Full Name:	
Address1:	
Address2:	
City State Zip:	
Email:Case Manager Email:	
	← Mail this application to the address at left. Do not foul.
	<u>Do not fax</u> !
	Data Caranta d
	Date Generated:
	Fold on this line
Dear	
I am applying to the following waitlist, which I believe is op	en:
,	
SECTION BELOW FOR WAITL	IST ADMINISTRATORS ONLY:
	·
IF REJECTING THIS APPLICATION, please email, mail, or fax	support@bousingworks not
the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the	support@housingworks.net
application is from!	HousingWorks
We will also update our system, so the changed status of	P.O. Box 231104
your waitlists will reach thousands of applicants and their	Boston, MA 02123
housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!	617-536-8561 fax
O This waitlist is closed. The only waitlists of	open at presentare:
O This is not the right application. We have	e enclosed the correct application.
O You do not appear to qualify for this pro	perty, because:
Name of Waitlist Administrator optional	
Phone of Waitlist Administrator optional:	X

## RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

Each co-applicant and each occupant 18 years old and over must submit a separate application.



must submit a separate application.

Date when filled out: February 8, 2023

ABOUT YOU  Full name (exactly as on driver's license or govt. ID card)  Your street address (as shown on your driver's license or government ID card):  Driver's license # and state:  OR govt. photo ID card #:  Former last names (maiden and married):  Your Social Security #:  Do you or any occupant smoke? Yes No  Will you or any occupant have an animal? Yes No  Kind, weight, breed, age:  Ifanimals are allowed at the community, You may not have any animals in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional animal rents, and/or other obligations as an animal owner, including but not limited to registration in dog DNA programs, if applicable.  Current home address (where you now live):	to move out?  moved out of a dwelling before the end of the lease term without the owner's consent?  beled for bankruptcy?  been sued for rent or other breach of a residential lease?  been sued for property damage?  been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, fraud, violence to another person or destruction of property, or a sex crime? Please provide additional information regarding any of the boxes checked above, including, but not limited to, the date of the event, the resolution (if any) and mitigating circumstances you would like to disclose. Please additionally note, that we will evaluate any positive answers to the above or disclosures on this application on a case by case basis and you agree to comply with any further requests for information to assist in that evaluation. The failure to provide documentation may result in the application being timed out and rejected. By checking the following box, you represent the answer is "no" to any item not checked above.
City/State/Zip: Home/cell phone: Current rent: \$ Email address:	intend to reside in the unit. Any individual over the age of 18 shall be required to submit an application and be listed as a resident above.  Name:
Name of apartment where you now live:  Current owner or manager's name:	DL or govt. ID card # & State: Birthdate (if under age of 18):
Their phone: Date moved in:	Name:
Why are you leaving your current residence?	DL or govt. ID card # & State: Birthdate (if under age of 18):
Your previous home address:	Name:
	DL or govt. ID card # & State:
City/State/Zip:	Birthdate (if under age of 18):
Name of above owner or manager:	DL or govt. ID card # & State:
Their phone: Previous monthly rent: \$ Date you moved in: Date you moved out:	Birthdate (if under age of 18):
	Name: & State: & State:
YOUR WORK Present employer:	Birthdate (if under age of 18):
Address:	Name: & State:
City/State/Zip:	DL or govt. ID card # & State: Birthdate (if under age of 18):
Position:	YOUR VEHICLES
Your gross annual income is over: \$	List all vehicles owned or operated by you or any occupants (including cars,
Supervisor's name and phone:	trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
	Make and color of vehicle:
Previous employer:	Year: State:
Address:	Make and color of vehicle:
Work phone:	Year: License #: State:
Position:	
	Make and color of vehicle:
Gross annual income was over: \$  Dates you began and ended this job:	Make and color of vehicle: State: State:
Gross annual income was over: \$	
Gross annual income was over: \$  Dates you began and ended this job:  Previous supervisor's name and phone:	Year: License #: State:
Gross annual income was over: \$  Dates you began and ended this job:  Previous supervisor's name and phone:  YOUR CREDIT HISTORY	Year: License #: State:  EMERGENCY
Gross annual income was over: \$  Dates you began and ended this job:  Previous supervisor's name and phone:	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address:
Gross annual income was over: \$	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip:
Gross annual income was over: \$	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone:
Gross annual income was over: \$	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip:
Gross annual income was over: \$	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone: Home phone: Relationship: Relationship:
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain:	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone: Home phone: Relationship:
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone: Home phone: Relationship: Relationship:
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE  Were you referred? \( \text{ Yes } \) No  If yes, by whom:	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone: Home phone: Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE  Were you referred? Yes No  If yes, by whom: Name of locator or rental agency:	Year: License #: State:  EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name: Address: City/State/Zip: Work phone: Home phone: Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE Were you referred? Yes No  If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:  Address:  City/State/Zip:  Work phone:  Home phone:  Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock  Associates Limited Partnership  to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this
Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE Were you referred? Yes No  If yes, by whom: Name of locator or rental agency: Name of individual locator or agent:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:  Address:  City/State/Zip:  Work phone:  Home phone:  Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock  Associates Limited Partnership  to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application.
Gross annual income was over: \$ Dates you began and ended this job:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:  Address:  City/State/Zip:  Work phone:  Home phone:  Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock  Associates Limited Partnership  to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date
Gross annual income was over: \$ Dates you began and ended this job:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:  Address:  City/State/Zip:  Work phone:  Home phone:  Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock  Associates Limited Partnership  to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application.
Gross annual income was over: \$ Dates you began and ended this job:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:  Address:  City/State/Zip:  Work phone:  Home phone:  Relationship:  AUTHORIZATION  I or we authorize (owner's name) Commonwealth Babcock  Associates Limited Partnership  to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date
Gross annual income was over: \$ Dates you began and ended this job:	EMERGENCY  Emergency contact person over 18, who will not be living with you:  Name:

## **Contemplated Lease Contract Information**

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The National Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information: Names of all residents who will sign Lease Contract Rent to be paid at (check one) \( \square\) on-site manager's office or ☐ at ☐ Check if the dwelling is to be furnished; Utilities paid by owner (check all that apply): ■ electricity, ■ gas, XI trash.  $\square$  cable TV.  $\square$  master antenna: You are *(check one)*: X required to purchase personal liability insurance Name of Owner/Lessor Commonwealth Babcock or not required to purchase personal liability insurance; Associates Limited Partnership Special provisions regarding parking, storage, etc. (see attached page, if necessary): Property name and type of dwelling (bedrooms and baths) Babcock Tower Complete street address 270 Babcock Street City/State/Zip Boston, MA 02215 Names of all other occupants not signing Lease Contract (persons under Total number of residents and occupants Beginning date and ending date of Lease Contract \_\_\_ Total monthly rent for dwelling unit \$\_ **Application Agreement** Lease Contract Information. The Lease Contract contemplated by the an Application or notifies us that you've changed your mind about renting the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current Lease Contract. Special information and conditions must dwelling unit, we'll be entitled to retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c) and the parties be explicitly noted on an attached Lease Contract or in the Contemplated will then have no further obligation to each other. Lease Information. Completed Application. An Application will not be considered "completed" First Month's Rent Deposit (may or may not be refundable). You have and will not be processed until all of the following have been provided to delivered to our representative a first month's rent deposit in the amount us *(unless checked)*: a separate Application has been fully filled out and signed by you and each co-applicant; a first month's rent deposit has been indicated in paragraph 13 of this Rental Application. The first month's rent deposit is not a security deposit. However, it will be credited toward the required first month's rent when the Lease Contract has been signed by all paid to us. If no item is checked, all are necessary for the Application to be considered completed. parties; OR it will be refunded under paragraph 9 if you are not approved; **Nonapproval in Ten Days.** We will notify you whether you've been OR it will be retained by us as liquidated damages pursuant to 940 CMR approved within ten days after the date we receive a completed Application. 3.17(6)(c) if you fail to sign or attempt to withdraw under paragraph 5 or Your Application will be considered "disapproved" if we fail to notify you of your approval within ten days after we have received a completed Application. Notification may be in person, by email, by mail, or telephone Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the unless you have requested that notification be by mail. You must not assume Application, our representative will notify you (or one of you if there are approval until you receive actual notice of approval. co-applicants) of our approval, sign the Lease Contract, and then credit the Refund after Nonapproval. If you or any co-applicant is disapproved or first month's rent deposit of all applicants toward the required first month's deemed disapproved under paragraph 8, we'll refund your first month's rent deposit within \_\_\_\_\_\_ days (not to exceed 30 days; 30 days if left Approval When Lease Contract Isn't Yet Signed. If you and all coblank) of such disapproval. Refund checks may be made payable to all coapplicants have not signed the Lease Contract when we approve the applicants and mailed to one applicant. Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all 10. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 5, 8, or 9 falls on a Saturday, Sunday, or a state co-applicants have signed, and then credit the first month's rent deposit of or federal holiday, the deadline will be extended to the end of the next day. all applicants toward the required first month's rent. The balance of First 11. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants. Month's Rent shall be due pursuant to the executed Lease Contract. If You Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract 12. Keys or Access Devices. We'll furnish keys and/or access devices only within 3 days after we give you our approval in person, by telephone, or by after: (1) all parties have signed the contemplated Lease Contract and other email, or within 5 days after we mail you our approval. If you or any corental documents; and (2) all applicable rents and security deposits have applicant fails to sign as required, we may keep the first month's rent deposit been paid in full. as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c), and 500.00 13. First Month's Rent deposit: \$\_\_\_\_ terminate all further obligations under this Agreement. 6. If You Withdraw Before Approval. You and any co-applicants may not **14. Signature.** *Our representative's signature is consent only to the above* withdraw your Application or the first month's rent deposit after you have application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract. No such agreement shall be established until and  $tendered\,the\,deposit, completed\,this\,application, and\,after\,we\,have\,processed$ unless a lease is signed by all applicants and the owner. same. If before signing the Lease Contract, you or any co-applicant withdraws Acknowledgment. You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question or give false information, we may reject the application, retain all first month's rent deposits as the agreed upon liquidated damages pursuant to 940 CMR 3.17(6)(c) for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to this application, we may recover all attorney's fees and litigation costs in enforcement of this agreement. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable  $and \ unfavorable \ information \ about \ your \ compliance \ with \ the \ Lease \ Contract, \ the \ rules, \ and \ financial \ obligations.$  $This \, Rental \, Application \, and \, the \, Lease \, Contract \, are \, binding \, documents \, when \, signed. \, Before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, or \, signing \, a \, Lease \, Contract, \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, submitting \, a \, Rental \, Application \, and \, before \, a \, Rental \, Application \, and \, before \, a \, Rental \, Application \, and \, before \, a \, Rental \, Application \, and \, before \, a \, Rental \, Application \, and \, before \, a \, Rental \, Application \, a \, Rental \, App$ you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. Applicant's Signature: \_ Signature of Owner's Representative: \_\_\_ FOR OFFICE USE ONLY Apt. name or dwelling address (street, city): \_\_\_\_ Person accepting application: Person processing application: \_ \_ Phone: (\_ 4. Date that applicant or co-applicant was notified by 🗖 telephone, 🗖 letter, or 🗖 in person of 🗖 acceptance or 🗖 non acceptance: . (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.) 5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_

Name of owner's representative who notified above person(s):