

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<br>Also provide your race at right! | RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial<br>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 |
|-----------------------------|

|                     |                  |
|---------------------|------------------|
| 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 |
| ○  |



## Rental Application

Date of Application \_\_\_\_\_

| <b>Applicant</b>                  | <b>Co-Applicant</b>                  |
|-----------------------------------|--------------------------------------|
| 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 # _____       |

| <b>Applicant Current Landlord Information</b> | <b>Prior Landlord Information</b>     |
|---|---------------------------------------|
| Current Address _____                         | Prior Address _____                   |
| Length of Time at Current Address _____       | 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

| <b>Employment</b>  |                                 |                       |
|--|---------------------------------|-----------------------|
| List all Full & Part-Time employment for all household members |                                 |                       |
| <b>Household Member</b>  | <b>Name/Address of Employer</b> | <b>Gross Earnings</b> |
| _____  | _____                           | _____ per _____       |
| _____  | _____                           | _____ per _____       |
| _____  | _____                           | _____ per _____       |

| <b>Sources of Other Income</b>                             |                                 |                       |
|--|---------------------------------|-----------------------|
| List all other sources of income for all household members |                                 |                       |
| <b>Household Member</b>                                    | <b>Name/Address of Employer</b> | <b>Gross Earnings</b> |
| _____  | _____                           | _____ per _____       |
| _____  | _____                           | _____ per _____       |
| _____  | _____                           | _____ per _____       |

| <b>Assets</b>   |                       |                     |
|---|-----------------------|---------------------|
| 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. |                       |                     |
| <b>Household Member</b>   | <b>Type of Assets</b> | <b>Institutions</b> |
| _____   | _____                 | _____               |
| _____   | _____                 | _____               |
| _____   | _____                 | _____               |

| <b>Emergency Contact</b> |                    |
|--------------------------|--------------------|
| Name _____               | Relationship _____ |
| Address _____            | Telephone _____    |
| _____                    | _____              |





## Rental Application

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### 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

\_\_\_\_\_ Native American/Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islands

\_\_\_\_\_ Black

\_\_\_\_\_ 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

