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**

HOUSINGWORKS
For Everyone

	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 **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!
○		○	

○	YOUR MOTHER'S MAIDEN NAME

	YOUR HOME TELEPHONE		SECOND TELEPHONE
○			
	YOUR EMAIL ADDRESS		
○			

CURRENT ADDRESS OR 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 SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○	

WESTON
ASSOCIATES

Rental Application

Date of Application _____

Applicant	*Co-Applicant*
Applicant Name _____	Co-Applicant Name _____
Applicant Address _____	Co-Applicant Address _____
_____	_____
Applicant Social Security # _____	Co-Applicant Social Security # _____
Applicant Date of Birth _____	Co-Applicant Date of Birth _____
Applicant Telephone # _____	Co-Applicant Telephone # _____

Applicant Current Landlord Information	*Prior Landlord Information*
Current Address _____	Prior Address _____
_____	_____
Length of Time at Current Address _____ to Present	Length of Time at Prior Address _____
Current Landlord _____	Prior Landlord _____
Current Landlord Address _____	Prior Landlord Address _____
_____	_____
Current Landlord Telephone _____	Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

_____

Employment

List all Full & Part-Time employment for all household members

Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____

Sources of Other Income

List all other sources of income for all household members

Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____

Assets

List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.

Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact

Name_____ Relationship _____

Address_____ Telephone _____

_____

Equal Housing Opportunity

Professionally Managed by Weston Associates Management Company Inc.

WESTON
ASSOCIATES

Rental Application

Questionnaire

How many people will be residing in the apartment? _____

What unit size do you require? _____

Have you or a member of your household ever been charged with a crime? Yes_____ No _____

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes_____ No _____

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes_____ No _____

Are you or any member of your household subject to a lifetime sexual offender registration? Yes_____ No _____

Has your housing assistance in a subsidized housing program ever been terminated? Yes_____ No _____

List all the states that you and all the members of your household have ever lived in _____

The Department of Housing and Urban Development (HUD) requires ***Weston Associates Management Co., Inc***. as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor ***Weston Associates Management Co., Inc.'s*** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

_____White/Non-Minority
_____Hispanic
_____Black
_____Native American/Alaskan Native
_____Asian/Pacific Islands
_____I do not wish to furnish this information

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here._____Yes_____No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

_____ _____
Applicant's Signature/Head of Household Date

_____ _____
Co-Applicant's Signature/Co-Head of Household Date