

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

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 Received. Application will be stamped to show when it was received:

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
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

CORCORAN MANAGEMENT COMPANY

Name of Property **THE LEDGES**. 1 Avalon Drive, Weymouth, MA 02188

Phone #: 781-335-2626 Fax #: 781-331-0006 TDD #: 800-439-2370 Connect to 781-335-2626

Today's Date _____

A. HOUSEHOLD HEAD(S)

1. Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

2. Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Present Address _____ City _____, State _____

Zip Code _____ Home Telephone _____ Email _____

Race: **Optional Section:** This information will be used for fair housing programs only, as required by State and Federal Laws.

Circle one: White (Not of Hispanic origin) Black (Not of Hispanic origin) Asian or Pacific Islander
American Indian/Alaskan Native Hispanic

No. of Bedrooms _____ No. of Occupants _____

B. HOUSEHOLD COMPOSITION: Begin with Household Head(s) followed by other family members who will occupy the apartment.

Name (First, Last)	Relationship to Head #1	Sex	Date of Birth (Mo-Day-Year)	If student, give grade
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1. _____ **SELF** _____

2. _____

3. _____

4. _____

5. _____

6. _____



C. PRESENT/PREVIOUS HOUSING:

No. of Bedrooms _____ No. of Occupants _____ Rent \$ _____

Name of Present Landlord _____ Tel.# _____

Address of Landlord _____ Town _____

Length of Time at Present Address: _____

Previous Address _____ Town _____

Name of Previous Landlord: _____ Tel# _____

Address of Previous Landlord _____ Length of Tenancy _____

D. NAME OF EMPLOYER _____ Tel. No. of Employer _____

Address of Employer: _____

Gross Wages \$ _____ Length of Employment _____

If Other Household Member is Employed, Please Fill Out the Following:

Name of Family Member _____ Gross Wages \$ _____

Name of Employer _____ Tel.No. of Employer _____

The Ledges does not discriminate in its housing practices. Applications are available to eligible persons without regard to race, color, sexual orientation, religion, national origin, sex, veteran status, familial status, age, marital status, receipt of public/rental assistance or disability.

E. Amount of Other Sources of Income: (Please indicate gross amount **BEFORE** taxes or other deductions.)

Social Security \$ _____ Veteran's Benefit \$ _____

Pension \$ _____ Name of Pension Fund _____

S.S.I. \$ _____ Alimony \$ _____

A.F.D.C. \$ _____ Unemployment \$ _____

Child Support \$ _____ Other Income \$ _____

F. Asset Information **Name of Bank** **Amount**

Savings Accounts: _____

Checking Accounts: _____

Savings Certificates _____

Stocks/Bonds _____

Face Value of Whole Life Insurance Policy: _____ Annual Dividends \$ _____

Property Owned: Address _____ Value: \$ _____

Assets Disposed of Within Last 2 Years for Less than Market Value: Please Explain:



Please read carefully and answer the following questions:

Are you or any member of your household enrolled as a student at an institution of higher education? Yes No

Does any member of your household use a wheelchair? _____
If “yes”, please fill out the attached “Special Housing Needs” form.

Does any member of your family have a disability that requires special housing facilities _____
If “Yes”, please fill out the attached “Special Housing Needs” form.

Do you have a housing voucher from a housing authority or non-profit agency? _____
If yes, please understand that you will be required to certify household composition and income with management initially and annually thereafter as well as with the administrator of your voucher.

Do you have a pet? ☐ Yes ☐ No ☐ Cat ☐ Dog
Pet restrictions apply.

In case of Emergency, whom should we call?

Name _____ Relationship _____

Address: _____ Telephone: _____

Applicant(s) represents that the information contained in this application is true and correct. By signing this application, applicants attest that no household member(s) identified on the application is required to register as a sex offender. Applicant(s) acknowledges that Corcoran Management Company refuses rental to Level 3 sex offenders and screening will be conducted through state sex offender boards.

Applicant’s Signature(s) _____ **Date:** _____

_____ **Date:** _____



THE LEDGES SPECIAL HOUSING NEEDS

This form is designed for applicants who answered “yes” to the special housing facilities question on the rental application.

Answers to the following questions are **optional**. However, if you decline to answer, we may be unable to determine if you qualify for a reasonable accommodation.

A. Do you or any member of your household have a condition that requires:

- | | |
|---|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision impaired |
| <input type="checkbox"/> Unit for hearing impaired | <input type="checkbox"/> Barrier-free apartment |
| <input type="checkbox"/> Other physical modifications | |
| <input type="checkbox"/> Communication in a specially requested format because of a disability. | |

If you checked any of the above, please explain exactly what you will need in the apartment or other services:

B. Can you and all members of your family go up and down stairs unassisted?

☐ Yes ☐ No. If no, please indicate how we can accommodate your family:

C. Will you or any member of your family require a live-in aide to assist you?

☐ Yes ☐ No. If yes, please explain:_____

D. What is (are) the name(s) of family members who need the features or assistance requested above:_____

E. Are there any other accommodations which you or a family member will need?

☐ Yes ☐ No. If Yes, please explain:_____

Signature: _____ **Date:**_____

_____ **Date:**_____

