

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

FRANKLIN SCHOOL APARTMENTS

7 Stedman Road - Lexington, MA 02421

Tel (781) 863-1810

Date received:

Reviewed by:

VL L MKT _____ Bedroom

OUR APARTMENTS ARE FINANCED BY THE
MASSACHUSETTS HSG FINANCE AGENCY.

Managed by The Community Builders, Inc.
Apartments are rented to all people on an open-
occupancy basis.

(1) **APPLICANT** _____ DATE OF BIRTH _____
PRESENT ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME TELEPHONE _____ SOCIAL SECURITY NUMBER _____
MARITAL STATUS _____ DO YOU HAVE ANY PETS? _____

(2) **THIS QUESTION IS OPTIONAL.** THE INFORMATION WOULD BE MOST HELPFUL TO US IN CONFORMING WITH OUR
AFFIRMATIVE FAIR MARKETING PLAN. PLEASE SPECIFY RACE:

American Indian _____ Black _____ Hispanic _____
Oriental _____ White _____ Other (specify) _____

(3) **NAME OF YOUR PRESENT LANDLORD** _____
ADDRESS OF LANDLORD _____
CITY _____ STATE _____ ZIP CODE _____
LANDLORD'S TELEPHONE NUMBER _____
YOUR MONTHLY RENT IS: \$ _____ UTILITY COSTS (if separate) _____
HOW LONG HAVE YOU LIVED THERE? _____ APT. SIZE = _____ bedrooms
NUMBER OF PEOPLE LIVING THERE _____

(4) **THIS QUESTION IS OPTIONAL IF THE APPLICANT HAS BEEN LIVING AT PRESENT ADDRESS MORE THAN 5 YRS.**

PREVIOUS ADDRESS _____ CITY _____ ZIP _____
PREVIOUS LANDLORD NAME _____
ADDRESS OF LANDLORD _____
LANDLORD'S TELEPHONE NUMBER _____
YOUR MONTHLY RENT WAS: \$ _____ UTILITY COSTS (if separate) _____
HOW LONG DID YOU LIVE THERE? _____ APT. SIZE = _____ bedrooms
NUMBER OF PEOPLE LIVING THERE _____

Please use the back of this form if necessary to list all places you have lived the past five (5) years

(5) LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT (INCLUDING THE APPLICANT)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

(6) INCOME INFORMATION PLEASE INCLUDE ALL INCOME ON A MONTHLY BASIS OF ANYONE
18 YEARS OF AGE OR OLDER WHO WILL OCCUPY THIS APART

TYPE	APPLICANT	SPOUSE	OTHER (Specify)
SALARY	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$
S.S.I.	\$	\$	\$
PENSION	\$	\$	\$
ANNUITY	\$	\$	\$
ALIMONY	\$	\$	\$
CHILD SUPPORT	\$	\$	\$
A.F.D.C.	\$	\$	\$
GENERAL RELIEF	\$	\$	\$
OTHER	\$	\$	\$
	\$	\$	\$

(7) ASSETS - LIST ALL (CHECKING SAVINGS, STOCKS, BONDS, ESTATE EQUITY, ETC.)

TYPE	BANK OR AGENCY	ACCOUNT#	PRINCIPAL

(8) CREDIT REFERENCES (CHARGE ACCOUNTS, BANK LOANS, TIME PAYMENTS, FTC)

1. _____
2. _____
3. _____

(9) PERSONAL REFERENCES (NAME, ADDRESS AND PHONE NUMBER)

1. _____
2. _____
3. _____

(10) PLEASE CHECK OFF EACH OF THE FOLLOWING TO DESCRIBE YOUR PRESENT SITUATION

YES	NO	SITUATION:
		BEING DISPLACED BY NATURAL DISASTER
		BEING DISPLACED BY PUBLIC ACTION
		BEING DISPLACED BY PRIVATE ACTION ION
		LIVING IN A SHELTER
		CURRENTLY LIVING IN SUBSTANDARD CONDITIONS
		CURRENTLY LIVING IN OVERCROWDED CONDITIONS
		PAYING MORE THAN 50% OF YOUR INCOME FOR
		RENT AND UTILITIES

IF THE ANSWER TO ANY OF THE ABOVE IS "yes" PLEASE GIVE FULL DETAILS ON THE REVERSE SIDE OF THE FORM

(11) HAS ANYONE LISTED IN QUESTION #6 BEEN CONVICTED OF A FELONY? _____

IF YES, WHICH PERSON? _____

(12) IF ANYONE LISTED IN QUESTION #5 HAS BEEN DESIGNATED AS HANDICAPPED AND WILL REQUIRE SPECIAL ACCOMMODATION. PLEASE EXPLAIN:

(13) IF THERE IS ANY SPECIAL REASON YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS COMPLEX PLEASE EXPLAIN:

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. YOUR SIGNATURE GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION

WARNING: SECTION 1001 OF TITLE 1 1B OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I /WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HEREIN SUBMITTED BY ME / US IS TRUE AND CORRECT

APPLICANT _____ DATE: _____

CO APPLICANT _____ DATE: _____

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