

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

L E. SMITH MANAGEMENT COMPANY, agent for

WATERFORD PLACE

180 Shawmut Ave, Boston, MA 02118

TEL. 617-482-2747 FAX 617-426-0044

RENTAL APPLICATION

Application # _____

Applicant Name: _____

Date of Birth: _____

Social Security #: _____

Present Address: _____

City: _____ **State :** _____ **Zip:** _____

Phone: _____

Spouse or Co-Resident's Name: _____

Date of Birth: _____

Social Security #: _____

SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR 4BR

() () () ()

Do you require a barrier-free apartment for wheelchair access?

UNIT TYPE REQUESTED

() Market Rent

() Low Rent

() Yes () No

FAMILY COMPOSITION - List all others who will occupy the apartment

FULL NAME OF EACH PERSON IN THE HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	FULL-TIME STUDENT Name of School
2				
3				
4				
5				
6				
7				
8				

REFERENCES - Full name and address of Landlords for the **last five years**.

Name of Present Landlord: _____ Telephone: _____

Landlord's Address: _____

Your Previous Address: _____ Dates: _____

Landlord's Address: _____

Your Previous Address: _____ Dates: _____

Name of Previous Landlord: _____ Telephone: _____

Landlord's Address: _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer: _____ Telephone#: _____

Address: _____ Years Employed: _____

Position: _____ Current Salary: \$ _____ () weekly () bi-weekly () monthly

Member # _____

Name of Present Employer: _____ Telephone#: _____

Address: _____ Years Employed: _____

Position: _____ Current Salary: \$ _____ () weekly () bi-weekly () monthly

Member # _____

Name of Present Employer: _____ Telephone#: _____

Address: _____ Years Employed: _____

Position: _____ Current Salary: \$ _____ () weekly () bi-weekly () monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER{

Mem. Numb.	Pension or Annuity	Social Sec. (SSA)	AFDC (Welfare)	Disability (SSI)	Workmen's Comp.	Alimony or Child Sup.	Unempl. Or Other
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INCOME FROM ASSETS:

	Mem. Numb.	Bank/BRANCH And ACCOUNT NUMBER	INTEREST RATE	PRESENT VALUE	ANNUAL INCOME
Savings Acct.	_____	_____	_____ %	\$ _____	\$ _____
Checking Acct.	_____	_____	_____ %	\$ _____	\$ _____
Cert. Of Dep.	_____	_____	_____ %	\$ _____	\$ _____
Stocks/Bonds	_____	_____	_____ %	\$ _____	\$ _____
Second Home	_____	_____	_____ %	\$ _____	\$ _____
Other	_____	_____	_____ %	\$ _____	\$ _____

Automobile Make/Model: _____ Registration: _____ State: _____

Pursuant to Massachusetts Law, L.E. Smith Management shall not make any inquiry concerning the race, religious creed, color, national origin, sex, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces, or is blind.

If you have a disability and if you believe that your disability affects the processing of this application, you may inform us of mitigating circumstances, which will be carefully considered by L.E. Smith Management, and/or you may request, and L.E. Smith Management will consider granting, a reasonable accommodation.

The L.E. Smith Management Co., Inc. does not discriminate on the basis of Race, Color, Religion, National Origin, Sex, Sexual Orientation, Age, Children, Ancestry, Marital Status, Veteran History, Public Assistance recipient, or Mental/Physical Disabilities.

The undersigned warrants and represents that all statements herein are true. I/We understand that **inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature. An enhanced consumer credit report, which includes housing court eviction records and arrest and conviction records, may also be requested. I/We hereby apply for an apartment. With my signature below, I/we hereby authorize and request all credit reporting agencies, employer, credit and personal references to disclose all pertinent information about me/us. I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities. A copy of this authorization shall be as valid as the original.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

Word/WP/forms/appl/rentapp

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