

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 Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW 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

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 COMPLETE SSN or ITIN below:

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☐ No-Steps unit (elevator to any floor)☐ First-Floor unit only

☐ Bathroom modifications☐ Hearing Impaired Unit☐ Unit designed for Environmental Allergies

☐ Vision Impaired Unit☐ Need an Interpreter☐ Domestic Violence Victim☐ 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

\$.00

ANNUAL INCOME

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:

← Date Time Stamp – for Office Use Only



INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

Please read these instructions in full before completing your application.

1. You must fill out the application and required attachments completely. Please identify the **Property Name**. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. You intend to reside in the development as your primary and sole residence.
4. You may apply for more than one unit type, however, your household size and composition must be appropriate for the unit size.
5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
7. Your total household income and assets must be within the required limits:
Include as income: income of all household members 18 years of age and older, includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.
Include as assets: the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)
8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
9. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or have assets equal to at least two years of rent or a 2-year history of paying more than 40%.
10. Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older.
11. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
12. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
13. Priority for the accessible units will be for families which require physical accommodations.
14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
15. Completed applications may be mailed or returned in person to the management office at the property.
16. For more information, please call the management office.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室，我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

นี่เป็นเอกสารสำคัญ

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่สำนักงานของเราและเราจะให้บริการล่ามฟรี

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaanan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية، فيرجى الاتصال برقم الهاتف أدناه أو الحضور إلى مكاتبنا وسنوفر خدمات الترجمة الفورية مجاناً

Telephone:
781.794.1000

MA - TTY 711 or 1.800.439.2370
RI - TTY 711 or 1.800.745.5555
FL - TTY 711 or 1.800.955.8771
NJ - TTY 711 or 1.800.852.7899

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Peabody Properties.

VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

Peabody Properties and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.





You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank. Also, please make sure you list a Property Name.

MANAGEMENT USE ONLY

Date/Time Application Received:

RENTAL APPLICATION

Property Name: _____

Bedroom size(s) applying for: _____ (Note if accessibility features are requested: ☐ Mobility ☐ Vision ☐ Hearing)

Applicant #1: _____ What is your gender identity or expression?
First Name MI Last Name ☐ Male ☐ Female ☐ Non-Binary ☐ Choose not to share

Social Security Number _____ Phone (Home, Mobile, or Other) _____ Email _____
Address: Street and Apartment # _____ Town/City _____ State _____ Zip _____ Resided Since _____ to Current
Month/Year

Applicant #2: _____ What is your gender identity or expression?
First Name MI Last Name ☐ Male ☐ Female ☐ Non-Binary ☐ Choose not to share

Social Security Number _____ Phone (Home, Mobile, or Other) _____ Email _____
Address: Street and Apartment # _____ Town/City _____ State _____ Zip _____ Resided Since _____ to Current
Month/Year

How did you hear about this development? _____

PRESENT LANDLORD

Landlord Name: _____ Tel. #: _____ Fax #: _____

Landlord Address: _____
Street Apt. # Town/City State Zip

Is apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

Are you presently under lease? YES ☐ NO ☐ If YES, when does lease expire? _____

Reason for leaving: _____

Amount of rent per month \$ _____ # of Bedrooms: _____ # of Occupants: _____ Do you own a home? YES ☐ NO ☐

Are you receiving rental assistance? YES ☐ NO ☐ If Yes, what housing authority? _____

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

Reason for applying at this development? _____

PREVIOUS LANDLORD (Five (5) Year History Required)

Landlord Name: _____ Tel. #: _____ Fax #: _____

Landlord Address: _____
Street Apt. # Town/City State Zip

Applicant's Address: _____
Street Apt. # Town/City State Zip

Was apartment rented to you? YES ☐ NO ☐ If NO, explain: _____

of people residing at premise: _____ Length of tenancy: from _____ to _____ Amount of rent per month \$ _____

Were you then under a lease? YES ☐ NO ☐ If YES, did you remain for its term? YES ☐ NO ☐

Did you receive any notice of termination of tenancy? YES ☐ NO ☐ If YES, explain: _____

The reason for your leaving: _____



Please provide list of all states in which any household member has resided: _____

Please list all previous apartment address if above are less than five (5) years: _____

Landlord Name: _____ Landlord Address: _____

Why did you leave this apartment? _____

Did you ever receive any notices of termination of tenancy while at this apartment? YES ☐ NO ☐ If yes, please explain: _____

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY or TAX I.D. NUMBER

*The information provided for gender is for demographic purposes and is optional.

EMPLOYMENT (A minimum of 1 years' worth of employment history, if applicable, for each household member 18 years of age and older):

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: from _____ to _____

Gross Wages / Salary \$ _____ Yearly ☐ Monthly ☐ Weekly ☐ Tel. #: _____

Contact Person / Supervisor: _____ Fax #: _____

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: from _____ to _____

Gross Wages / Salary \$ _____ Yearly ☐ Monthly ☐ Weekly ☐ Tel. #: _____

Contact Person / Supervisor: _____ Fax #: _____

OTHER SOURCES OF INCOME (for *a//* Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Gift Contributions	\$	
Other Income (<i>please specify</i>)	\$	

PERSONS TO NOTIFY (Who is assisting you in completing this application and has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

ASSETS Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

ADDITIONAL INFORMATION:

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES ☐ NO ☐

Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? _____

How many cars will be parked at the premises? _____ (copies of registration must be provided)

Year: _____ Registration #: _____ Make/Model: _____

Year: _____ Registration #: _____ Make/Model: _____

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?
YES ☐ NO ☐; if YES, *please explain*: _____

Have you or any household members on Federal Assistance ever been terminated for fraud?
YES ☐ NO ☐; if YES, *please explain*: _____

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.

ETHNIC CATEGORIES

- ☐ Hispanic or Latino ☐ Not-Hispanic or Latino

RACE CATEGORIES

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement, misrepresentation or omission of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

_____ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: _____

Signature: _____

Signature: _____

Signatures and proof of identification will be required of all those who sign lease.

Print application and mail to the community address.