

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:

Management Use Only

Date _____
 Taken by _____
 Unit Size _____
 Accessible Unit YES NO
 Move in Date _____
 Program: Low MOD Market



Prospect Code # _____

RENTAL APPLICATION
(NO PET POLICY)

APPLICANT INFORMATION		
(ALL ADULT HOUSEHOLD MEMBERS 18 OR OLDER MUST FILE A SEPARATE APPLICATION)		
Name:		
Date of birth:	SSN:	Phone:
Email:		
Current address:		
City:	State:	Zip Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	Zip Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	Email:	Fax:
City:	State:	Zip Code:
Position:	Hourly Salary (Please circle)	Annual Income:
HOUSEHOLD MEMBERS UNDER THE AGE OF 18		
Name of household member:		
Date of birth:	SSN:	Relationship:
Name of household member:		
Date of birth:	SSN:	Relationship:
Name of household member:		
Date of birth:	SSN:	Relationship:
I authorize the verification of the information provided on this form as to my credit and employment. I understand that this is a preliminary application and in no way insures occupancy. Additional information may be required to complete processing of your application. I hereby give Maloney Properties, Inc. authorization to investigate pertinent information in this application in order to determine my eligibility. I understand that this will include but is not limited to, income verification, landlord references, credit check and criminal offender record information (CORI) check.		
Signature of applicant:		Date:



Managed by



**Maloney
Properties**

www.tentcityapartments.com

EQUAL HOUSING
OPPORTUNITY

130 Dartmouth Street Boston, MA 02118 • Phone 617.267.8195 • Fax 617.267.9264 MA Relay 1.800.439.2370