

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"/> 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

- ☐ 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



RENTAL APPLICATION

Mail Application to:

Mercantile Wharf Apartments
111 Atlantic Avenue
Boston, MA 02110

P: 617.227.2324

F: 617.227.8566

E: mercantilewharf@peabodyproperties.com

Apartment # _____

Personal Information:

☐ Applicant

☐ Guarantor

First Name _____ Middle Initial _____ Last Name _____

Last Name Suffix (Jr., Sr., etc.) _____ Former Last Name (maiden, married) _____

Social Security Number _____ or ITIN Number _____

Date of Birth _____

Household Status - circle one (optional):

Married/Partner

Roommates

Single with Children

Married/Partner w/Children

Single

Occupant Information: (all household members)

Name _____ Date of Birth _____ Gender* _____ Relationship _____

Name _____ Date of Birth _____ Gender* _____ Relationship _____

Name _____ Date of Birth _____ Gender* _____ Relationship _____

Name _____ Date of Birth _____ Gender* _____ Relationship _____

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

Residence Information:

☐ same as Primary Applicant

Current Address _____ Suite or Apt. _____

City/State _____ Zip Code _____

Country _____ Phone _____ Email: _____

Name of Apartment Community or Mortgage Co. _____

Type (circle one) Rent Own Other _____ Date of Residency: From _____ To Present

Contact Name _____ Contact Phone _____

Monthly Payment _____ Reason for Moving _____

*See eviction question on page #2

Employment Information/Additional Income:

Current Employer (as of move-in date) _____ Industry _____

Position _____ Monthly Income _____

Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Name of Supervisor _____ Phone _____ Dates of Employment: From _____ To _____

If there are other sources of income you would like us to consider, please list all their source and income amount.

Sources of Additional Income: _____

Amount of Additional Annual Income (\$): _____



Emergency Information:

Relationship _____

Full Name (not an occupant) _____

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Phone _____ (Circle one) Cell Home Work Allow Key Access: Yes ____ No ____

Vehicle Information:

Your Vehicle Make/Model _____ Color _____ License Plate No. _____ State _____

Second Vehicle Make/Model _____ Color _____ License Plate No. _____ State _____

Other Vehicles: _____

Pet Information:

Do You Own Any Pets? Yes ____ No ____

If Yes, How Many? _____ Type _____ Breed _____ Weight _____ Name _____

Eviction/Conviction Information:

*Have you ever been evicted or asked to move? Yes ____ No ____

If Yes, Explain _____

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct? Yes ____ No ____ If yes, When _____ What State _____

Explain: _____

Applicant represents that the statements made are true and correct. I hereby authorize Management to obtain as needed, consumer reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification and prior residency verification. *Applicant has provided birth date information solely for credit rating. If this application is approved, I (we) agree to enter into a written lease, in which case earnest money will be applied to our account within 7 business days, subject to occupancy. If I (we) refuse to enter into a written lease upon being offered the apartment, Peabody Properties, Inc. shall retain the earnest money as liquidated damages. Each occupant 18 years and older must complete a separate application.

Applicant Signature: _____

Date: _____

Peabody Properties' Representative: _____

Date: _____

