please complete this application in its entirety and return it to the rental office listed above. In order for your application to be processed, all information must be provided. If an item is not applicable, please indicate N/A. Incomplete applications will be returned. Please print all information clearly.

**Applicant/Co-Applicant** \_\_\_\_\_

Street Address \_\_\_\_\_ **Apt. #** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Co-Applicant SS# \_\_\_\_\_

**Name of Present Landlord** \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Move In \_\_\_\_\_

**Your Previous Address** \_\_\_\_\_

Landlord Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ How Long at This Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

***Additional Landlord Address If You Lived At Any Of The Above  
For A Total Of Less Than Five Years***

**Your Previous Address** \_\_\_\_\_

Landlord Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ How Long at This Address \_\_\_\_\_

**Have you ever received a notice of termination of tenancy while  
at the above listed apartments?** \_\_\_\_\_

If yes, reason(s)? \_\_\_\_\_

**List All Persons Including Yourself, Who Will Live In This Rental Unit**

FULL NAME

RELATIONSHIP

BIRTH DATE

SEX


**Family Income - List Income For All Household Members** - Income Includes:  
Employment, Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment  
Compensation, Baby-sitting, Alimony, Child Support, Scholarships and/or Grants.

Name of (Person Receiving Income)	Type of Income (Listed Above)	Gross Income Monthly Amount
		\$
		\$
		\$
		\$

**Assets** - List the combined assets of all members of your household, whether related or unrelated, who will live in your apartment with you. Include all bank accounts held individually or jointly. Exclude personal property such as furniture, clothing, automobiles, etc. If none, indicate Examples: Checking/Savings Accounts, Certificates of Deposit, Money Market Accounts, etc.

Bank or Fund Name	Account Number	Type of Account	Interest Rate	Current Balance
				\$
				\$
				\$
				\$

**Stocks and Bonds**

Name of Stock/Bond	Current Value

**Real Estate Owned**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Resale Value: \$ \_\_\_\_\_ Attach Realtor's Appraisal

Have you sold a house or land within the past two (2) years:

\_\_\_\_\_ Yes, amount received: \$ \_\_\_\_\_

What was the actual value of the house at the time of sale? \$ \_\_\_\_\_

\_\_\_\_\_ No

If additional real estate is owned, please attach a separate sheet of paper.

Have you sold or given away any assets (examples: money, coin collections, antiques) within the past two (2) years:

\_\_\_\_\_ Yes, amount received: \$ \_\_\_\_\_

What was the actual value of the asset at the time of sale? \$ \_\_\_\_\_

\_\_\_\_\_ No

**Present Housing Conditions:** Please check the following category(s) which apply to you:

\_\_\_\_\_ Current housing is substandard.

\_\_\_\_\_ Displaced by a disaster such as fire, flood, etc. within the last six months and without housing.

\_\_\_\_\_ Displaced by government action, condemnation or urban renewal within the last twelve months.

\_\_\_\_\_ Currently without housing due to removal of apartment from rental market (example: condo conversion or sale).

\_\_\_\_\_ Currently living in a shelter or awaiting discharge from a nursing home. Paying rent in excess of 50% of monthly income:

Your current rental amount \$ \_\_\_\_\_ Utility Costs \$ \_\_\_\_\_

\_\_\_\_\_ Involuntary displacement due to threatened physical violence against themselves or lives in household with an individual who engages in such violence. Living in an overcrowded housing situation:

# of persons in household \_\_\_\_\_ # of bedrooms in unit \_\_\_\_\_

**Additional Information:** Are you currently under lease at present residence?

\_\_\_\_\_ Yes. How much notice are you required to give prior to moving? \_\_\_\_\_

\_\_\_\_\_ No

Are you renting your present apartment or living with family/friends?

Explain: \_\_\_\_\_

If you are under 62 years of age, do you believe that you qualify for housing based on handicap or disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you or any family member require a barrier free apartment adapted for wheelchair? \_Yes No

Do you own a pet which will be living with you in the apartment:

\_\_\_\_\_ Yes \_\_\_\_\_ (Ex. Dog-Cocker Spaniel)  
\_\_\_\_\_ No

Have you ever been evicted or violated your lease? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES, please explain: \_\_\_\_\_

Are you currently engaged in the illegal use of a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or anyone in your household ever been convicted of any crime other than a traffic violation?

\_\_\_\_\_ Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_ No

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?

\_\_\_\_\_ Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_ No

### **Equal Opportunity/Fair Housing Information**

Racial Heritage: This information is requested for Affirmative Action and statistical purposes so that the Department of Housing and Urban Development may determine the degree to which its programs are utilized by minority families. Your answer will not affect your eligibility. Please check the applicable category:

\_\_\_\_\_ Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian

\_\_\_\_\_ White

\_\_\_\_\_ Asian

\_\_\_\_\_ Other

\_\_\_\_\_ African American

\_\_\_\_\_ I do not wish to furnish the above information.

I/We hereby apply for an apartment. With my/our signature(s) below, I/We hereby authorize and request all credit reporting agencies, employer, landlord, credit personal references, arrest and conviction information to disclose all pertinent information about me/us. This inquiry may include information as to my character, credit worthiness, credit standing and credit capacity. My/our signature(s) further authorizes management to verify that the information contained on this application is true. A copy of this shall be as valid as the original.

The undersigned warrants and represents that all statements herein are true. This application does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I/We understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and in the event that I/We take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I/We understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency and/or others inquiring about my tenancy with the apartment complex during and after my tenancy period.

**Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_

**(Signatures will be required of all those who will sign lease.)**



Apartments are available to all on an equal basis regardless of race, color, religious creed, national origin, sex, sexual orientation, age, children, ancestry, marital status, veteran history, public assistance recipient, or mental or physical handicaps.



## 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