

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: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

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

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

## Adams Street Apartments

Date\_\_\_\_\_Unit#\_\_\_\_\_Approved by\_\_\_\_\_  
Subject to Owner's approval and verification of information

### A. Applicant information:

Name\_\_\_\_\_Social Security\_\_\_\_\_

Present Address\_\_\_\_\_Birth Date\_\_\_\_\_

City/State\_\_\_\_\_Birth Place\_\_\_\_\_

Zip code\_\_\_\_\_Driver's License#\_\_\_\_\_

Telephone Home\_\_\_\_\_Telephone Work\_\_\_\_\_

### B. Applicant Household:

- Anyone who lives in rented premises other than you
- Maximum 2 persons including yourself in a mid or large studio
- Small studio accommodates 1 person-Applicant only
- Non-family member must fill out separate application

Name\_\_\_\_\_Social Security\_\_\_\_\_

Employer\_\_\_\_\_Telephone Work#\_\_\_\_\_

Relation to Applicant\_\_\_\_\_

### C. Applicant's Rental History:

Dates Lived at **current address**:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Name of Present Landlord\_\_\_\_\_Telephone #\_\_\_\_\_

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

Dates Lived at previous address:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Previous Landlord\_\_\_\_\_Telephone#\_\_\_\_\_

### D. Applicant's Employment / Financial Background:

**Current** Occupation\_\_\_\_\_Length of Time In Occupation\_\_\_\_\_

Employer's Name / Address\_\_\_\_\_

Employer's Contact Name / Telephone\_\_\_\_\_

Current Salary\_\_\_\_\_

**Former** Employer Name / address / Tel / Contact Name \_\_\_\_\_

Name of Your Bank & address \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account# \_\_\_\_\_

Credit Card Type with # & Expiration date \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

**E. Do you Smoke?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**F. Have you ever filed for bankruptcy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Been Sued? \_\_\_\_\_ Yes \_\_\_\_\_ No      Been Evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Been Convicted of a Crime \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain any "Yes" Listed above: \_\_\_\_\_

**G. In Case of an Emergency Notify:**

Name / Address / Telephone # / Relation \_\_\_\_\_

**H.      Automobile Information:**

Car / Model \_\_\_\_\_ State Registered in \_\_\_\_\_ License Plate# \_\_\_\_\_

Size of Studio Interested in

\_\_\_\_\_ Small (Max. one occupant) \_\_\_\_\_ Mid-Size(max. two occupants)

\_\_\_\_\_ Large (max. two occupants) \_\_\_\_\_ X-Large (max. two occupants)

Unit # \_\_\_\_\_ Commencing on \_\_\_\_\_ and Terminating on \_\_\_\_\_

- \* Tenants at their Decision must purchase and provide their own Home (Studio Apartment Insurance).
- \* All Room Deposits to reserve and hold a Room are non Refundable. We rent By the Week, Month, or Yearly Long term Lease. There will be No Prorating, If you rent by month you pay by Month, If you leave early you must pay the full month. If you need additional days It will cost you \$49.00 a day.
- \* Rent is not refundable. Rent is paid prior to or on the date owed or next business day (if this date falls on the weekend or on a holiday) for weekly and monthly Tenants. If the Tenant (s) fail to pay the rent in full to Management as previously stated, the Tenant (s) will pay management a late charge of \$20.00, plus \$5.00 for each additional day that the rent remains unpaid. The total late charge for any one-month will not exceed \$75.00. If the Tenant is unable to make payment on time, contact management in person prior to rental payment due date.
- \* One Month notice in writing must be given to the office prior to vacating the premises or 50% of dollars will be deducted from your security deposit. Checkout time is 12:00 noon of the scheduled move-out date or an extra day will be charged at the rate of \$49.00 per day plus tax if it applies.
- \* A 11.7% tax is required by law on your first three months of tenancy, this is for the short-term licensing-lodging tax.
- \* Security Deposit (1) Month equal to rent amount is required payable by Check or Cash. Security Deposits are refunded within 15 business days upon departure-conditions: when all keys are returned and the room is left in the same condition as found. If damages are found, deductions will be made accordingly. Cleaning a room and its contents must be done and left like the way you accepted it. You will be charge a fee if not cleaned properly. Upon move out Floors also must be scrubbed, wash and wax or you will be charged a floor stripping and waxing fee. Plastic Covers on all Mattress and box spring are to remain on. If you remove these covers you will be charge a Mattress replacement Fee. If your application is approved, your security Deposit will be held at Citizens Bank in account# 1133849978.
- \* A second set of keys will cost \$25.00 per key. The cost will be reimbursed when the keys are returned. There will be a \$25.00 charge for each missing key.
- \* Lock Out Fee: This Fee is Charge to you for sending someone to let you back into your Studio for what ever reason that you have been Lock Out.. At any time Office is open there will be no Lock out Fee. At any time Office is Close the fee is \$30.00 per Lock Out per incident.
- \* A \$25.00 charge will be levied for each returned check by the bank and personal checks will no longer be accepted from this point on (Cash, Money Order, Traveler Checks will only be accepted).
- \* Parking is on a first come first service basis. You must display your parking permit at all times which is obtained from the management office. The sticker must be placed on your front windshield, driver's side, lower left corner, but high enough to see it from outside the car. If there is not enough parking on the premises, you must park on the street (please note the street signs and refer to the information enclosed with the keys on move in).
- \* Illegally parked vehicles, (with or without sticker) (occupied or unoccupied) will be towed at owner's expense. A tow company monitors the premises at all hours. Do not Block or Park in Handicap Parking, You will be fined and Towed.
- \* Tenant is responsible for keeping his/her studio clean. Trash is to be removed at least once a week from your studio and placed in the Dumpster located in the back parking lot. Trash is not to be left in the hallways.
- \* Plugged Toilets cause by Tenant miss use, If the Tenant Plugs the toilet and causes overflow, the Tenant well be responsible for all and any damages to their room and any other room or area in building.
- \* No Pets are allowed.

- \* Management has not given up the right to enter your studio with or without permission.
- \* A Small studio can only accommodate one occupant, while a Mid-size, Large or extra Large studio can accommodate maximum of two (2) occupants per Board Of Health and Fire Code. The second person in a Medium or Large will be charge \$75.00 in addition to the rent fee.
- \* The Studio is to be used only as a private residence for Tenant (s) listed in the rental Application. Occupancy by guests for more than on weekend, in a small, Mid, Large or extra Large studio is prohibited without Management's written consent and will be considered a breach of this Agreement.

Total Number of Occupants\_. One Tenant-One application-One set of Keys. Two tenants-Two applications-Two Sets of Keys.

**By signing the Rental Application, you have agreed to give the authorization to your Previous Landlord to Release your Rental History, Present and Past to Apartment Resources of Waltham Ma. Also , you agree and understand all stated above.**

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

Rental Application		Date_____	
			Estimate Cost of
<b>Living Quarters</b>	Condition on Arrival	Condition on Departure	Repair/Replacement
Floors & Floor Coverings			\$25.00 per sq. ft.
Shade & Curtains			\$25.00
Walls			Repair Bill
Ceiling			\$10.00 per sq. ft.
Light fixtures			\$50.00
Window (s) & Screen (s)			Repair Bill
Entrance Door			Repair Bill
Locks on Door			Repair Bill
Intercom System			Repair Bill
Other			
<b>Furniture</b>			
Bed (Twin or Double)			\$200.00
Dresser			\$200.00
Table			\$50.00
Chair (s)			\$25.00
Desk			\$75.00
Nightstand			\$75.00
Lamp			\$10.00
Other			
<b>Kitchenette Unit</b>			\$1200.00 per unit or Repair Bill
Sink w/drain stopper			
Two Burners			
Refrigerator			
Freezer			
<b>Heating/A.C. Unit</b>			\$1200.00 per unit or Repair Bill
Wall Controls			
Unit Controls			
<b>Bathroom</b>			Repair Bill
Floors			
Toilet			
Sink			
Cabinet w/Mirrors			\$25.00 per mirror
Shower			\$10.00
Shower Curtain			\$

**Applicant Initials \_\_\_\_\_**

Amenities for Rent Date_____				
	Amenities for Rent			Estimate Cost of
x	<b>Rentals</b>	Condition on Arrival	Condition on Departure	Repair/Replacement
	\$35.00 TV w/Cable Monthly			
	\$30.00 Cable only			\$250.00
	\$30.00 TV only			\$200.00
	\$30.00 Microwave			\$150.00
	\$35.00 Internet/Monthly			\$30.00
	\$25.00 Linen Listed below			
	Blanket			\$25.00
	Pillow (s)			\$25.00
	Pillow Cases			\$10.00
	Sheets			\$15.00
	Bedspread			\$25.00
	Plastic Mattress Cover			\$15.00
	\$25.00 Kitchenware Listed			
	Pots, Pans			\$75.00
	Silverware			\$10.00
	Dishes			\$25.00
-	<b>Misc. Damage Charges</b>			
-	Remote Control			\$75.00
-	Painting Fee			\$100.00
-	Cleaning Fee			\$50.00
-	Plastering, Misc. Work			\$150.00 or Repair Bill
-	Missing Key (each)			\$25.00

**Applicant's initial\_\_\_\_\_**



Tenant acknowledge that the Smoke Detectors were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenant (s) agree to test the smoke Detector at least once a month and to report any problems to the Landlord/Property manager in writing. (To test the smoke Detector, see if there is a flashing Red light. If yes, the smoke Detector is working.)

**Tenant Detector acknowledgement\_\_\_\_\_ (Yes)**

Tenant acknowledges that he/she has signed the statement of Room Condition attached to the rental application which states what the cost are to repair or replace will be if damages are caused during their occupancy, along with additional cost stated above.

**Tenant Room Condition acknowledgement\_\_\_\_\_ (Yes)**

**Your Security Deposit is being held in \_\_\_\_\_ Bank, account#\_\_\_\_\_**

**Tenant Security Deposit acknowledgement\_\_\_\_\_ (Yes)**

**Use this space to provide any additional explanations:**

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**Applicant Initials\_\_\_\_\_**

**Statement of Condition - Landlord-Tenant Checklist - General Condition of Rental Unit & Premises**

This is a Statement of Condition of the premises you have leased or rented. You should read it carefully in order to see if it is correct. If it is correct, you must sign it. This will show that you agree that the list is correct and complete. If it is not correct, you must attach a separate signed list of any damages, which you believe exists in the premises. This statement must be returned to management within fifteen days after you move in. If you do not return this list, within the specified time period, a court may view your failure to return this list as your agreement that the list is complete and correct in any suit which you may bring to recover the security deposit.

**This Statement of condition was received by the tenant on\_\_\_\_\_ (Date)**

**Landlord-tenant Checklist completed on moving in on\_\_\_\_\_ (Date),and**

**Property Manager\_\_\_\_\_ and Tenant\_\_\_\_\_**

**Tenant\_\_\_\_\_**

**Landlord-tenant checklist complete on moving out on\_\_\_\_\_ (Date),and**

**Property Manager\_\_\_\_\_ and Tenant\_\_\_\_\_**

**Tenant\_\_\_\_\_**

**References Required:** Example Use Friends, relatives, Co-Workers, Etc.

1). Name (person status) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2). Name(person statues) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

3). Name(person status) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

4). Name(person status) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Call for an Appointment**

**Address: 94 Adams Street, Waltham, Massachusetts 02453, USA**

**Tel: (781) 893-1130      Fax: (781) 891-6969**

**Office hours - Monday thru Friday 8:00am to 3:00pm Saturday 8:00am to 12:00pm Sunday Closed**