

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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**



**HOUSINGWORKS**  
For Everyone

**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 \_\_\_\_\_

## APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Date application was completed: \_\_\_\_\_

Date application was received: \_\_\_\_\_

### Return Completed Application to:

ADDRESS: **HallKeen Management  
Frawley-Delle Apts  
706 Huntington Ave  
Boston, MA 02115**

PHONE #: **617-277-9377**

FAX #: **617-277-9762**

Note: *Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.*

**Applicant:** \_\_\_\_\_ **Home Tel:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
street apt # city state zip

**SSN:** \_\_\_\_\_ **Mother's Maiden Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Do you currently hold a section 8 voucher?** \_\_\_\_\_ **Are you eligible for a DMR/DMH set aside?** \_\_\_\_\_

**Race:** *(Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)*

☐ American Indian/Alaskan Native    ☐ Asian or Pacific Islander    ☐ Other  
☐ Black (not of Hispanic origin)    ☐ Hispanic    ☐ White (not of Hispanic origin)

### SIZE OF APARTMENT NEEDED:

1BR   2BR   3BR   4BR  
☐   ☐   ☐   ☐

### UNIT TYPE REQUESTED:

Hearing/Visual adapted Unit   ☐ Yes   ☐ No  
We currently have no wheelchair access in this building

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain:

Present housing cost per month \$ \_\_\_\_\_ Including utilities? [ ] Yes [ ] No

How long have you lived at present address? \_\_\_\_\_ Years.

Do you own any pets? \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_

**FAMILY COMPOSITION** - *List all those who will occupy the apartment - INCLUDE YOURSELF*

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
1 _____	Head of Household	_____		
2 _____	_____	_____		
3 _____	_____	_____		
4 _____	_____	_____		
5 _____	_____	_____		
6 _____	_____	_____		
7 _____	_____	_____		
8 _____	_____	_____		

**List full-time students over the age of 18 years old**

**REFERENCES** - *Full name and address of landlords or officials at other places you have lived over the last five years, such as shelters.*

1) **Present** Address \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_

Name of your Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

2) **Previous** Address \_\_\_\_\_ Dates \_\_\_\_\_

Name of your Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**3) Previous Address** \_\_\_\_\_ Dates \_\_\_\_\_  
Name of your Landlord \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

*Please indicate the income received and assets held by each member of your household. For the "Member #", use the row number shown in the family composition table on page 2.*

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly ☐ hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly ☐ hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly ☐ hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

☐ weekly ☐ bi-weekly ☐ monthly ☐ hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

*List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.*

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)

**INCOME FROM ASSETS:**

*Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.*

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
 Name of Financial Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
 Name of Financial Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**OTHER ASSETS:** *(Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)*

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CREDIT INFORMATION**

*At the end of this application, we will ask for the signatures of all applicants (over the age of 18)./ This signature authorizes HallKeen Management, Inc. managing agent, to make an inquiry about credit history and receive a credit reporting company report. The credit report includes retail credit, housing history and a criminal records check.*

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

**Did you know anyone who lives in the development?** \_\_\_\_\_

Yes      No      **Have you or any member of your household ever been convicted of a felony, misdemeanor, or any conviction involving drugs?**  
☐   ☐   ☐   ☐

If Yes, provide details, including date of crime(s) and court date(s):

Yes      No      **Are you or any member of your household registered, or required to be registered, with any state sex offender registration program?**  
☐   ☐   ☐   ☐

If Yes, explain:

**In case of emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE  
CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:  
(Applies only to certain subsidized housing programs.)**

1. Have you been displaced from your home? If so, please explain:

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2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

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3. Does your current housing cause any accessibility or other for any member of the household who has disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe:

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4. Have you or any member of your household suffered actual or threat of physical violence by a spouse or other member of the household? If so, please provide details:

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5. Citizen Declaration:

Are you or any member of your household:

- \_\_\_\_\_ a) A citizen or national of the United States  
\_\_\_\_\_ b) A non-citizen with eligible immigration status\*  
\_\_\_\_\_ c) A non-citizen not claiming eligible immigration status\*\*

*\*Please be advised that if you answered yes to item (b), you will be required to bring verification of your eligible immigration status for each member of your household to the office during the interview.*

*\*\*Please be advised that if you answered yes to item (c) for any member of your household, you may not be eligible for residency in federally subsidized housing, or may be eligible for prorated assistance only.*



I/We hereby certify that the information furnished on this application is true and complete to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information us regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.**

**I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodation for person with disabilities.**

It is a criminal offense to make a willfully false statement or misrepresentation on this application. We may request additional information from you in order to process your application.

Your signature authorizes the development and its managing agent, HallKeen Management, Inc. to verify information contained in this application.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

The HallKeen Management Company does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

HallKeen Management  
706 Huntington Avenue  
Boston, MA 02115  
617-277-9377 (Tel.)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information, which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401K, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self Employment	Alimony, Child Support
Unemployment Compensation	
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital History
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Expenses
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	Other income-regular Gifts/allowances from another person

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance or cooperation.

Signed under pain and penalty of perjury.

\_\_\_\_\_  
Head of Household                      Date

\_\_\_\_\_  
Spouse                                      Date

\_\_\_\_\_  
Other Adult Member                      Date

\_\_\_\_\_  
Other Adult Member                      Date





## RELEASE TO OBTAIN INFORMATION

To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigation and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit-checking agency having information on me, to release any and all such information to the owner/manger/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

### If you a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management  
706 Huntington Avenue  
Boston, MA 02115  
617-277-9377 (Tel.)