## 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.

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 For Everyore

HousingWorks Fax: 617-536-8561

0	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
0	Head of Household's LAST Name
0	
	HoH's SOCIAL SECURITY NUMBER  GENDER  HoH's DATE OF BIRTH
0	
	ETHNICITY  RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial  Also provide your race at right!  Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
0	0
0	YOUR MOTHER'S MAIDEN NAME
	YOUR HOME TELEPHONE SECOND TELEPHONE
0	YOUR EMAIL ADDRESS
0	
	CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS
0	This is:
0	
	SECOND CONTACT ADDRESS This is:
0	
0	
	TOTAL HOUSEHOLD SIZE # BEDROOMS How much money does your family receive in a year?
0	# Adults # Children Total # O O O
	INCOME SOURCES
0	
	MOBILE RENTAL ASSISTANCE, if any
0	
0	REQUESTED ACCOMMODATIONS
	ODECIAL OIDCUMOTANCES THAT COME DECORANG MAY HOE TO ACCION DESCRITY OF DEFERENCE
	SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
0	

## HAMPTON COURT APARTMENTS

20 Hampton Avenue Northampton, Massachusetts 01060 (413) 585-0020

	Residential Rental Application I					
FOR OFFICE U	SE ONLY: Date		_Agent			
Property Addres	ss	Unit No	Rent \$			
		We sincerely thank you for your app n by clearly completing all of the requ				
Date of Applica	Date of Application Desired Move-In Date					
Type and Size	of Unit Wanted (No.	of Bedrooms, etc.)				
How Did You H	lear About Our Prop	perty? through the www.housingwork	ss.net website			
		PERSONAL INFORMATION				
A	I Niama a					
Date of Birth	Date of Birth Social Security No					
Driver's Licens	e No. & State					
Full Names of Al	l Other Residents	Relationship to You	Date of Birth			

	RESIDENCE HISTORY
PRESENT ADDRESS:	
Telephone	At Present Address/Date From: To: Present
Present Landlord or Mortg	gage Co Telephone
Monthly Payment \$	Reason for Moving
PREVIOUS ADDRESS:	
At Previous Address / Date	e From:To:
Previous Landlord or Mort	tgage Co Telephone
Monthly Payment \$	Reason for Moving
	EMPLOYMENT INFORMATION
PRESENT STATUS:	ployed Full-Time ☐ Part-Time ☐ Not Employed ☐ Retired ☐ Studen
PRESENT EMPLOYER: (or most	t recent)
Employer's Address	
Telephone	Dates Employed/From: To:
Position Heid Supervisor	Department Gross Monthly Income \$
	Dates Employed/From:To:
To: IF STUDENT, LIST SCHOOL Present Grade Level	School Telephone Expected Date of Graduation
BAI	NKING AND CREDIT REFERENCES
BANK NAME & BRANCH	Telephone
Checking Account No	•
Loan Account No.	Monthly Payment \$
BANK NAME & BRANCH	Telephone
Checking Account No	Savings Account No.
Loan Account No.	Monthly Payment \$
CREDIT REFERENCE	Telephone
	Account No.
ODEDIT DEFEDENCE	
	Account No
CREDIT REFERENCE	Telephone
	Account No.
	Telephone

	CO-APPLICANT IN	IFORMATIC	ON		
Co-Applicant's Full Name			Date of Birth		
Social Security Number	Driv	ver's License No.	& State		
CO-APPLICANT'S EMPLOYMENT:	☐ Employed Full-Time ☐ Part	-Time	Employed  Retired Student		
CO-APPLICANT'S EMPLOYER: (or m	nost recent)				
Employer's Address					
Telephone	Dates Empl	loyed /From:	To:		
Position Held	Supervisor		Gross Monthly Income \$		
	OTHER INFOR	MATION			
TOTAL NUMBER OF VEHICLES	(Including Company Vehicle	s)			
Make/Model	Year	Color Ta	g No. /State		
Make/Model	Year	Color Tag	g No./State		
Other Car, Motorcycle, etc.					
HOW MANY PETS DO YOU OR	OTHER OCCUPANTS OW!	N?			
Kind of Pet, Breed, Weight, and A	ge				
HAVE YOU OR CO-APPLICANT					
	Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No				
-	Been sued for damage to rental property?  Yes  No Declared Bankruptcy?  Yes  No				
Comments/Explanation					
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.					
Amount \$	Per	_ Source	Telephone		
	Per	_ Source	Telephone		
IN CASE OF PERSONAL EMI					
Relationship					
Home Phone					
	AUTHORIZA	ATION			
PLEASE READ CAREFULLY BEFORE SIGNING.  In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the in formation, and you authorize management to verify any references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry.					
Signed					
			Date		
<u> </u>					

## APPLICANT: DO NOT WRITE BELOW THIS PAGE FOR MANAGEMENT USE ONLY

Date Application ReceivedReceived By					
RECORD OF DEPOSITS/ADVA	NCE PAYMENTS:				
Date	Description		Amount		
REFERENCE VERIFICATION:					
Reference	Remarks		Spoke With	Ву	
☐ Present Landlord					
☐ Previous Landlord					
☐ Employer					
☐ Previous Employer					
☐ Co-Res. Employer					
☐ Bank (I)					
☐ Bank (II)					
☐ Credit					
Credit					
☐ Credit					
Other					
☐ Credit Bureau					
				- 1	
DISPOSITION OF APPLICATION					
ApprovedNot Approved	Ву	Da	ite		
IF NOT APPROVED, INDICATE REASC	N(S): Unfavorable Credit R	eport [	Unfavorable Employment	Reference	
Unfavorable Report From Landlord	☐ Size or Number	of Pets	Other (Specify)	:	
Applicant Notified By (Name)		_ Date No	otified	<del></del>	
Notified Via: ☐ Letter or Form (Attach C	opy)	phone	☐In-Person	☐ Fax	
Name of Person Notified		Notes			
MOVE-IN INFORMATION:		ITE	EMIZED CHARGES		
Unit Number/Address		Re	ntal Rate	\$	
		Se	curity Deposit	\$	
			•	\$	
Lease Term From	To			\$	
Data of Everated Mayor In				\$	
Date of Expected Move-In				\$	
Notes				\$	
				\$	
				Ψ	

PEACHTREE