

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

**THIS SECTION FOR APPLICANT:**

- ← Mail this form to the address at left.
- ← **Applicant, do not fax this application to HousingWorks.**

Date Generated:

Fold on this line —

**Dear**

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](mailto: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:

# PLEASE ANSWER ALL QUESTIONS



- ☐ 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 Head of Household 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 mm/dd/yyyy ☐ GENDER M, F, T
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

- ☐ HEAD OF HOUSEHOLD'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 Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

# BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



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.

***The Regency  
800 Pleasant Street  
New Bedford, MA 02740***

**PRELIMINARY RENTAL APPLICATION**

**Phone #: (508) 996-3800 TDD: (800) 545-1833 Ext 945 FAX #: (508) 991-5025**

**DATE:** \_\_\_\_\_

**APPLICATION FOR ADMISSION**

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

city

state

zip

**List all the states where all household members have lived:**

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

**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  
☐ Black (not of Hispanic origin)    ☐ Hispanic    ☐ White (not of Hispanic origin)

**CHOOSE ONLY ONE SIZE OF APARTMENT:**

☐ Studio      ☐ One Bedroom      ☐ Two Bedroom      ☐ Three Bedroom

Do you have a mobile voucher? ☐ Yes ☐ No If Yes, with what housing authority? \_\_\_\_\_

Accessible Unit Required? ☐ Yes ☐ No



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.

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

**FAMILY COMPOSITION - List all those who will occupy the apartment -**  
**INCLUDE YOURSELF** \*Not providing a Social Security number for the Preliminary  
Application will not preclude you from being put on the waitlist.

FULL NAME OF EACH PERSON <u>IN HOUSEHOLD</u>	RELATIONSHIP TO HEAD <u>OF HOUSEHOLD</u>	DATE OF <u>BIRTH</u>	<u>SEX</u>	SOCIAL SECURITY <u>NUMBER</u>	FULL TIME <u>STUDENT</u>
1	<u>Head of Household</u>				Yes or No
2					Yes or No
3					Yes or No
4					Yes or No

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

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_



**Please indicate the income received and assets held by each member of your household.  
List each member by the corresponding number on the second page.**

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

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

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

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

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

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

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

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

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

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**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.

<b><u>Household Member</u></b>	<b><u>Type of Income</u></b>	<b><u>Gross Earnings (Before Taxes)</u></b>
		_____ 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.

<b><u>Household Member</u></b>	<b><u>Type of Asset</u></b>	<b><u>Cash Value</u></b>
--------------------------------	-----------------------------	--------------------------



OTHER INFORMATION:

Are you currently homeless?

☐ Yes ☐ No

(Example - if in Boston see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you or any member of your household ever been convicted of or pled guilty or

“no contest” to any felony?

☐ Yes ☐ No

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

Have you ever been evicted or served with a Notice to Quit? ☐ Yes ☐ No

If yes, describe reason(s): Are you currently under eviction or have you been evicted? ☐ Yes ☐ No

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

Have you or any member of your household ever been convicted of or pled guilty or

“no contest” to a sexual offense?

☐ Yes ☐ No

Have you or any member of your household ever been convicted of or pled guilty or

“no contest” to any drug-related criminal offense?

☐ Yes ☐ No

Is any member of your household currently engaging in illegal use of drugs? ☐ Yes ☐ No

Do you have a registration requirement under a state sex offender registration

Program? ☐ Yes ☐ No If yes, in what state? \_\_\_\_\_

If yes, is the registration a lifetime requirement?

☐ Yes ☐ No

Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

Do you own a pet? ☐ Yes ☐ No If yes, please list below:

\_\_\_\_\_  
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 is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Trinity Management LLC 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.



**Consent for Release of Information**  
(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

Phone: \_\_\_\_\_

**Address:**

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Trinity Management LLC, 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 the Trinity Management LLC Agent 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 and cooperation in this matter.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

