

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

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

# Bradley Properties

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MANAGED BY: TRINITY MANAGEMENT LLC  
EQUAL HOUSING/EQUAL OPPORTUNITY EMPLOYER

**342 SHAWMUT AVENUE**  
**BOSTON, MA 02118**  
**Tel. (617) 927-7468**  
**Fax (617) 425-4951**

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.

SITE NAME: BRADLEY PROPERTIES

PRELIMINARY RENTAL APPLICATION

## EQUAL HOUSING OPPORTUNITY

ADDRESS 342 SHAWMUT AVENUE  
BOSTON, MA 02118  
Tel. (617) 927-7468  
Fax (617) 425-4951

Please print and fill in ALL information.

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

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)

## SIZE OF APARTMENT NEEDED:

STUDIO 1BR 2BR 3BR 4BR

☐ ☐ ☐ ☐ ☐

## UNIT TYPE REQUESTED

☐ Affordable Market Rent

☐ Section 8 Assisted

☐ Wheelchair Adapted Unit

☐ Hearing/Visual Adapted Unit

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**

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	D.O.B.	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1. _____	Head of Household	_____	_____	_____	Yes or No
2. _____	_____	_____	_____	_____	Yes or No
3. _____	_____	_____	_____	_____	Yes or No
4. _____	_____	_____	_____	_____	Yes or No
5. _____	_____	_____	_____	_____	Yes or No
6. _____	_____	_____	_____	_____	Yes or No
7. _____	_____	_____	_____	_____	Yes or No
8. _____	_____	_____	_____	_____	Yes or No

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

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____ (week, month, year)
_____	_____	_____ per _____ (week, month, year)
_____	_____	_____ 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.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____ (week, month, year)
_____	_____	_____ per _____ (week, month, year)
_____	_____	_____ per _____ (week, month, year)

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 Appeals Committee and herein authorize Management to share information with these Committees so that their duties, as defined in the approved Tenant Selection Plan, may be properly exercised.

I/We hereby certify that we have received a notice from 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
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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.



MANAGED BY: TRINITY MANAGEMENT LLC  
EQUAL HOUSING/EQUAL OPPORTUNITY EMPLOYER

