

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to **"Custom Scale - 100%"**.

Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date You Downloaded the Application:

Fold on this line —

**Dear**

**THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:**

**Landlord:** IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

Enter the last four digits of your SSN or ITIN

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$ .00

DOCUMENTED DISABILITY?

☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

# BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_



The information requested in this form is required by the government agency regulating this project.

## Allston Brighton Portfolio

1285 Commonwealth Avenue, Suite B, Allston, MA 02134  
Telephone 617.782.8644 Fax: 617.782.8851  
MA Relay: 711

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information

## PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

<b>This is a preliminary application for housing at:</b>  <b>PLEASE CHECK ALL REQUESTED PROPERTIES</b>	<input type="checkbox"/> Ashford Street (SRO, Studio, 1BD)	<input type="checkbox"/> Carol Ave. Apts. (1,2,3,4 BD)	<input type="checkbox"/> Brighton Allston Apts. (1,2,3 BD)
	<input type="checkbox"/> Long Glen Rental (Studio, 1,2,3 BD)	<input type="checkbox"/> Long Glen Rental II (Studio, 1, 2 BD)	<input type="checkbox"/> Hano Homes (2, 3 BD)
	<input type="checkbox"/> Brian J Honan Apts (1,2,3BD)	<input type="checkbox"/> CommGlen Apartments (Studio, 1, 2, 3, 4) (No studio at Comm, No 4 Bedroom at Glen)	

Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

**Please complete all sections of this preliminary application and return to 1285 Commonwealth Avenue, Suite B, Allston, MA 02134. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign. Thank you for your assistance.**

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
Apt. #
City
State
ZIP

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BRs in current unit: \_\_\_\_\_ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment \$ \_\_\_\_\_

Do you own any property? Yes No

Bedroom size requested Studio One Two Three Four

Do you need an accessible unit? *(This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)* Yes No

Do you require any accessible features in your unit? *(This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)* Yes No

**PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD**

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		Head of Household			
2.					
3.					
4.					
5.					
6.					
7.					
8.					



Will <b>all</b> of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes to the above question please complete the following:</i>		
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list all sources of income for all household members. **NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets.** Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. **NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.**

Household Member Name	Type of Asset	Amount	% Interest

<b>How were you referred to this property?</b>	
Do you currently receive or do you have a Section 8 Voucher/Certificate? (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining ability to pay rent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	



**Race/National Origin - Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applicants. Answering this question is completely optional.**

Asian

Black

Latino

Native American Indian

Caucasian

Other

**Briefly describe your reasons for applying at this location:**

I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's marketing plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household):

Date:

Signature (Co Head / Spouse):

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Maloney Properties, Inc. does not discriminate on the basis of disability status, race, color, creed, religion, sex, sexual preference, national or ethnic origin, age, handicap, citizenship, ancestry, class or marital status, or any other basis prohibited by law in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. Maloney Properties, Inc. coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Any questions regarding 504 compliance please call (781) 943-0200, x255, MA Relay 711.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

If you have difficulty understanding this notice because of limited English proficiency you may request oral interpretation at no cost to you. For this assistance, please contact your Property Manager.

Если Вам не понятно это сообщение из за недостаточного знания Английского языка, Вы можете обратиться к Менеджеру дома и Вам бесплатно устно переведут.

Russian

AKO TI IMAS PROBLEM RAZUMIJEVANJA ILI OGRANICEN GOVOR ENGLISKOG MOZES IMATI PREVODIOCA DA TEBE NECE KOSTATI. ZA OVU POMOC MOLIM DASE OBRATITE SVOME MENAGERU.

Bosnian

Caso tiver dificuldade em entender esta nota, você pode pedir a sua interpretação gratis. Para tal assistência, por favor, contate a Administração do Prédio.

Portuguese

Si usted tiene dificultad leyendo este aviso por Ingles limitado usted puede solicitar la traducción de la información a ningún costo a usted. Para esta ayuda, comuníquese por favor con la oficina de la Gerencia de su unidad.

Spanish

Nếu bạn không hiểu bản thông cáo này, bởi vì tiếng anh của bạn chỉ có giới hạn bạn có thể yêu cầu thông dịch viên mà không cần phải trả bất cứ lệ phí nào. Nếu bạn cần thêm sự giúp đỡ, xin vui lòng gặp nhân viên quản lý của bạn.

Vietnamese

Si vous avez de la difficulté a comprendre cette avis à cause d'une compréhension limitée de la langue Anglais, vous pouvez faire une demande pour le service de traduction orale. Ceci est un service gratuit. Pour demandez ce service, s'il vous plait, contactez le gérant de votre immeuble.

French

如果你對閱讀此通告的內容有任何不明白之處是基於英語的理解能力，你可以要求口述翻譯而不需付額外費用的。如需這協助，請聯絡你的物業經理。

Chinese

បើសិនជាអ្នកមានប្រការណាមួយដែលអ្នកមិនអាចយល់បាននេះនោះអ្នកអាចសុំឱ្យមានការបកប្រែសំឡេងឱ្យបានឥតគិតថ្លៃ។ បើសិនជាអ្នកមានប្រការណាមួយដែលអ្នកមិនអាចយល់បាននេះនោះអ្នកអាចសុំឱ្យមានការបកប្រែសំឡេងឱ្យបានឥតគិតថ្លៃ។ បើសិនជាអ្នកមានប្រការណាមួយដែលអ្នកមិនអាចយល់បាននេះនោះអ្នកអាចសុំឱ្យមានការបកប្រែសំឡេងឱ្យបានឥតគិតថ្លៃ។

Cambodian