

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 _____

Maloney Properties, Inc.
517-A Moody St
Lowell, MA 01854
Tel: (978) 454-5595 Fax: (978) 458-9503
TTY: 711

1(A)

The information requested in this form is required by the gov't agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property with MassHousing Financing

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.

Please Print Clearly

Applications are placed in order of specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to your for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. **This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).**

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

Application

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No
 If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment? ☐ Yes ☐ No
 4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION

1. List ALL persons who will live in the apartment: List the head of household first

Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Full-Time Student Y/N
Head:					
Co-T:					
3.					
4					
5.					
6.					
7.					
8.					
9.					
10.					

2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

Application

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months, as requested below. If a section doesn't apply, cross out or write *NA* over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP Payments (State Supplement Program(F9a&B	\$
4.	Pension F13 (list source)	\$
5.	Veteran's Benefits F8 (list claim #)	\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker's Compensation F11	
8.	Title IV/TANF F9	\$
9.	Interest Income (source) F19	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.) Verify as applicable List Source	
11.	*Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum and F2 List source:	

***Student Financial Assistance in excess of tuition and other required fees and charges (scholarships, grants, private sources, work study, etc.): Only counted for Sec. 8 and /or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24 or older with a dependent child.**

Application

Household Member Name	Source of Income	Gross Monthly Amount
12.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
15.	Alimony F15, F16	
	Are you entitled by a court order or other legal agreement to receive alimony?	\$
	If yes, list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive alimony?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
16.	Child Support F15, F16	
	Are you entitled by a court order or other legal agreement to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Income (rental property, lottery winnings, etc).	
	Other Income (rental property, lottery winnings, etc).	
	Other Income (rental property, lottery winnings, etc).	
17.	Are any adult membes 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc? F4: Section B only.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4. Section A Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)	\$
20.	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
21.	Do you anticipate any changes in this income in the next 12 months? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Do you file income tax returns? If yes, provide prior year's taxes with W-2(s), 1099(s) etc for all members 18 and older along with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

	Household Member Name:	Bank	Account #	Balance	
Checking Accounts F19		Amount	#	Balance \$	
			#	Balance \$	
			#	Balance \$	
Savings Accounts F19			#	Balance \$	
			#	Balance \$	
			#	Balance \$	
3. Direct Express Debit Card (SSA) Current Stmt/ATM Receipt	Member: _____			Balance \$	
	Member: _____			Balance \$	
	Member: _____			Balance \$	
4. Other Debit Acct Card Current Stmt/ATM Receipt	Member: _____			Balance \$	
	Member: _____			Balance \$	
	Member: _____			Balance \$	
5. Cash on Hand F30				Amount \$	
6. Trust Account F22			#	Balance \$	
7. Certificates of Deposit F19			#	Balance \$	
			#	Balance \$	
			#	Balance \$	
			#	Balance \$	
8. Savings Bonds F19		Maturity Date	#	Value \$	
		Maturity Date	#	Value \$	
		Maturity Date	#	Value \$	
9. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$	
10. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$	
11. Mutual Funds F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
12. Stocks F19	Bank Name: _____				
	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
13. Bonds F19	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
	Bank Name: _____				
	Name: _____	#Shares: _____	Annual Interest or Dividend \$		Value \$
14. Annuities, 401(K), IRA, Keogh F21	Name: _____			Appraised Value \$	
	Source: _____				
15. Investment Property F23	Name: _____			Appraised Value \$	
	Source: _____				

Application

16. Real Estate Property: Do any household member own any property? F24, F25		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property		
Location of property		
Appraised Market Value		\$
Mortgage or outstanding loans balance due		\$
Amount of annual insurance premium		\$
Amount of most recent tax bill		\$
17. Has any household member sold/disposed of any property in the last 2 years? F17, F22		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property:		
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction:		
Do they have access to the asset(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has any household member sold/disposed of any other assets in the last 2 years F17, F22 Example: Given away money to relatives, set up Irrevocable Trust Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the asset:		
Date of disposition:		
Amount disposed:		\$
19. Does any member have any other assets not listed above (excluding personal property)? F17		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		
Household Member Name:		
Type of Asset:		
Household Member Name:		
Type of Asset:		

E. ADDITIONAL INFORMATION

1. How were you referred to this property?	Via the HousingWorks.net website
--	---

Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project Based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.

2. Do you currently have a mobile Section 8 Voucher/Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Failure to respond to the questions below may jeopardize approval of your application.

3a. Are you or any member of your household (including any live-in aide) listed in Section B above currently using a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application

4a. Have you or any member of your household (including any live-in aide) listed in Section B above ever been convicted of a felony in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Are you, or any member of your household (including any live-in adie) listed in Section B above subject to any State Sex Offender Lifetime Registration requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to 4(a or b) specify whether (a) or (b) along with member name(s) and describe in the box below. Attach additional page(s) if necessary.</i>	
5. Provide a complete list of ALL states in which any applicant household member has ever resided.	
6. Are you an owner, developer or sponsor of this project (of officer, employee, agent or consultant of the owner, developer or sponsor?)	<input type="checkbox"/> Yes <input type="checkbox"/> No

7a. Has any other landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b. Has any landlord ever had to take legal action against you or another household member (including any live-in aide) listed in Section B above, for any other material non-compliance with your lease that result in your appearance in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. REFERENCE INFORMATION		
You must provide all full addresses resided at in the past five years and the names, addresses and phone number of all landlords, if applicable. (please attach a separate sheet if necessary to include all landlords in the last 5 years.)		
1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

3. In case of emergency notify:	
Address:	
Relationship:	Phone #:
4. In case of emergency notify:	
Address:	
Relationship:	Phone #:

CERTIFICATION

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another 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 for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
Signature of Co-Tenant)	Date

Attachments: Application Cover Letter, as applicable, based on program,(s) at property
 Application Attachments below, as applicable, based on program(s) at property

Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation
 And Free Language Assistance for People with LEP

Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for
 HUD Assisted Housing Applicants

Attachment C: 1(A) Application Addendum – Demographics Data Collection & Consent

Attachment D: DHCD Resident Notice and Consent Form (or other State Agency
 Reporting Form, as required)

Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form

Attachment F: NC1 Owner's Notice of Restriction on Assistance to Non-Citizens

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to, or participate in, its programs and activities. Kathly Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x 255, Relay #711 at Maloney Properties, Inc 27 Mica Lane, Wellesley, MA 02481.

Application



Request via: **RENTG**
CORI Code: **MALPO**

Account #: **C7677**
Client Name: **Maloney Properties**
Client Code: **MPINC**
Property Name: **New North Canal, LLC - CORI**

CORI REQUEST FORM

Yardi Resident Screening has been certified by the Criminal History Systems Board and may access CORI for the purpose of screening otherwise-qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by CHSB. As an applicant/employee for the position of (INSERT POSITION OR "TENANT") _____ at (INSERT CLIENT AGENCY/COMPANY NAME) _____. I understand that a criminal record check will be conducted by RentGrow, Inc. and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: _____ Applicant/Employee Signature: _____

INFORMATION ON INDIVIDUAL WHOSE CORI IS SOUGHT (PLEASE PRINT CLEARLY OR TYPE)

LAST NAME

FIRSTNAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

*ID Theft Index PIN
(if applicable)

MOTHERS MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft, _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: (INCLUDE STATE OF ISSUE) _____

*** THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
(SIGNATURE OF CORI AUTHORIZED EMPLOYEE AT PROPERTY LOCATION)

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

Please fax to YARDI Resident Screening at (800) 819-5182

Application

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