

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

Office Only: Date/Time Stamp

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 (an addresst that may work for the next 3-5 years):

City/State/Zip: _____

Phones: _____

Email: _____

MAIL TO: (Allow 3 wks for response)

Do you have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If “Yes” you must provide the SSN below.*

The **SSN** for the head of household is: _____

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____ **Also:** ☐ Hispanic or ☐ non-Hispanic?

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** (Employment, 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 ☐ Flex Funds

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a “no-steps” unit)?

☐ YES ☐ NO Do you need reasonable accommodations, 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?

Priority Status: We may or may not be able to take your priority need into consideration, but it is helpful for us to know what those priorities are: _____



CORNERSTONE CORPORATION

Malden Gardens
510 Main Street
Malden, MA 02148
Tel # (781) 322-0580

Received _____ By _____
BR size _____ List _____

Management will provide help in reviewing this application. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

PRELIMINARY RENTAL APPLICATION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

APPLICANT: _____ Home Telephone _____

Present Address: _____
street city state zip

Landlord/Management Company: _____ Telephone: _____

Landlord/Address: _____
street city state zip

Monthly rent: \$ _____ Ave. monthly utility bills: (except telephone) \$ _____

Length of Residence: _____ Own Home? Yes _____ No _____

What are the reasons for moving? _____

Previous Address: _____
street city state zip

Landlord/Address: _____
street city state zip

Monthly rent: \$ _____ Ave. monthly utility bills: (except telephone) \$ _____

Length of Residence: _____ Own Home? Yes _____ No _____

What are the reasons for moving? _____

We require at least 7 years of rental history – use additional pages if needed

Do you own a pet? Yes _____ No _____

How did you hear about Malden Gardens? _____

Family Composition: List all those who will occupy the apartment - INCLUDE YOURSELF AS HEAD.

Full Name of Each Person Relationship Birthdate/Sex Social Security Number

1.	Head of Household			
2.				
3.				
4.				
5.				
6.				

Are all household members full-time students? Yes _____ No _____

Please indicate the income received and assets held by each member of your household. List each member according to the corresponding order above.

Sources of Income: List all income, such as Employment, Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Member #	Earnings Before Taxes	Source of Income	Address	Amount/Period



Income from Assets: Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings, and Cash Value of any Whole Life Insurance Policy(ies).

Member #	Earnings Before Taxes	Type of Asset	Gross
			per
			per
			per
			per
			per

For Priority Consideration:

1. Have you or are you being displaced from your home? If so, please explain:
- voluntary involuntary (circle one)
2. Has your present apartment been condemned for health code violations within the past 90 days?

Yes No
3. Have you or any member of your household suffered actual or threats of physical violence (that has been reported) by a spouse or other member of the household within the past 6 months? Yes No

If so, please provide details:

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)
American Indian/Native American. Asian or Pacific Islander.
Black (not of Hispanic Origin). Hispanic. White (not of Hispanic Origin).

Have you ever been convicted of any crime other than a minor traffic violation? Yes No
If yes, please explain:

Do you have a subsidy certificate? Yes No

Certification

I/We hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. **Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** (I/We certify that I/we understand that false statements or information are punishable under applicable State or Federal Law, and may be grounds for rejection.

I/we certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the penalties and pains of perjury.

Head of Household/Applicant:

Date:

Co-Applicant:

Date:

Cornerstone Corporation does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, activities, functions or services.

