

**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**



# HANOVER WOODS

65 Frank's Lane, Hanover, MA 02339

781-826-1185

Fax line: 7881-826-8816

## APPLICATION FORM

#Bedrooms \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Race: (Please note that completing this section is optional. The information will be used only for the affirmative marketing program as required by Federal and State laws:

Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_

Asian \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

PRESENT APARTMENT: Size \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Heat Included? \_\_\_\_\_ Monthly Utilities: \_\_\_\_\_

Name of present landlord: \_\_\_\_\_

Address of Present Landlord: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_

PREVIOUS APARTMENT: Size \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Name of previous landlord: \_\_\_\_\_

Address of previous landlord: \_\_\_\_\_

How long did you live there: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Wages: \_\_\_\_\_

Comments \_\_\_\_\_

If other members of the household are employed, complete the following:

Name of Family Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Wages: \_\_\_\_\_

**OTHER SOURCE OF INCOME:**

**Social Security** *Account Number(s)*

*Type*

Retirement \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Widower \$ \_\_\_\_\_

Children \$ \_\_\_\_\_

**Supplemental Second Income**

Old Age \$ \_\_\_\_\_

Blind \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Veterans Benefits**

Claim Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Serial Number: \_\_\_\_\_

**Public Assistance**

Social Security Number: \_\_\_\_\_ AFDC Monthly \$ \_\_\_\_\_  
General Assistance: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Other (describe type) \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Total Monthly Grant \$ \_\_\_\_\_

- Unemployment Compensation
- Social Security Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Pension \*** (\* Items so marked must be verified. Please sign the appropriate verification release as part of your application.)

Source of Pension: \_\_\_\_\_  
Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Pension Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Other - Please Explain \*****Assets \****Savings Bank Accounts*

Name and Account Number	Bank Address	Amount
1. _____	_____	_____
2. _____	_____	_____

*Checking or NOW Accounts*

Name and Account Number	Bank Address	Amount
1. _____	_____	_____
2. _____	_____	_____

*Investments*

	Identify	Value	Dividends
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Real Estate	_____	_____	_____

**Credit References**

Name and address	Account Number
1. _____	_____
2. _____	_____
3. _____	_____

## Personal References

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

## In case of emergency, whom should we call?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Please list those people who will occupy the apartment, including applicant:

Name	Date of Birth	Sex	Social Security #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate any persons who are 18 years or older and are full time students.

Name	School	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pursuant to Massachusetts Law, the Management shall not make any inquiry concerning the race, religion, creed, color, national origin, sex, age (except if a minor), ancestry or marital status of the applicant; nor concerning the fact that the applicant is a veteran or a member of the armed forces, or is blind.

Neither the Owner nor the *Management* is responsible for the loss of personal belonging caused by fire, theft, smoke, water, or otherwise, unless caused by their negligence.

The undersigned warrants and represent that all statements herein are true.

*I/we here by apply for an apartment. With my signature below, I hereby authorize and request all credit reporting agencies, employees credit and personal references disclose all pertinent information about me/us. A copy of this shall be as a valid as the original.*

Rental Agent \_\_\_\_\_

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:

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