

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,  
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

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

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

**Instructions for Completing Rental Application**  
**Please Read These instructions In Full Before Completing Your Application**

1. You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. Your household can file only one application and no household member can appear on more than one application.
4. You intend to reside in the development as your primary residence.
5. You may apply for more than one unit type however, your household size and composition must be appropriate for the unit size.
6. Information for all adults over the age of 18 planning to reside in the apartment must be provided.
7. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
8. **Your total household income and assets must be within the required limits:**  
  
Include as income: income of all household members 18 years of age and older, including gross income from employment, including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.  
  
Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property).
9. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
10. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent, or have assets equal to at least two years of rent.
11. Credit/Criminal background checks and rental references will be obtained for all adult household members over 18 years of age.
12. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
13. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
14. Priority for the accessible units will be for families which require physical accommodations.
15. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
16. Completed applications may be mailed or returned in person to the management office at the property.
17. For more information, please call the management office.

*It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local government.*



**VAN NESS TERRACE**

11 Woodcliff Street, Dorchester, MA 02125

P: 617.445.8004 | F: 617.445.8849

MA TTY: Dial 711 or 800.439.2370

E: commerce@peabodyproperties.com

**MANAGEMENT USE ONLY**

Date/Time Application Received: \_\_\_\_\_

Lottery Number: \_\_\_\_\_

**RENTAL APPLICATION****SITE** VAN NESS TERRACEAPPLYING FOR: Studio ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐NAME 1: \_\_\_\_\_  
FIRST MI LAST SOCIAL SECURITY NUMBERNAME 2: \_\_\_\_\_  
FIRST MI LAST SOCIAL SECURITY NUMBERADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODEADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODE

RESIDED SINCE: \_\_\_\_\_, \_\_\_\_\_

(1) HOME TEL.: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(2) HOME TEL.: \_\_\_\_\_ MOBILE: \_\_\_\_\_ OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_

How did you hear about this development? \_\_\_\_\_

**PRESENT LANDLORD**

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODEIs apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Amount of rent per month \$ \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_

Do you usually pay rent in a timely manner? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_**PREVIOUS LANDLORD**

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODEAPPLICANT'S ADDRESS: \_\_\_\_\_  
STREET APT # TOWN OR CITY STATE ZIP CODEWas apartment rented to you? YES ☐ NO ☐ If NO, explain: \_\_\_\_\_

Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_



Please provide list of all states in which any household member has resided: \_\_\_\_\_

Previous Apartment Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: \_\_\_\_\_

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	SEX*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY NUMBER

\*The information provided under the column 'sex' is for demographic purposes and is optional.

### EMPLOYMENT (for each household member aged 18 or over):

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER YEAR TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER YEAR TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

### OTHER SOURCES OF INCOME (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Other Income ( <i>please specify</i> )	\$	
Rental Assistance ((i.e. Sec. 8 mobile voucher, MRVP (Mass Rental Voucher)	\$	



**RELATIVES** (Please list two relatives not living with you):

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

**ASSETS** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (**Include** Checking, Savings, IRA, Money Market Account, and Term Certificates; and Real Estate, Stocks, Bonds, and Certificates.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**CREDIT HISTORY** (**Include** payments, loans, credit cards, etc.):

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you pay for utilities? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay child support? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay alimony? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.Do you pay child care? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.**ADDITIONAL INFORMATION:**Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? \_\_\_\_\_

How many cars will be parked at the premises? \_\_\_\_\_ (copies of registration must be provided)

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?  
YES ☐ NO ☐; if YES, *please explain*:Have you or any household members on Federal Assistance ever been terminated for fraud?  
YES ☐ NO ☐; if YES, *please explain*:

## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

**Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.**

### ETHNIC CATEGORIES

☐ Hispanic or Latino ☐ Not-Hispanic or Latino

### RACE CATEGORIES

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other  
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Signatures and proof of identification will be required of all those who sign lease.**

### FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial;
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

Amount of Deposit \$ \_\_\_\_\_ Check # \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Peabody Properties, Inc.

Rental Application Attachment

This community may have certain preference criteria in place or a housing programs whereby certain deductions or considerations may apply. Upon request to management, you may receive a copy of the Tenant Selection Plan which describes the occupancy requirements, the application process and resident selection criteria including eligibility and screening requirements for residency at the property.

If you would like to be considered for a preference, deduction or special consideration should they apply to the property for which you are submitting this application, please respond to the following questions. Documentation will be required to verify eligibility for a preference, deduction or other special consideration.

- 
1. Are you homeless due to displacement by natural forces such as fire, earthquake, flood, natural cause or declared disaster? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you or are you about to be homeless due to displacement by Urban Renewal? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you or are you about to be homeless due to overcrowding in housing that is too small for your family? ☐ Yes ☐ No
4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? ☐ Yes ☐ No  
**(If yes, household member will be requested to complete form HUD-5382)**
5. Are you displaced as a result of government action or a presidentially declared disaster? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you a local resident who lives or works in the town where this property is located? ☐ Yes ☐ No
7. Are you or any member of your household a veteran? ☐ Yes ☐ No
8. Are you or any member of your household a person with a disability? ☐ Yes ☐ No  
If yes, please provide name(s) of the household members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does any member of your household require an apartment with accessible features? ☐ Yes ☐ No  
If yes, please indicate type: \_\_\_\_\_