

**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**

# **RENTAL APPLICATION** (please print)

**APPLICANT** \_\_\_\_\_

Co-tenant \* \_\_\_\_\_

Co-tenant\* \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SOURCE OF REFERENCE \_\_\_\_\_

Initial if over 18 yrs. of age \_\_\_\_\_

\*An application is required from each person who wishes to reside in apartment

## **CURRENT RESIDENCE**

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Landlord telephone \_\_\_\_\_

**LANDLORD** \_\_\_\_\_

ADDRESS \_\_\_\_\_

Rent      Date of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_      Rental payment \_\_\_\_\_

Own      Date of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_      Mortgage payment \_\_\_\_\_

## **PREVIOUS RESIDENCE**

Address \_\_\_\_\_

Landlord \_\_\_\_\_

Landlord telephone \_\_\_\_\_

Date of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Rent \$ \_\_\_\_\_

## **CURRENT EMPLOYER**

Company \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

Annual Salary \_\_\_\_\_

Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

ADDITIONAL INCOME: Source \_\_\_\_\_

Amount \_\_\_\_\_

## **PREVIOUS EMPLOYER**

Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

## **CREDIT REFERENCES**

Checking account – Bank \_\_\_\_\_

Account# \_\_\_\_\_

Savings account – Bank \_\_\_\_\_

Account# \_\_\_\_\_

Mortgage – Bank \_\_\_\_\_

Account# \_\_\_\_\_

Auto Loan – Bank \_\_\_\_\_

Account# \_\_\_\_\_

Other \_\_\_\_\_

Account# \_\_\_\_\_

Total Occupants \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Number of Autos \_\_\_\_\_ Type \_\_\_\_\_

Registration \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Telephone \_\_\_\_\_

**APPLICATION TERMS**  
**(Applicant read carefully)**

This application is for apartment#\_\_\_\_ or similar types of occupancy on (date) \_\_\_\_\_. The applicant warrants and represents that all statements herein are true and promise to execute upon presentation, a lease in the usual form and on the terms and conditions stated therein. The deposit taken with this application is to be retained as security deposit./first month's rent/last month's rent. If applicant fails to execute a lease, the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if he rejects this application. A breach of the above warranty regarding the veracity of any statements made herein release the owner from all obligations and liabilities arising from either the agreement of a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days. The rental agent is only authorized to show the apartment for rent and has no authority to make any representation concerning the premises.

Monthly rental amount \$ \_\_\_\_\_

Deposit with application \$ \_\_\_\_\_

Date \_\_\_\_\_

Renting Agent \_\_\_\_\_

Check# \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

## 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