Name: First MI Last: _____

Address1: _____

Address2: _____

City State Zip: _____

Email: _____

Case Manager Email: _____

Apply via cell phone:
- Open camera on phone.
- Aim camera at the QR code.
- Open with your browser.
- Select your language at top right.
- It's secure, safe, HIPAA compliant.

...or Apply using your computer (click button below)

Click to Apply Online

Peabody Properties
Jamaica Plain Coops – Five Different Properties
c/o HousingWorks
P.O. Box 231104
Boston, MA 02123-1104

617-524-7788

...or Mail application to the address at left (no faxing)

PEABODY PROPERTIES, INC.

Date Generated:

Fold Here

Suggestion: use a #9 Double-Window Envelope

We have Studios, 1BR, 2BR, 3BR, 4BR and some wheelchair accessible units.

IMPORTANT! YOU MUST INDICATE WHICH PROPERTIES INTEREST YOU:
These are fixed-rent units. **We have no deeply subsidized rents in our portfolio except the ones you apply to via Boston Housing Authority**

☐ C. Gallagher 30% AMI — 2BR 3BR ☐ Rockvale 30% AMI — 2BR and 3BR only ☐ JPSS Apts 30% — 2BR, 3BR, and 4BR units, no wheelchair	← **Do not use this application to apply for these wait-lists.** You must contact Boston Housing Authority to apply for these subsidized units, using the application they provide.
☐ C. Gallagher 50% AMI fixed rent — 1BR, 2BR, 3BR, and 4BR ☐ C. Gallagher 60% AMI fixed rent — 1BR, 2BR, 3BR, and 4 BR ☐ C. Gallagher 80% AMI fixed rent — 2BR, 3BR only ☐ C. Gallagher wheelchair fixed rent — 1BR, 2BR and 3BR only	☐ Hyde Square 50, 60, and 80% fixed rent — 2BR, 3BR, and 4BR ☐ Hyde Square wheelchair fixed rent — 2BR and 3BR only ☐ Rockvale 50% AMI fixed rent — 2BR and 3BR only ☐ Rockvale 60% AMI fixed rent — 2BR and 3BR only ☐ Rockvale wheelchair fixed rent — 2BR only
☐ Forest Glen 50, 60, and 80% AMI fixed rent — Studio, 1BR, 2BR, and 3BR ☐ JPSS Apts 50, 60, and 80% fixed rent, including wheelchair units — 1BR, 2BR, 3BR, and 4BR	

Name and Address of Assisting Social Service Agency (or mark "N/A": _____

_____

☐ Yes ☐ No **Did you fill in the circles (above) for the waitlists that interest you?**

☐ Yes ☐ No **Do you understand that you must answer every question on every page, *no matter how many times it is asked*? We will reject or discard your application if you fail to do so.**

Date Time Stamp for Office)

Erase ENTIRE FORM

DATA PAGE FOR APPLICATIONS vs 2.7

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
☐ **Bathroom modifications**
☐ **Vision Impaired** Unit
☐ Need an **Interpreter**
☐ **No-Steps unit** (elevator to any floor)
☐ **Hearing Impaired** Unit
☐ **Domestic Violence Victim**
☐ **First-Floor unit only**
☐ Unit designed for **Environmental Allergies**
☐ **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**

ANNUAL INCOME

$ .00

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

PEABODY PROPERTIES, INC.
536 Granite Street, Braintree, MA 02184
Tel: 781-794-1000 Fax: 781-794-1001

RENTAL APPLICATION

SITE: see page 1

NAME 1: _____ _____
FIRST MI LAST SOCIAL SECURITY NUMBER

NAME 2: _____ _____
FIRST MI LAST SOCIAL SECURITY NUMBER

ADDRESS: _____ _____ _____ _____ _____
STREET APT # TOWN OR CITY STATE ZIP CODE

ADDRESS: _____ _____ _____ _____ _____
STREET APT # TOWN OR CITY STATE ZIP CODE

RESIDED SINCE: _____ to Present Time

(1) HOME TEL: _____ BUSINESS TEL: _____ MOBILE TEL: _____

(2) HOME TEL: _____ BUSINESS TEL: _____ MOBILE TEL: _____

Reason for applying at this development?

_____

How did you hear about this development? **via the HousingWorks.net website**

_____

PRESENT LANDLORD

_____ TEL.#: _____ FAX #: _____

ADDRESS: _____ _____
STREET APT # TOWN OR CITY STATE ZIP CODE

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 wanting to move: _____

Amount of rent per month $_____ No. of Bedrooms:_____ No. of Occupants: _____

Do you usually pay rent in a timely manner? _____

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

PREVIOUS LANDLORD

_____ TEL.#: _____ FAX #: _____

LANDLORD ADDRESS: _____ _____ _____ _____ _____
STREET APT # TOWN OR CITY STATE ZIP CODE

APPLICANT'S ADDRESS: _____ _____ _____ _____ _____
STREET APT # TOWN OR CITY STATE ZIP CODE

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

Length of tenancy: *from* _____ *to* _____ Amount of rent per month can be zero $_____

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: _____

Add Landlord Address if you lived at any of the above for a total of less than seven (7) years.

Previous Apartment Address: _____

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 on line below:

_____

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

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY NUMBER
	HoH or Self					

EMPLOYMENT (for each household member aged 18 or over):

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: FROM _____ TO _____

Gross Wages / Salary $ _____ PER YEAR MONTH WEEK TEL #: _____

Contact Person / Supervisor: _____ FAX #: _____

Individual Employed: _____

Employer Name: _____

Address: _____

Dates of Employment: FROM _____ TO _____

Gross Wages / Salary $ _____ PER YEAR MONTH WEEK TEL. #: _____

Contact Person / Supervisor: _____ FAX #: _____

OTHER SOURCES OF INCOME (for *all* 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	$	
Other Income *(please specify)*	$	

RELATIVES (Please list two relatives not living with you):

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) 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, and Term Certificates; and Real Estate, Stocks, Bonds, and Certificates.):

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

CREDIT HISTORY (***Include*** payments, loans, credit cards, etc.):

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		$	$
		$	$
		$	$
		$	$
		$	$

Do you pay for utilities? YES ☐ NO ☐ *If yes*, $ _____ per month.

Do you pay child support? YES ☐ NO ☐ *If yes*, $ _____ per month.

Do you pay alimony? YES ☐ NO ☐ *If yes*, $ _____ per month.

Do you pay child care? YES ☐ NO ☐ *If yes*, $ _____ per month.

ADDITIONAL INFORMATION:

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

Do you have a **Water Bed**? YES ☐ NO ☐

Do you have a **Washing Machine**? YES ☐ NO ☐

Do you have a **Dryer**? 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: _____

PLEASE NOTE: COMMERCIAL/RECREATIONAL VEHICLES ARE NOT PERMITTED ON THE PREMISES WITHOUT WRITTEN PERMISSION FROM THE LESSOR.

Do you or any household members currently reside in Federally Assisted Housing or have you or any household members ever resided in Federally Assisted Housing? YES ☐ NO ☐

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 or misrepresentation 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 and changes to policies, practices, and procedures.

_____ 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.

FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial;
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

Amount of Deposit $ _____ Check # _____ Occupancy Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If you have no access to email, please print application and mail to the community of your choice.

IF TYPING YOUR ANSWERS, CLICK THIS BUTTON TO SEE IF YOU SKIPPED ANYTHING