

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_  
Name of Waitlist Administrator *optional* \_\_\_\_\_  
Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

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



**Lottery #**

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

<b>SITE NAME:</b> <u>Grove Hall Apartments</u>	<b>PRELIMINARY RENTAL APPLICATION</b>
	<b>Equal Housing Opportunity</b>
<b>ADDRESS:</b> <u>12 Castlegate Road #9 (Rear)</u>	
<b>CITY, STATE:</b> <u>Dorchester, MA 02121</u>	Please print and fill in ALL Information
Phone #: <u>617-427-5113</u>	
FAX #: <u>617-427-1906</u>	
TDD #: <u>1-800-545-1833, Ext. 554</u>	Date _____

**APPLICATION FOR ADMISSION**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

Work Tel. \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Present Address \_\_\_\_\_

street city state zip

Mailing Address \_\_\_\_\_

(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander

☐ Black(not of Hispanic origin) ☐ Hispanic

☐ White(not of Hispanic origin)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

**SIZE OF APARTMENT NEEDED:** **UNIT TYPE REQUESTED:**

1BR 2BR 3BR 4BR

☐ ☐ ☐ ☐ All units are Section 8 for Low-Income Applicants

Do you need a Unit Adapted for Wheelchair Accessibility? ☐ Yes ☐ No

Do you need a Unit Adapted for the Hearing and/or Visually Impaired? ☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. \_\_\_\_\_



Present housing cost per month \$\_\_\_\_\_ Including utilities? [ ]Yes [ ]No  
 How long have you lived at present address? \_\_\_\_\_ years.  
 What are your reasons for moving? \_\_\_\_\_  
 How did you hear about this housing development? \_\_\_\_\_

## FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX*	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	_____	_____	_____	Yes or No
Birth date (for head of household only) : _____					
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No

**\*Optional** (This information will be necessary in order to determine the number of bedrooms to which your household may be entitled.

**Note:** Before any applicant can be housed, applicants must disclose Social Security Numbers for all household members, except those who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate Social Security Number assigned to them.

## REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

How long did you live there? \_\_\_\_\_



Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_. If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly



EQUAL HOUSING  
OPPORTUNITY

## OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

## INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

## PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe: \_\_\_\_\_
3. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. \_\_\_\_\_

## Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

Have you or any member of your household resided outside of Massachusetts? \_\_\_\_\_  
If yes, please list all other states of residence for each household member. \_\_\_\_\_

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**



Please check all that apply:

- A. \_\_\_\_\_ Former residents of Grove Hall Apartments – A Former head of household at Grove Hall Apartments may be eligible for this preference provided that such head of household discontinued occupancy of his/her unit at Grove Hall without outstanding lease violations. Any former head of household shall be eligible for his preference regardless of how much time has passed since he/she vacated his/her unit at Grove Hall;
- B. \_\_\_\_\_ Employees working on site at Grove Hall – Current employees of the owner and/or management agent of Grove Hall who are working physically at Grove Hall on a daily basis may be eligible for this preference. Any such employee shall be eligible for this preference regardless of how long he/she has worked at Grove Hall.
- C. \_\_\_\_\_ Those applicants who have been involuntary displaced by domestic violence, as Described below:  
“Domestic violence” means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if:
1. the applicant has vacated a housing unit because of domestic violence; or
  2. the applicant lives in a housing unit with a person who engages in domestic violence.
- If the applicant is still living in the unit at the time of selection, the violence must occurred within six month of the date of application for housing or be of a continuing nature.

This preference applies only to households with one or more children under the age of 18. Application of this preference shall be expressly conditioned upon the willingness of the applicant/head of household to execute an agreement and subsequently a lease that provide that it shall be a material violation of the agreement and the lease respectively for such applicant/head of household to permit the abuser to occupy the dwelling unit occupied by such applicant/head of household without the express prior written consent of management. Before management approves such occupancy of a unit at Grove Hall by an abuser, management shall first consult with the Grove Hall owner to elicit the owner’s opinion regarding the merits of such occupancy. The failure of a tenant, who is housed at Grove Hall pursuant to this preference, to obtain such written consent prior to occupancy by the abuser shall be grounds for eviction of the tenant.

- D. \_\_\_\_\_ Those who are involuntarily displaced (excludes “for cause” evictions), as described below – and please check one

\_\_\_\_\_ 1st Priority – Homelessness due to Displacement by Nature Forces: An applicant, otherwise eligible and qualified, who has been displaced by:

1. fire not due to the negligence or intentional act of applicant or a household member;
2. earthquake, flood or other nature cause; or
3. a disaster declared or otherwise formally recognized under disaster relief laws.

\_\_\_\_\_ 2<sup>nd</sup> Priority – Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 day, or has been displaced within the three years prior to application, by:

1. any low rent housing project as defined in M.G.L. c. 121B, s 1, or
2. a public slum clearance or urban renewal project initiated after January 1, 1947, or
3. other public improvement.

\_\_\_\_\_ 3<sup>rd</sup> Priority – Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

1. neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
2. the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.



I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report, a Criminal Offenders Record Information (CORI) report, a Sexual Offenders Registry Information (SORI), or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury.***

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date

Sentry Property Management Corp, acting as management agent for Grove Hall Apartments LLC, does not discriminate on the basis of race, color, religion, sex, national origin, genetic information, ancestry, sexual orientation, gender identity, age, familial status, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services. In addition, Sentry Property Management Corp, acting as management agent for Grove Hall Apartments LLC, does not discriminate based on race, national origin, or another protected characteristic resulting from consideration of an applicant's limited ability to read, write, speak, or understand English, or persons with limited English Proficiency ("LEP"), either through the use of language-related criteria, or through a failure to provide housing-related language assistance services to persons with LEP.

***NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.***

***Applications for Federally Assisted Housing must include completed Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).***





## Consent for Release of Information

Development: Grove Hall Apartments

Agent: Sentry Property Management Corp

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

Credit Bureaus

Current & Prior Landlords

Personal References

Employment Verification(s)

Other Income Verification(s)

School Verification(s)

Asset Verifications

\_\_\_\_\_

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

