

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

PLEASE COMPLETE ALL FIELDS

Use NA if not applicable



APPLICATION FOR RENTAL

COMMUNITY NAME: _____

SAFE/RENT TRANSACTION # _____

APT. APPLIED FOR: _____

LEASING AGENT: _____

REFERRED BY: _____

APPLICANT INFORMATION

APPLICANT'S NAME	LAST	FIRST	M.I.	BIRTHDATE	SS#	DRIV. LIC. & STATE
SPOUSE'S NAME	LAST	FIRST	M.I.	BIRTHDATE	SS#	DRIV. LIC. & STATE
EMAIL ADDRESS	APT #			HOME PHONE NUMBER		
PRESENT ADDRESS			CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS	RENT/OWN		LANDLORD/MORTGAGE CO.			
PREVIOUS ADDRESS	APT #		CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS	RENT/OWN		LANDLORD/MORTGAGE CO.			
NAME OF PERSONS TO OCCUPY APARTMENT				RELATIONSHIP		DATE OF BIRTH
_____				_____		_____
_____				_____		_____
_____				_____		_____

EMPLOYMENT

PRESENT EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY	\$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE		
PREVIOUS EMPLOYER	POSITION	PHONE NO.	YEARS	SALARY	\$	PER
SPOUSE'S EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY	\$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE		

OTHER SOURCES OF INCOME

BANK REFERENCES	LOCATION (BRANCH)	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.
BANK			
ADDITIONAL INCOME – DESCRIBE SOURCE AND HOW TO VERIFY		\$	PER
ADDITIONAL INCOME – DESCRIBE SOURCE AND HOW TO VERIFY		\$	PER

PERSONAL

NO. OF VEHICLES TO BE PARKED ON COMMUNITY: _____			
VEHICLES – TYPE:	LICENSE NUMBER	COLOR	YEAR
(1)			
(2)			
IN CASE OF EMERGENCY, CONTACT:	RELATIONSHIP	ADDRESS	PHONE NO.
PETS:	NUMBER	WEIGHT	

TO BE FILLED IN BY MANAGEMENT

RENTS		IN ADDITION TO ALL OTHER PAYMENT REQUIRED OF APPLICANT(S)	
\$ _____	BASE MONTHLY RENTAL	\$ _____	HEREUNDER, APPLICANT AGREES TO PAY THE FOLLOWING AMOUNT(S):
\$ _____	FURNITURE, WASHER/DRYER	\$ _____	DEPOSIT, INCLUDES ADDITIONAL DEPOSIT IF APPLICABLE
\$ _____	PARKING, GARAGE, STORAGE	\$ _____	PET DEPOSIT
\$ _____	TOTAL MONTHLY PAYMENT	\$ _____	PET FEE
		\$ _____	APPLICATION FEE
		\$ _____	NON REFUNDABLE LEASE FEE

PRO-RATE RENT \$ _____ FROM _____ TO _____

APPROVALS: DATE PROCESSED: _____ APPROVED _____ NOT APPROVED _____ APPROVED WITH ADDITIONAL DEPOSIT _____

LEASE OR RENTAL PERIOD TO COMMENCE ON _____ END _____ LESSOR ACKNOWLEDGES RECEIPT OF \$ _____ BY MONEY ORDER # _____ OR CHECK(S) # _____ AS EARNEST MONEY DEPOSIT ON ACCOUNT FOR THE ABOVE DESCRIBED APARTMENT. APPLICANT UNDERSTANDS THAT THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$ _____, APPLICANT UNDERSTANDS THAT THE DEPOSIT OF \$ _____ FOR APARTMENT # _____ IS ONLY REFUNDABLE IF THIS APPLICATION IS REJECTED BY THE MANAGEMENT, OR AT THE TIME OF MOVE OUT IF ALL OF THE TERMS AND CONDITIONS OF THE LEASE AGREEMENT ARE FULFILLED.

I HEREBY CONSENT TO ALLOW ARCHSTONE COMMUNITIES, THROUGH ITS DESIGNATED AGENT AND ITS EMPLOYEES, TO OBTAIN MY CREDIT INFORMATION FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO LEASE ME AN APARTMENT. I UNDERSTAND THAT SHOULD I LEASE AN APARTMENT, ARCHSTONE COMMUNITIES AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

SIGNATURE OF APPLICANT(S)

DEPOSIT RECEIVED

X _____ DATE _____

X _____ DATE _____
ARCHSTONE ASSOCIATE SIGNATURE

X _____ DATE _____

**ARCHSTONE STOUGHTON
VERIFICATION OF CURRENT LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Archstone Stoughton Apts.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Please kindly take a moment to complete the questions below and return using the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Archstone Stoughton Apts.

1. Length of residency: _____
2. Does the applicant have a lease with you, and will they stay for the full term? _____
3. Total monthly rent? \$ _____
4. Has rent payment been satisfactory? **YES** **NO**
5. Will the applicant leave owing rent? **YES** **NO**
6. Have you received complaints from other residents about the applicant? Please describe: _____

7. Would you recommend the applicant as a tenant? If not, please explain: _____

8. Any additional comments? _____

Information provided by: _____

Signature

Date _____

Archstone Stoughton
45 Wheeler Circle
Stoughton, MA 02072
800-266-7080 x 99793

**ARCHSTONE STOUGHTON
VERIFICATION OF PAST LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Archstone Stoughton Apts.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Final action on the application will be deferred until we receive your reply. Please use the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Archstone Stoughton Apts.

1. Length of residence: _____
2. Did the applicant have a lease with you, and did they stay for the full term? _____
3. What was the applicant's monthly rent? \$ _____
4. Did the rent include utilities? _____
5. Did the applicant pay rent on time? _____
6. Did the applicant leave owing rent? _____
7. What was the condition of the residence? _____
8. What was the household composition per your records? _____
9. Did you receive complaints from other residents about the applicant? Please describe: _____
10. Would you recommend the applicant as a tenant? If not, please explain: _____
11. Any additional comments? _____

Signature of Landlord: _____

Date: _____

Archstone Stoughton
45 Wheeler Circle
Stoughton, MA 02072
800-266-7080 x 99793

**ARCHSTONE STOUGHTON
VERIFICATION OF PAST LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Archstone Stoughton Apts.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Final action on the application will be deferred until we receive your reply. Please use the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Archstone Stoughton Apts.

1. Length of residence: _____
2. Did the applicant have a lease with you, and did they stay for the full term? _____
3. What was the applicant's monthly rent? \$ _____
4. Did the rent include utilities? _____
5. Did the applicant pay rent on time? _____
6. Did the applicant leave owing rent? _____
7. What was the condition of the residence? _____
8. What was the household composition per your records? _____
9. Did you receive complaints from other residents about the applicant? Please describe: _____
10. Would you recommend the applicant as a tenant? If not, please explain: _____
11. Any additional comments? _____

Signature of Landlord: _____

Date: _____

Archstone Stoughton
45 Wheeler Circle
Stoughton, MA 02072
800-266-7080 x 99793

**ARCHSTONE STOUGHTON
VERIFICATION OF PAST EMPLOYMENT**

Name and Address of Employer:

Applicant's Name and Past Address:

Telephone Number: _____

Social Security Number: _____

I hereby authorize the landlord listed above to release all information regarding my employment, as indicated below, to Archstone Stoughton Apts.

Applicant Signature: _____ Date: _____

The above named applicant has recently applied for an apartment home in our community. Please complete the questionnaire below and return it to us via either the enclosed, stamped envelope or our FAX number: (978) 640- 0646. All information released will be considered confidential.

If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281. Your prompt response is appreciated.

Sincerely,

Archstone Stoughton

Employment Date: _____ to _____ Occupation: _____
Rate of Pay: _____ per _____ Hour _____ Day _____ Week _____ Semi-monthly
of Hours per Day: _____ # of Days per Week: _____
Average # of Overtime Hours per Week: _____ Overtime Rate: _____

Signature of Employer: _____ Date: _____

Position: _____ Telephone #: _____

Archstone Stoughton
45 Wheeler Circle
Stoughton, MA 02072
800-266-7080 x 99793

Archstone Stoughton does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin

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