Full Name:	THIS SECTION FOR APPLICANT:
Address1:	L
Address2:	Date Generated:
City State Zip:	
Email: Case Manager Email:	
outo Managor Email.	
	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:
IF REJECTING THIS APPLICATION, please email, mail, or fax	TLIST ADMINISTRATOR:  support@housingworks.net
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	j
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!	support@housingworks.net
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	support@housingworks.net HousingWorks
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	support@housingworks.net  HousingWorks  P.O. Box 231104
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	support@housingworks.net  HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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!  O This waitlist is closed. The only waitlists	support@housingworks.net  HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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!  O This waitlist is closed. The only waitlists	support@housingworks.net  HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax  open at present are:
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!  O This waitlist is closed. The only waitlists  O This is not the right application. We have	support@housingworks.net  HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax  open at present are:
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!  O This waitlist is closed. The only waitlists  O This is not the right application. We have a your do not appear to qualify for this present the state of the system.	support@housingworks.net  HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax  open at present are:

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

Full Name:



## 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

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่ สำนักงานของเราและเราจะให้บริการล่ามฟรี

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 مجانًا

Telephone: MA - TTY 711 or 1.800.439.2370 781.794.1000 RI - TTY 711 or 1.800.745.5555

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 will consider a reasonable accommodation, upon request for qualified persons with disabilities when an accommodation is necessary to ensure equal access to the housing community, 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.

#### RIGHT TO LANGUAGE INTERPRETER

All tenants, applicants, and potential applicants who may need a language interpreter have a right to a language interpreter in accordance with the Peabody Properties Language Access Plan.

# FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties 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.

#### **VAWA REAUTHORIZATION ACT OF 2022**

The Violence Against Women Act (2022) provides housing protections for survivors of domestic violence, dating violence, sexual assault, and/or stalking (collectively. Despite the name of the law, VAWA's protections apply regardless of sex, sexual orientation, or gender identity.







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, <u>please make sure you list a Property Name.</u>

MANAGEMENT USE ONLY
Date/Time Application Received:

# **RENTAL APPLICATION**

Property Name:								
Bedroom size(s) app	lying for:		(Note if acces	ssibility fe	atures are rec	quested: 🗆 Mob	ility □ Visior	n □ Hearing)
Applicant #1:	First Name	MI	Last Name			•	er have been married)  Divorced	
Social Security Nun	nber		Phone (Home, Mobile,	or Other)			Email	
Address: Street and	d Apartment #		Town/City	State	Zip	_ Resided Since	Month/Year to Currer	
Applicant #2:	First Name	MI	Last Name			ıs: □ Single <i>(nev</i> □ Separated		
Social Security Nun	nber		Phone (Home, Mobile,	or Other)		Resided Since	Email	to Current
Address: Street and	d Apartment #		Town/City	State	Zip	_ Resided Since	Month/Y	to Current
How did you hear al	oout this property?							
PRESENT LAND Landlord Name:			Tel.#:			Fax #:		
			Apt. #					
			Apt. # I If NO, explain:					
	nder lease? YES 🗆	NO [	I If YES, when doe					
			Bedrooms:					
			O□ If Yes, what ho ancy? YES□ NO					
PREVIOUS LAN	<b>DLORD</b> (Five (5	) Year	History Required	<b>l)</b> Use a s	eparate sheet	t of paper if nec	essary to inclu	de all 5-years.
Landlord Name:			Tel. #:			Fax #:		
Landlord Address:	Street		Apt.	#	Town/City	State	Zip	
Applicant's Address:			Apt.	#	TOWN/City	State	ΖIP	
, applicant o , taglicos.	Street		Apt.	#	Town/City	State	Zip	
Was apartment rente	ed to you? YES □	NO 🗆	If NO, explain:					
# of people residing	# of people residing at premise: Length of tenancy: from to Amount of rent per month \$							
Were you then unde	er a lease? YES □	NO 🗆	If YES, did you rem	nain for its	term? YES			
Did you receive any	notice of terminatio	n of ten	ancy? YES □ NO □	If YES	s, explain:			
The reason for your	leaving:							

Please provide list of all stat	es in which any l	nousehold membe	er has reside	d:				
Please list all previous aparti								
Landlord Name:			Landlord	Address:				
Why did you leave this apart	tment?							
Did you ever receive any no							explain:	
						· ·	•	
Complete the following infor	rmation for each	member of your t	family, includ	ding yourself, who	will be o	ccupying the ap	partment:	
NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATIO	N	F.T. STUDENT YES / NO	SOCIAL SECURITY or	
INAIVIE	RELATIONSHIP	DATE OF BIRTH	GENDER	OCCOPATION	IN	TES / NO	TAX I.D. NUMBER	
*The information provided for g	gender is for demo	graphic purposes ar	nd is optional	(Male, Female, Non-l	Binary or	Choose Not To S	hare).	
EMPLOYMENT (A minin					ach hous	sehold member	18 years of age and	
older. Use a separate sheet of Individual Employed:				t year):				
Employer Name:								
Address:								
Dates of Employment:								
Gross Wages / Salary	\$	Yearly	early □ 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			,					
oomaac varaan vapamaa.								
OTHER SOURCES OF	INCOME (for	. <i>all</i> Household I	Members):					
OTTIER SOURCES OF	IIICONIE (IOI		<u> </u>					
Social Security		<b>AN</b>	MOUNT RECE	EIVED PER MONTH	Р	ERSON RECEIVI	NG SUCH INCOME	
Supplemental Security Incor	me (SSI)	\$			+			
Pension / Annuity / Trust	(00.)	\$			+			
Public Assistance (TANF / A	FDC / EAFDC /				+			
Unemployment Compensati	ion	\$			1			
Worker's Compensation		\$						
Child Support / Alimony		\$						
Student Financial Assistance								

\$

\$

Gift Contributions

Other Income (please specify)

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE (Who is assisting you in completing this application or who 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

•	ly have a household pet? YES □ NC ly have an assistance animal? YES □		_
,	will be parked at the premises?	(Copies of registration must be provided.)	
Year:	Registration #:	Make/Model:	
Year:	Registration #:	Make/Model:	

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES 🗆 NO 🗅 If yes, please list name of member and the state(s):

Have you or any household member ever committed any fraud in connection with any State or Federal Housing Assistance program? YES  $\square$  NO  $\square$ ; if YES, please explain and note if the assistance was terminated:

Have you or any household members ever been evicted or otherwise involuntarily removed from rental housing due to fraud, failure to cooperate with the recertification process or cause?

YES □ NO □; if YES, please explain:

**ADDITIONAL INFORMATION:** 

As of January 31, 2010, were you 62 years or age or older and receiving HUD rental assistance at another property location? YES \( \text{NO} \( \text{D} \); if YES, please provide property location in order to verify whether you qualify for exemption.

Have you or any household members been convicted of, pled guilty or no contest to a felony, drug related activity, criminal or sexual offense? 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:

describes the occupancy requirements, preferences.	resident selectin c	riteria including but n	not limited to eligibility, screening requirements and any
Listed below are some optional questic	ns that would be a	sked for these proper	rties, they are:
Are you homeless and without permane	ent housing? YES [	□ NO □; if YES, <i>plea</i>	ase describe:
Are you about to be homeless? YES □	NO □; if YES, ple	ease describe:	
Have you or any member of your house YES □ NO □	hold suffered actu	al or threats of physica	cal violence by a spouse or another member of the househo
Are you or any member of your househ	old a veteran? YE	S 🗆 NO 🗆	
Are you or a member of your household	d handicapped and	d/or disabled? YES □	JNOD
Does any member of your household re If YES, please indicate type of featur		nt with accessible feato Hearing Adapted	
FOU	AL OPPOPTUR	NITY / EAIR HOLL	JSING INFORMATION
		· · · · · · · · · · · · · · · · · · ·	ion, national origin, gender, disability, familial status, marita
status, sexual orientation, genetic information	mation, veteran/mil	litary status, receipt of	of public assistance, ancestry, age, gender identity or other programs or employment or its programs, activities,
	g Laws. The law p not the information	rovides that an applic n is furnished.	tor this owner / management agent's compliance with Equalicant may not be discriminated against on the basis of the cod Sites.
PREFERRED HOUSEHOLD LANGU	AGE		
What is your preferred househo	ld language?		
ETHNIC CATEGORIES			
☐ Hispanic or Latino	□ Not-Hisp	anic or Latino	
RACE CATEGORIES			
☐ American Indian or Alaska Na	tive	☐ Asian	☐ Black or African American
☐ Native Hawaiian or Other Pac	ific Islander	☐ White	☐ Other
$\square$ I do not wish to furnish the ak	ove information		
acknowledge the understanding that t	his application cor	nstitutes my request f	and complete to the best of my knowledge and hereb for consideration as a tenant in the above development.

**NOTE:** Some properties, not all have certain preference criteria in place or housing programs whereby certain deductions or

considerations may apply. You have the option of requesting and receiving a copy of the property specific Tenant Selection Plan which

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.

KIGHI I	O REASONABLE ACCOMMODATION
accommodation is necessary, not just desirable, t	ble accommodation, upon request for qualified people with disabilities when an to ensure equal access to the development, its amenities, services and programs. s to the building, grounds, or an individual unit; changes to policies, practices, and
with a Request for a Reasonable Accommodation	ake a request for a reasonable accommodation. Management will then provide you Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service and with Management's Reasonable Accommodation Policies and Procedures.
ate:	Signature:
	Signatura

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

Print application and mail to the community address.