

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:

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

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

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

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other

# MARINER'S HILL APARTMENTS

2093 Ocean Street ■ Marshfield, MA 02050 ■ Tel (781) 837-6200 ■ Fax: (781) 837-2948 ■ TTY: 711  
E-Mail: [MarinersHill@BeaconCommunitiesLLC.com](mailto:MarinersHill@BeaconCommunitiesLLC.com)

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. \* If something below does not apply to you, please write "N/A".

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Bedroom Size Requested: ☐ 1 Bdrm ☐ 2 Bdrm ☐ Handicap Accessible

List ALL persons who will occupy the apartment. Please fill in all requested information.

	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Applicant						
Co-Applicant						
(3)						
(4)						

Will a pet be part of your family? ☐ Yes ☐ No

How did you hear about this *Beacon Community*? \_\_\_\_\_

Why have you selected/applied to live at a *Beacon Community*? \_\_\_\_\_

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, etc.)? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**Present Housing:** Do you ☐ Own ☐ Rent ☐ Other

If "other", what is your relationship to the current landlord? \_\_\_\_\_

Name of **Present** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Name of **Previous** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

**Current Employment – Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

**Current Employment - Co-Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

**Other Income**

**Monthly Amount**

Social Security : \_\_\_\_\_ \$ \_\_\_\_\_

Suppl. Soc. Income (SSI): \_\_\_\_\_ \$ \_\_\_\_\_

Veteran's Assistance: \_\_\_\_\_ \$ \_\_\_\_\_

Pensions: \_\_\_\_\_ \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Bank References**

Name                      Bank Address                      Type of Account                      Account No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit References**

Name                      Type of Account                      Account No.

\_\_\_\_\_  
\_\_\_\_\_

**Assets**

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_  
Real Estate \_\_\_\_\_ 401(k)/Retirement Fund \_\_\_\_\_  
Other \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (Optional)**

These are optional questions, but are important for fair housing purposes.  
Please indicate appropriate category.  
If you choose not to answer, please write N/A in the space provided. Thank you.

**Race of Head of Household # \_\_\_\_\_**

- |                                      |                     |              |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander         | 4. Hispanic         | 6. Other     |

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

**I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.**

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and 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 harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

The above statements are made under the penalties of perjury and all must be verified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leasing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant:

Community Name: **Mariner's Hill Apartments**  
2093 Ocean Street  
Address: Marshfield, MA 02050  
781-837-6200

As managing agents for **Mariner's Hill Apartments**, we are required to verify the eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

---

Property Manager

---

Print Name

---

Date

---

***Release by Applicants/Residents***

I hereby authorize you to furnish all requested information.

---

Signature

---

Date

---

Print Name

---

Signature

---

Date

---

Print Name

---

Signature

---

Date

---

Print Name

**ADDENDUM TO THE RENTAL APPLICATION**

Beacon Residential Management prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? \_\_\_\_\_
- If so, in what state? \_\_\_\_\_
- Is the registration requirement a lifetime requirement?      ☐ Yes    ☐ No

**CERTIFICATION**

I/We certify that all information on this addendum is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this Addendum to the Rental Application.

SIGNATURE(S):

(Signature of Applicant)	Date
(Signature of Co-Applicant)	Date
(Signature of Co-Applicant)	Date
(Signature of Management Representative)	Date