

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

<input type="radio"/>	Head of Household's FIRST NAME
<input type="radio"/>	Head of Household's MIDDLE NAME
<input type="radio"/>	Head of Household's LAST NAME

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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<input type="radio"/> HoH's SOCIAL SECURITY NUMBER	<input type="radio"/> HoH's DATE OF BIRTH	<input type="radio"/> GENDER
-----------------------------------------------------------	--------------------------------------------------	-------------------------------------

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

<input type="radio"/>	REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:	
<input type="radio"/> Fully Accessible Wheelchair Unit <input type="radio"/> No-Steps unit (elevator to any floor) <input type="radio"/> First-Floor unit only	<input type="radio"/> Blind Accessible Unit <input type="radio"/> Deaf Accessible Unit <input type="radio"/> unit designed for Environmental Allergies	<input type="radio"/> Need an Interpreter <input type="radio"/> Domestic Violence Victim

<input type="radio"/>	HoH's CAREER STAGE			
<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Retired	<input type="radio"/> FT Student	<input type="radio"/> PT Student
<input type="radio"/>	MOBILE RENTAL ASSISTANCE			
<input type="radio"/> I do not have mobile rental assistance	<input type="radio"/> Mobile Section 8 voucher	<input type="radio"/> MRVP	<input type="radio"/> AHVP	<input type="radio"/> VASH or similar
<input type="radio"/>	Head of Household: Any Felony/Conviction? <input type="radio"/> Yes <input type="radio"/> No Other Members: Any Felony Convictions? <input type="radio"/> Yes <input type="radio"/> No	Any Misdemeanor Conviction? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction? <input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/>	Is <u>anyone</u> in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No			

<input type="radio"/> TOTAL HOUSEHOLD SIZE	<input type="radio"/> DESCRIBE PETS	<input type="radio"/> YEARLY INCOME
← # Adults	← # Children	← Total #

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

<input type="radio"/>	BEST MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	SECOND MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	

<input type="radio"/> # BEDROOMS NEEDED?	<input type="radio"/> SPECIAL CIRCUMSTANCES? - <i>some programs may assign you a priority status.</i>	
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence <input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other	

PLEASE COMPLETE ALL FIELDS

Use NA if not applicable



APPLICATION FOR RENTAL

COMMUNITY NAME: _____

SAFE/RENT TRANSACTION # _____

APT. APPLIED FOR: _____

LEASING AGENT: _____

REFERRED BY: _____

APPLICANT INFORMATION

APPLICANT'S NAME	LAST	FIRST	M.I.	BIRTHDATE	SS#	DRIV. LIC. & STATE
SPOUSE'S NAME	LAST	FIRST	M.I.	BIRTHDATE	SS#	DRIV. LIC. & STATE
EMAIL ADDRESS	APT #			HOME PHONE NUMBER		
PRESENT ADDRESS			CITY		STATE	ZIP CODE
HOW LONG AT THIS ADDRESS	RENT/OWN		LANDLORD/MORTGAGE CO.			
PREVIOUS ADDRESS	APT #		CITY		STATE	ZIP CODE
HOW LONG AT THIS ADDRESS	RENT/OWN		LANDLORD/MORTGAGE CO.			
NAME OF PERSONS TO OCCUPY APARTMENT				RELATIONSHIP		DATE OF BIRTH
_____				_____		_____
_____				_____		_____
_____				_____		_____

EMPLOYMENT

PRESENT EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY	\$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE		ZIP CODE	
PREVIOUS EMPLOYER	POSITION	PHONE NO.	YEARS	SALARY	\$	PER
SPOUSE'S EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY	\$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE		ZIP CODE	

OTHER SOURCES OF INCOME

BANK REFERENCES	LOCATION (BRANCH)	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.
BANK			
ADDITIONAL INCOME – DESCRIBE SOURCE AND HOW TO VERIFY		\$	PER
ADDITIONAL INCOME – DESCRIBE SOURCE AND HOW TO VERIFY		\$	PER

PERSONAL

NO. OF VEHICLES TO BE PARKED ON COMMUNITY: _____

VEHICLES – TYPE:	LICENSE NUMBER	COLOR	YEAR
(1)			
(2)			
IN CASE OF EMERGENCY, CONTACT:	RELATIONSHIP	ADDRESS	PHONE NO.
PETS:	NUMBER	WEIGHT	

TO BE FILLED IN BY MANAGEMENT

RENTS		IN ADDITION TO ALL OTHER PAYMENT REQUIRED OF APPLICANT(S)	
\$ _____	BASE MONTHLY RENTAL	\$ _____	HEREUNDER, APPLICANT AGREES TO PAY THE FOLLOWING AMOUNT(S):
\$ _____	FURNITURE, WASHER/DRYER	\$ _____	DEPOSIT, INCLUDES ADDITIONAL DEPOSIT IF APPLICABLE
\$ _____	PARKING, GARAGE, STORAGE	\$ _____	PET DEPOSIT
\$ _____	TOTAL MONTHLY PAYMENT	\$ _____	PET FEE
		\$ _____	APPLICATION FEE
		\$ _____	NON REFUNDABLE LEASE FEE

PRO-RATE RENT \$ _____ FROM _____ TO _____

APPROVALS: DATE PROCESSED: _____ APPROVED _____ NOT APPROVED _____ APPROVED WITH ADDITIONAL DEPOSIT _____

LEASE OR RENTAL PERIOD TO COMMENCE ON _____ END _____ LESSOR ACKNOWLEDGES RECEIPT OF \$ _____ BY MONEY ORDER # _____ OR CHECK(S) # _____ AS EARNEST MONEY DEPOSIT ON ACCOUNT FOR THE ABOVE DESCRIBED APARTMENT. APPLICANT UNDERSTANDS THAT THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$ _____, APPLICANT UNDERSTANDS THAT THE DEPOSIT OF \$ _____ FOR APARTMENT # _____ IS ONLY REFUNDABLE IF THIS APPLICATION IS REJECTED BY THE MANAGEMENT, OR AT THE TIME OF MOVE OUT IF ALL OF THE TERMS AND CONDITIONS OF THE LEASE AGREEMENT ARE FULFILLED.

I HEREBY CONSENT TO ALLOW ARCHSTONE COMMUNITIES, THROUGH ITS DESIGNATED AGENT AND ITS EMPLOYEES, TO OBTAIN MY CREDIT INFORMATION FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO LEASE ME AN APARTMENT. I UNDERSTAND THAT SHOULD I LEASE AN APARTMENT, ARCHSTONE COMMUNITIES AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

SIGNATURE OF APPLICANT(S)

DEPOSIT RECEIVED

X _____ DATE _____

X _____ DATE _____

ARCHSTONE ASSOCIATE SIGNATURE

X _____ DATE _____

**ARCHSTONE TEWKSBURY
VERIFICATION OF CURRENT LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Tewksbury Towers.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Please kindly take a moment to complete the questions below and return using the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Archstone Tewksbury

1. Length of residency: _____

2. Does the applicant have a lease with you, and will they stay for the full term? _____

3. Total monthly rent? \$ _____

4. Has rent payment been satisfactory? **YES** **NO**

5. Will the applicant leave owing rent? **YES** **NO**

6. Have you received complaints from other residents about the applicant? Please describe: _____

7. Would you recommend the applicant as a tenant? If not, please explain: _____

8. Any additional comments? _____

Information provided by: _____

Signature

Date _____

Archstone Tewksbury
7 Archstone Ave
Tewksbury, MA 01876
978-640-9281

Archstone Tewksbury does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

**ARCHSTONE TEWKSBURY
VERIFICATION OF PAST LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Tewksbury Towers.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Final action on the application will be deferred until we receive your reply. Please use the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Tewksbury Towers

1. Length of residence: _____
2. Did the applicant have a lease with you, and did they stay for the full term? _____
3. What was the applicant's monthly rent? \$ _____
4. Did the rent include utilities? _____
5. Did the applicant pay rent on time? _____
6. Did the applicant leave owing rent? _____
7. What was the condition of the residence? _____
8. What was the household composition per your records? _____
9. Did you receive complaints from other residents about the applicant? Please describe: _____
10. Would you recommend the applicant as a tenant? If not, please explain: _____
11. Any additional comments? _____

Signature of Landlord: _____

Date: _____

Archstone Tewksbury
7 Archstone Ave
Tewksbury, MA 01876
978-640-9281

**ARCHSTONE TEWKSBURY
VERIFICATION OF PAST LANDLORD**

Landlord Name and Address:

Applicant's Name and Past Address:

Phone Number: _____

I hereby authorize the landlord listed above to release all information regarding my tenancy, as indicated below, to Tewksbury Towers.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Final action on the application will be deferred until we receive your reply. Please use the enclosed, self-addressed, stamped envelope or our FAX number (978) 640-0646. If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281

Thank you for your prompt response to our request.

Sincerely,

Tewksbury Towers

1. Length of residence: _____
2. Did the applicant have a lease with you, and did they stay for the full term? _____
3. What was the applicant's monthly rent? \$ _____
4. Did the rent include utilities? _____
5. Did the applicant pay rent on time? _____
6. Did the applicant leave owing rent? _____
7. What was the condition of the residence? _____
8. What was the household composition per your records? _____
9. Did you receive complaints from other residents about the applicant? Please describe: _____
10. Would you recommend the applicant as a tenant? If not, please explain: _____
11. Any additional comments? _____

Signature of Landlord: _____

Date: _____

Archstone Tewksbury
7 Archstone Ave
Tewksbury, MA 01876
978-640-9281

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**ARCHSTONE TEWKSBURY
VERIFICATION OF PAST EMPLOYMENT**

Name and Address of Employer:

Applicant's Name and Past Address:

Telephone Number: _____

Social Security Number: _____

I hereby authorize the landlord listed above to release all information regarding my employment, as indicated below, to Tewksbury Towers.

Applicant Signature: _____ Date: _____

The above named applicant has recently applied for an apartment home in our community. Please complete the questionnaire below and return it to us via either the enclosed, stamped envelope or our FAX number: (978) 640- 0646. All information released will be considered confidential.

If you have any questions, or if we can be of any assistance, please call our Management office at (978) 640-9281. Your prompt response is appreciated.

Sincerely,

Archstone Tewksbury

Employment Date: _____ to _____ Occupation: _____
Rate of Pay: _____ per _____ Hour _____ Day _____ Week _____ Semi-monthly
of Hours per Day: _____ # of Days per Week: _____
Average # of Overtime Hours per Week: _____ Overtime Rate: _____

Signature of Employer: _____ Date: _____

Position: _____ Telephone #: _____

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7 Archstone Ave
Tewksbury, MA 01876
978-640-9281

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