

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

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**



**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



# RENTAL APPLICATION

**Mail Application to:**

Taunton Woods  
840 County Street  
Taunton, MA 02780

P: 508.880.0006

F: 508.880.7800

E: taunton@peabodyproperties.com

Apartment # \_\_\_\_\_

**Personal Information:**

☐ Applicant

☐ Guarantor

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Former Last Name (maiden, married) \_\_\_\_\_

Social Security Number \_\_\_\_\_ or ITIN Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Household Status - circle one (optional):

Married/Partner

Roommates

Single with Children

Married/Partner w/Children

Single

**Occupant Information:** (all household members)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

\*The information provided under the column 'Gender' is for demographic purposes and is optional.

**Residence Information:**

☐ same as Primary Applicant

Current Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name of Apartment Community or Mortgage Co. \_\_\_\_\_

Type (circle one) Rent Own Other \_\_\_\_\_ Date of Residency: From \_\_\_\_\_ To Present

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_

\*See eviction question on page #2

**Employment Information/Additional Income:**

Current Employer (as of move-in date) \_\_\_\_\_ Industry \_\_\_\_\_

Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

*If there are other sources of income you would like us to consider, please list all their source and income amount.*

Sources of Additional Income: \_\_\_\_\_

Amount of Additional Annual Income (\$): \_\_\_\_\_



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**Emergency Information:** Relationship \_\_\_\_\_

Full Name (not an occupant) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ (Circle one) Cell Home Work Allow Key Access: Yes \_\_\_\_ No \_\_\_\_

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**Vehicle Information:**

Your Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Second Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Other Vehicles: \_\_\_\_\_

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**Pet Information:**

Do You Own Any Pets? Yes \_\_\_\_ No \_\_\_\_

If Yes, How Many? \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_

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**Eviction/Conviction Information:**

\*Have you ever been evicted or asked to move? Yes \_\_\_\_ No \_\_\_\_

If Yes, Explain \_\_\_\_\_

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct? Yes \_\_\_\_ No \_\_\_\_ If yes, When \_\_\_\_\_ What State \_\_\_\_\_

Explain: \_\_\_\_\_

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Applicant represents that the statements made are true and correct. I hereby authorize Management to obtain as needed, consumer reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification and prior residency verification. \*Applicant has provided birth date information solely for credit rating. If this application is approved, I (we) agree to enter into a written lease, in which case earnest money will be applied to our account within 7 business days, subject to occupancy. If I (we) refuse to enter into a written lease upon being offered the apartment, Peabody Properties, Inc. shall retain the earnest money as liquidated damages. Each occupant 18 years and older must complete a separate application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Peabody Properties' Representative: \_\_\_\_\_ Date: \_\_\_\_\_