

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:

 **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**



**HOUSINGWORKS**  
For Everyone

**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 designed for <b>Environmental Allergies</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 \_\_\_\_\_



**HOUSING NANTUCKET  
READY TO RENT LIST  
PRELIMINARY RENTAL APPLICATION  
EQUAL HOUSING OPPORTUNITY**

**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.**

**Return application to:**

**Housing Nantucket**

**P.O. Box 3149, 75 Old South Road**

**Nantucket, MA 02554**

Phone # (508) 228-4422

FAX # (508) 228-4915

Email: [info@housingnantucket.org](mailto:info@housingnantucket.org)

Date \_\_\_\_\_

Note: Please fill in all sections completely. Please contact Housing Nantucket if you need help completing this application.

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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)

Present Mortgage/Rental Cost Per Month \$\_\_\_\_\_ Including Utilities? ☐ Yes ☐ No

How Long Have You Lived at Present Address? \_\_\_\_\_ Months/Years (Circle One)

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

Does any household member have special needs, accessibility or reasonable accommodation requests, or require alternative means of communication? \_\_\_\_\_ If yes, please explain:

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**FAMILY COMPOSITION** - List **ALL** those who will occupy the apartment - **INCLUDE YOURSELF**

Name	Relation to Head of Household	Social Security Number	Age	Sex	Full time Student?
1.	Head of Household				Y / N
2.					Y / N
3.					Y / N
4.					Y / N
5.					Y / N
6.					Y / N

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number listed above.

**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, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
------------------	----------------	-------------------------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

(week, month, year)

**HOUSEHOLD ASSETS:**

List all household assets include checking accounts, savings accounts, Certificate of Deposits (CDs), money markets, IRAs, 401Ks, life insurance, investment accounts, etc.

Household Member	Type of Asset	Gross Earnings if applicable
------------------	---------------	------------------------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

_____	_____	_____ per _____
-------	-------	-----------------

(week, month, year)

**REQUIREMENTS *for your application to be considered*:** The following documentation is required for all household members 18 years and older, except for full time students under 25 years of age.

❖ **Income Verification:**

- ❑ Tax forms: copies of the past three (3) years Federal Income Tax Returns with W2s, 1099s, and all schedules attached
- ❑ Pay Stubs: Five (5) most recent pay stubs
- ❑ Employer Verification: all employers listed will be contacted and will be asked to provide a verification of income
- ❑ Other Income: For any other listed income, verification of that income stream for the two (2) most recent months
- ❑ Credit Check: Once you are selected for housing, The NHA Properties Inc. will perform a credit check on all adult household members; explanations will be required for any issues raised, and a poor or questionable credit rating will be grounds for disqualification.

❖ **Self-employed (if applicable):**

- ❑ Schedule C from Previous Year's Tax Return:

**Note:** If you are self-employed we MUST accept the figure from your previous year's Schedule C "Net Profit" line as your income from self-employment. We cannot accept estimations of current income from self-employment.

❖ **Release of Information Form(s)** for income verification, credit report, residency verification and landlord references

❖ **Current and Previous Landlord References** for all rentals in the previous five (5) years (the Housing Office will provide forms); poor or questionable references will be grounds for disqualification.

❖ **Personal Interview** with NHA Properties Inc. (includes review of income/assets and other relevant rental questions)

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 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

NHA Properties Inc. will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. See NHA Properties Tenant Selection Plan for more information.

**You must complete the application, read and provide the documents requested, and sign this form. If you have questions please call 508-228-4422. Return this form to the Housing Nantucket, P.O. Box 3149 or return to 75 Old South Road. Incomplete applications will not be processed.**



**NHA Properties Inc.  
General Authorization for Release of Information**

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

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I/we, the above named individual(s), authorize the NHA Properties Inc. to verify the accuracy of the information which I/we have provided or to secure information from the following sources:**

Employer	Banks and Credit Bureaus
Social Security	Retirement & Pensions Systems
Department of Public Welfare	Department of Employment Security
Veteran's Administration	Payor of Child Support
Trust Administrators	Insurance Companies
Other: _____	

**I/we hereby give permission to release this information to the NHA Properties Inc. subject to the condition that it be kept confidential. I/we would appreciate your prompt attention in supplying the information requested on the attached page to the NHA Properties Inc. within five (5) days of receipt of this request.**

**I/we understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below.**

**Thank you for your assistance and cooperation in this matter.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**NHA Properties Inc.**  
**Verification of Employment**

**PART I. APPLICANT INFORMATION (To be completed by Applicant)**

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**PART II. EMPLOYER INFORMATION (To be completed by Applicant)**

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

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

**PART III. EMPLOYMENT INFORMATION (To be completed by your Employer)**

1. Date of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of Termination (if applicable) \_\_\_\_\_
3. Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ \_\_\_\_\_.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
7. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
8. Do you anticipate any change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
9. Anticipated average amount of overtime per week \_\_\_\_\_
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
11. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please indicate annual amount: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
12. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
13. Additional Comments: \_\_\_\_\_

Completed By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_



**NHA Properties Inc.**  
**Verification of Employment**

**PART I. APPLICANT INFORMATION (To be completed by Applicant)**

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**PART II. EMPLOYER INFORMATION (To be completed by Applicant)**

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

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

**PART III. EMPLOYMENT INFORMATION (To be completed by Employer)**

1. Date of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of Termination (if applicable) \_\_\_\_\_
3. Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ \_\_\_\_\_.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
7. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
8. Do you anticipate any change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
9. Anticipated average amount of overtime per week \_\_\_\_\_
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
11. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please indicate annual amount: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
12. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
13. Additional Comments: \_\_\_\_\_

Completed By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

# NHA PROPERTIES INC. RENTAL PROGRAM

## TENANCY HISTORY

Please submit this form with your application. Please fill out the following tenancy information, starting with your most recent rental and covering five years' worth of rental history. If there are household members with different tenancy histories, please indicate in margin which household member the entry covers.

Please list all household members covered by this tenancy history:

_____	_____
_____	_____

*CURRENT RENTAL: We will not contact your current landlord until we have finished as many other verifications/references/checks as possible.*

_____	<b><u>Present Day</u></b>	_____
move-in date	move out date	CURRENT rental address
		_____
<input type="checkbox"/>	Please do not contact my current landlord	CURRENT landlord's name
		_____
		CURRENT landlord's address
		_____
		CURRENT landlord's address
		_____
		CURRENT landlord's phone

### PREVIOUS RENTALS:

_____	_____	_____
move-in date	move out date	rental address
		_____
		landlord's name
		_____
		landlord's address
		_____
		landlord's phone

_____	_____	_____
move-in date	move out date	rental address
		_____
		landlord's name
		_____
		landlord's address
		_____
		landlord's phone

_____	_____	_____
move-in date	move out date	rental address
		_____
		landlord's name
		_____
		landlord's address
		_____
		landlord's phone

_____	_____	_____
move-in date	move out date	rental address
		_____
		landlord's name
		_____
		landlord's address
		_____
		landlord's phone

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

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

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

_____	_____
Principal Applicant	Date

_____	_____
Co-Applicant (If Applicable)	Date