

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

**PRELIMINARY RENTAL APPLICATION
THE ANCHORAGE APARTMENTS**

103 NINTH STREET
CHARLESTOWN, MA 02129
PHONE. (617) 242-4515
FAX: (617) 242-1081
TDD: (800) 545-1833 EXT. 710

NOTE: Please fill out each item as completely as possible

FOR OFFICE USE ONLY

Application date: _____
Interview date: _____
L/VL: _____ Imputed Assets: _____
Imputed Assets Disposition Date: _____
Special Needs: _____
Refused Unit: _____

Date Occupancy Desired: _____ **Size of unit desired:** Studio _____ 1-bedroom _____
Do you own a car? ☐ Yes ☐ No If yes, please describe: _____
Do you have any pets? ☐ Yes ☐ No If yes, please describe: _____
How did you hear about The Anchorage Apartments? _____

1. Name: _____
Home Telephone: _____ Work Telephone: _____
Present Address: _____
Street & Apt. Number City State Zip
Mailing Address (if different): _____

Please complete the following information about each person to occupy apartment (including applicant)

Name	Sex	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
		HEAD			

2. **RACE** (Please note that completing this section is optional. The information will be used only for Fair Housing Programs as required by federal and state laws.)

White ☐ Black ☐ Asian ☐ Native American ☐ Hispanic ☐ Other: _____

Citizenship Status: Are you a U.S. Citizen? ☐ Yes ☐ No

If no, please indicate residency status: _____

3. Are you, your spouse, or any member of your household a **full-time student**? ☐ Yes ☐ No

4. **Please list all landlords for the past five years, in reverse order.** If more space is needed, please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your previous landlord.

Present Apartment: Name of Landlord: _____ Tel. No: _____
Address of Landlord: _____ Apt. Size: _____
Date from: _____ to the Present
Monthly Rent: \$ _____ Utility cost per month: \$ _____ Reason for leaving: _____

Previous Address: _____
Previous Landlord: _____ Tel. No: _____
Address of Landlord: _____ Apt. Size: _____
Date from: _____ To: _____
Monthly Rent: \$ _____ Utility cost per month: \$ _____ Reason for leaving: _____

5. EMPLOYMENT *(please include employment of all persons to occupy apartment)*

Name of Employer: _____ Tel. No: _____
 Business Address: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

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

Social Security: _____ Monthly Amount _____ S.S. No. _____
 SSI: _____ Monthly Amount _____ S.S. No. _____
 Veterans Benefits: _____ Monthly Amount _____ S.S. No. _____
 Name of Pension: _____ Monthly Amount _____
 Alimony \$ _____ Child Support \$ _____ Other \$ _____
 Please Explain: _____

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. Number, _____ Amount: \$ _____ Int. Rate: _____
 Bank Name and Address: _____

Acct. Number, _____ Amount: \$ _____ Int. Rate: _____
 Bank Name and Address: _____

Stocks - Name: _____ No. Shares: \$ _____ Value: _____
 Bonds - Name: _____ No. Shares: \$ _____ Value: _____

Cash Surrender Value of Life Insurance Policy \$ _____
 Property Owned: _____ Street _____ City _____ State _____ Net Sales Value \$ _____

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.) 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 Living in Substandard Housing
☐ Person Displaced by Government Action ☐ Person Living in Overcrowded Conditions
☐ Person Paying Rent in Excess of 50% of Income ☐ Person Displaced by Private Action Beyond their control

In the following space, please explain any item(s) that you have checked 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 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: _____

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

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 procession 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 the Anchorage Apartments do 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

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