

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

**RESIDENTIAL
RENTAL
APPLICATION**



First Realty
Management

Taunton Gardens

26 Winslow Drive
Taunton, MA 02780
(508) 822-2501 (Voice/TDD)

Fax (508) 822-4617
info@tauntongardensapts.com

THANK YOU FOR YOUR INTEREST IN OUR COMMUNITY

Periodically, our waiting lists open and close. We encourage you to submit your completed application promptly. Applications received after the waiting list has been closed will be returned to the applicant.

DATE OF APPLICATION	SIZE OF UNIT REQUESTED	DESIRED MOVE-IN DATE	RECEIVED BY

PERSONAL INFORMATION

APPLICANT'S FULL NAME		DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANTS (Please list ALL household members, including children)	SOCIAL SECURITY # (for all residents)	RELATIONSHIP	DATE OF BIRTH

RESIDENCE HISTORY				
PRESENT ADDRESS		CITY/TOWN	STATE	ZIP
PRESENT HOME PHONE ()	PRESENT BUSINESS PHONE ()	FAX ()		
LENGTH OF TIME AT PRESENT ADDRESS FROM TO	AMOUNT OF RENT PER MONTH \$	MONTHLY UTILITY PAYMENT \$		
REASON FOR MOVING				
NAME OF PRESENT LANDLORD OR MORTGAGE HOLDER				
LANDLORD ADDRESS		CITY/TOWN	STATE	ZIP
LANDLORD HOME PHONE ()	LANDLORD BUSINESS PHONE ()	FAX ()		
PREVIOUS ADDRESS		CITY/TOWN	STATE	ZIP
LENGTH OF TIME AT PREVIOUS ADDRESS FROM TO	AMOUNT OF RENT PER MONTH \$	MONTHLY UTILITY PAYMENT \$		
REASON FOR MOVING				
NAME OF PREVIOUS LANDLORD OR MORTGAGE HOLDER				
LANDLORD ADDRESS		CITY/TOWN	STATE	ZIP
LANDLORD HOME PHONE ()	LANDLORD BUSINESS PHONE ()	FAX ()		
2ND PREVIOUS ADDRESS (If previous address is less than 5 years)		CITY/TOWN	STATE	ZIP
LENGTH OF TIME AT PREVIOUS ADDRESS FROM TO	AMOUNT OF RENT PER MONTH \$	MONTHLY UTILITY PAYMENT \$		
REASON FOR MOVING				
NAME OF 2ND PREVIOUS LANDLORD OR MORTGAGE HOLDER				
LANDLORD ADDRESS		CITY/TOWN	STATE	ZIP
LANDLORD HOME PHONE ()	LANDLORD BUSINESS PHONE ()	FAX ()		

EMPLOYMENT AND INCOME INFORMATION				
PRESENT STATUS — APPLICANT				
<input type="checkbox"/> EMPLOYED FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER				
EMPLOYED BY		FROM	TO	
EMPLOYER ADDRESS		CITY/TOWN	STATE	ZIP
OCCUPATION		PRESENT INCOME	PER	
EMPLOYER PHONE ()		EMPLOYER FAX ()		
PREVIOUS EMPLOYER (If Less Than 3 Years)		FROM	TO	
PREVIOUS EMPLOYER ADDRESS		CITY/TOWN	STATE	ZIP
PREVIOUS EMPLOYER PHONE ()		PREVIOUS EMPLOYER FAX ()		
IF STUDENT , LIST SCHOOL		EXPECTED DATE OF GRADUATION		
OTHER INCOME		OTHER INCOME		
SOURCE	\$	PER	SOURCE	\$ PER

EMPLOYMENT AND INCOME INFORMATION *(continued)***CO-APPLICANT**☐ EMPLOYED FULL-TIME ☐ PART-TIME ☐ UNEMPLOYED ☐ OTHER

EMPLOYED BY

FROM

TO

EMPLOYER ADDRESS

CITY/TOWN

STATE

ZIP

OCCUPATION

PRESENT INCOME

\$

PER

EMPLOYER PHONE

EMPLOYER FAX

()

()

PREVIOUS EMPLOYER (If Less Than 3 Years)

FROM

TO

PREVIOUS EMPLOYER ADDRESS

CITY/TOWN

STATE

ZIP

PREVIOUS EMPLOYER PHONE

PREVIOUS EMPLOYER FAX

()

()

IF **STUDENT**, LIST SCHOOL

EXPECTED DATE OF GRADUATION

OTHER INCOME

SOURCE

\$

PER

OTHER INCOME

SOURCE

\$

PER

BANKING REFERENCES**APPLICANT**

BANK (I)

BRANCH ADDRESS

CITY/TOWN

STATE ZIP

ACCOUNT NUMBER

BANK (II)

BRANCH ADDRESS

CITY/TOWN

STATE ZIP

ACCOUNT NUMBER

CO-APPLICANT

BANK (I)

BRANCH ADDRESS

CITY/TOWN

STATE ZIP

ACCOUNT NUMBER

BANK (II)

BRANCH ADDRESS

CITY/TOWN

STATE ZIP

ACCOUNT NUMBER

ADDITIONAL INFORMATION

NUMBER OF PETS

TYPE

Have you or any household member been convicted of a misdemeanor in the last 5 years?

☐ Yes ☐ No**If yes**, please attach written explanation.

Have you or any household member been convicted of a felony?

☐ Yes ☐ No**If yes**, please attach written explanation.

Are you or any household member currently engaging in the illegal use of a controlled substance?

☐ Yes ☐ No**AUTHORIZATION — PLEASE READ CAREFULLY BEFORE SIGNING**

The applicant authorizes the Management and/or Renting Agency to verify all information on the application, including, but not limited to: source of income, current and prior landlords, agencies obtaining or causing to be prepared a consumer credit report and legal background check.

The applicant warrants and represents that all statements contained in the application are accurate. The applicant agrees to execute, upon presentation, a Lease Agreement for the subject property, a copy of which the applicant has received or has had the opportunity to examine. The applicant may be declined and the Lease Agreement may be terminated by the Lessor if any statement made on the application is not true.

A duplicate copy of this signed authorization shall be sufficient for the release of information to the Management Company and/or Renting Agency.

SIGNED

DATE

SIGNED

DATE

Office Use Only

The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.

Does any household member have an accessibility or reasonable accommodation request that we should be made aware of?

☐ Yes ☐ No **If yes**, please explain: _____

Does any household member require alternative ways to communicate with us (i.e., TDD) during the application process?

☐ Yes ☐ No **If yes**, please explain: _____

OPTIONAL: This information will be used for Fair Housing statistical purposes only. You need not provide this information if you choose not to.

MINORITY CODE (Please Check One) ☐ Black ☐ Asian ☐ White ☐ Hispanic ☐ Native American

EMERGENCY INFORMATION

IN CASE OF EMERGENCY NOTIFY

RELATIONSHIP

ADDRESS

CITY/TOWN

STATE

ZIP

PHONE

()

PLEASE READ. IMPORTANT DEPOSIT INFORMATION.

The applicant is to provide a deposit equal to one month's rent at the time an apartment is offered to the applicant. The deposit is to be applied to the applicant's rent for the first month of his/her occupancy. In the event the applicant cancels said application and the Lessor has reserved or set aside an apartment for the applicant, the first month's rent deposit and any other monies held on account shall be applied to actual damages sustained by the Lessor. However, the deposit shall be refunded if the application is not accepted by the Lessor. This application and the first month's rent deposit are taken subject to other applications and deposits taken on this apartment beforehand.

APPLICANT: DO NOT WRITE BELOW. THIS PAGE FOR MANAGEMENT USE.

APPLICATION RECEIVED _____ DATE _____ TIME _____ A.M. _____ P.M.

RECORD OF DEPOSITS/ADVANCE PAYMENTS

DATE	DESCRIPTION	AMOUNT

REFERENCE VERIFICATION

REFERENCE	REMARKS	BY
<input type="checkbox"/> PRESENT LANDLORD		
<input type="checkbox"/> PREVIOUS LANDLORD 1		
<input type="checkbox"/> PREVIOUS LANDLORD 2		
<input type="checkbox"/> EMPLOYER/INCOME		
<input type="checkbox"/> CO-APPLICANT EMPLOYER		
<input type="checkbox"/> BANK (I)		
<input type="checkbox"/> BANK (II)		
<input type="checkbox"/> CREDIT		
<input type="checkbox"/> BACKGROUND		

DISPOSITION OF APPLICATION

☐ APPROVED

☐ NOT APPROVED

BY

DATE

IF NOT APPROVED, INDICATE REASON(S)

DATE NOTIFIED

NOTES

MOVE-IN INFORMATION

UNIT NUMBER/ADDRESS

SIZE OF UNIT

LEASE TERM

FROM

TO

RENTAL RATE \$

DATE OF EXPECTED MOVE-IN

MONTH

DAY

YEAR

NOTES

Taunton Gardens does not discriminate on the basis of race, color, national origin, religion, sex, family status or disability.



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