

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.

Your Name: _____

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

6. OTHER SOURCES OF INCOME (please include all persons to occupy apartment)

Social Security:	Monthly Amount	\$ _____	S.S.N. _____
SSI:	Monthly Amount	\$ _____	S.S.N. _____
Veterans Benefits	Monthly Amount	\$ _____	S.S.N. _____
Name of Pension:	Monthly Amount	\$ _____	
Alimony:	Monthly Amount	\$ _____	
Child Supports	Monthly Amount	\$ _____	
Other	Monthly Amount	\$ _____	Please Explain:
TOTAL OTHER INCOME:		\$ _____	

7. MEDICAL EXPENSES: Amount of your yearly health insurance payments \$ _____

Amount of your yearly medical expenses not covered by insurance \$ _____

8. ASSETS (list all accounts including: savings, checking, certificates, etc.)

Acct. No _____	Int. Rate: _____%	Amount: \$ _____
Bank Name and Address: _____		
Acct. No _____	Int. Rate: _____%	Amount: \$ _____
Bank Name and Address _____		
Acct. No _____	Int. Rate: _____%	Amount: \$ _____
Bank Name and Address: _____		
Stocks - Name: _____	No. Shares _____	Value \$ _____
Bonds - Name: _____	No. Shares _____	Value \$ _____
Cash Surrender Value of Life Insurance Policy		Value \$ _____
Property Owned: _____		Net Sales Value \$ _____
Street	City	State Zip

9. During the past two (2) years have you given away more than \$1,000 or disposed of other assets for less than their fair market value? ☐ Yes ☐ No If yes, please explain:

10. CREDIT REFERENCES (Charge Accts., Bank Loans, Time Payments, etc.) Include Name and Address of Company:

1. _____
2. _____
3. _____

11. PERSONAL REFERENCES - NO RELATIVES (Please include Name, Address & Phone No.)

1. _____
2. _____
3. _____

12. PREFERENCE INFORMATION: (Please check all applicable boxes)

- ☐ Person Displaced by Natural Disaster
- ☐ Person Displaced by Government Action
- ☐ Person Paying Rent in Excess of 50% of Income
- ☐ Living with Actual or Threatened Domestic Violence
- ☐ Person Living in Substandard Housing
- ☐ Person Living in Overcrowded Conditions
- ☐ Person Displaced by Private Action Beyond Their Control



In the following spaces, please explain any item(s) that you have checked above. You may qualify for a preference in admission. You must provide verification of the circumstances noted above:

13. Do you require an apartment modified for a wheelchair or any other type of "Reasonable Accommodations" (as defined under Section 504 (24 CFR Part 8 dated 6/2/88)? ☐ Yes ☐ No
If yes, please explain:

Are you seeking admission on the basis of being handicapped or disabled? ☐ Yes ☐ No
If yes, you must provide proper verification of your handicap or disability.

Do you require an apartment modified for a wheelchair? ☐ Yes ☐ No
Do you require any special accommodation on the basis of a handicap or disability? ☐ Yes ☐ No

If yes, please state in the box below what special accommodations you require. Answering "no" does not preclude any subsequent request for an accommodation to a disability.

14. CRIMINAL RECORD - Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last ten years? ☐ Yes ☐ No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? ☐ Yes ☐ No

If yes to either, please describe the circumstances, docket number, charge, date and court in the box below

Do you use controlled substances (e.g. drugs) illegally? ☐ Yes ☐ No
If yes, please explain:

15. Has your families' assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with the recertification procedure? ☐ Yes ☐ No

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

If yes, please state:

Name of head of household at that time:

Relationship to present applicant:

Name of Housing Agency or Landlord:

Date moved out: _____ Reason moved out: _____

Did you leave in good standing? ☐ Yes ☐ No
If no, please explain:

16. Have you or any household members ever been evicted? ☐ Yes ☐ No
If yes, please describe the circumstances, including date of eviction:

17. Have you been denied housing in the past five years? ☐ Yes ☐ No
If yes: Please describe the circumstances:

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of this application. My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Please be advised that Barkan Management Company, Inc. and New Falls Apartments does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap or national origin.

Date

Signature of Applicant

Date

Signature of Co-Applicant



BARKAN MANAGEMENT CO.
New Fall Apartments
2281 Washington Street
Newton Lower Falls, MA 02462



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

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

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