

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 Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> 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
○

RTH PROPERTIES APPLICATION

Professionally Managed by:

S-C Management Corporation, AMO

MANAGEMENT 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.

PRELIMINARY RENTAL APPLICATION
EQUAL HOUSING OPPORTUNITY

ADDRESS:	747 Huntington Avenue	Restoration, Low Income _____
CITY, STATE:	Boston, MA 02115	FFH, Market Rate _____
Phone #:	617.232.5910	777-779, Market Rate _____
FAX#:	617.734.5853	
TDD#:	800.439.2370	Date: _____

MAIL COMPLETED APPLICATION TO:

S-C Management Corp.
747 Huntington Avenue
Boston, MA 02115

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 _____

Present Address _____

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



SIZE OF APARTMENT NEEDED:

OBR 1 BR 2BR 3BR 4BR
☐ ☐ ☐ ☐ ☐

UNIT TYPE REQUESTED:

☐ Market Rent Wheelchair Hearing/Visual
☐ Basic Rent Adapted Unit Adapted Unit
☐ Low Rent ☐ Yes ☐ No ☐ 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? if yes, please explain.

Present Housing Cost Per Month \$_____ Including Utilities? ☐ Yes ☐ No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

FIRST, MIDDLE, LAST NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL-TIME STUDENT	DATE OF BIRTH
1.	Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No	



- (1) Are you a United States Citizen or eligible alien? ☐ Yes ☐ No
- (2) Have you or anyone in your household ever been convicted of a crime? ☐ Yes ☐ No
- (3) Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program? ☐ Yes ☐ No

REFERENCES - Full name and address of Landlords or Officials at places you have lived over the last five years, such as shelters.

Address of Present Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From ____/____/____ to ____/____/____
mm / dd / yyyy mm / dd / yyyy

Name of Present Landlord/Official _____ Telephone ____ - ____ - ____

Address _____

Address of Previous Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From ____/____/____ to ____/____/____
mm / dd / yyyy mm / dd / yyyy

Name of Present Landlord/Official _____ Telephone ____ - ____ - ____

Address _____

Address of Previous Residence: _____

Name(s) of all person(s) who occupied the unit: _____

Monthly Rent: \$ _____ Dates: From ____/____/____ to ____/____/____
mm / dd / yyyy mm / dd / yyyy

Name of Present Landlord/Official _____ Telephone ____ - ____ - ____

Address _____

NOTE: If more room is required please attach a separate page. Be sure to provide all required information.



NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. Character Reference 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 _____

Name of Character Reference _____ Telephone _____

Address _____

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.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member# _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
☐ annually ☐ weekly ☐ bi-weekly ☐ monthly

Member# _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
☐ annually ☐ weekly ☐ bi-weekly ☐ monthly

Member# _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
☐ annually ☐ weekly ☐ bi-weekly ☐ monthly

NOTE: If more room is required please attach a separate page. Be sure to provide all required information.



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, grants, etc.

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

INCOME FROM ASSETS:

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

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

Have you or a member of your household disposed of an asset for less than fair market value within the past two years? _____ If yes, explain: _____

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

1. Have you been displaced from your home? If so, please explain.

2. Does your present apartment contain health code violations? 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.



CERTIFICATION

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 and a Criminal Offenders Record Information (CORI) report 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 from 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

S-C Management Corporation, AMO does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

A money order in the amount of one month's rent must be received as a deposit upon notification of an available unit. This deposit will be applied to your security deposit upon acceptance of your application. If your application is rejected this deposit will be returned to you. If you are offered an apartment you have 48 hours to accept or refuse management's offer of said apartment or your deposit will be non-refundable.



RELEASE OF INFORMATION

Authorization Form

I, _____, hereby authorize the above named company and its staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program.

I also permit this form to be duplicated.

Signed under the pains and penalties of perjury.

Signature

Date

THIS INFORMATION IS VALID FOR A PERIOD OF
ONE YEAR FROM THE DATE NOTED ABOVE.

For Federal Developments, use the most recent version of the following forms:

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (If applicable to the program for which you are applying)

- Notice and Consent for the Release of Information, Form HUD 9887.
- Applicant's/Tenant's Consent for the Release of Information, Form HUD 9887-A.
- Declaration of citizenship or otherwise eligible alien.
- All release forms required for third party verification.
- Any other documents required as a condition of program participation .



S-C MANAGEMENT CORP., AMO®

TWO BROOKLINE PLACE, SUITE 206 BROOKLINE, MASSACHUSETTS 02445
(617) 566-1026 FAX (617) 734-4518

RELEASE OF INFORMATION

Authorization Form

I, _____, hereby authorize the above named company, and its staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated .

Signed under the pains and penalties of perjury.

Signature

Date



S-C MANAGEMENT CORP., AMO®

TWO BROOKLINE PLACE, SUITE 206 BROOKLINE, MASSACHUSETTS 02445
(617) 566-1026 FAX (617) 734-4518

NOTICE TO ALL APPLICANTS AND TENANTS OPTIONS FOR APPLICANTS AND TENANTS WITH DISABILITIES OR HANDICAPS

S-C management Corp. provides assisted housing to the general public.

S-C management Corp. is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, disability, or handicap. In addition, the project has an obligation to provide "reasonable accommodations" to applicants if they and/or any family member have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Examples of possible accommodations include:

- Making reasonable alterations to a unit so that it could be used by a family member with a wheelchair;
- Installing strobe-type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow a dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – the family must still be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing the neighbors, etc, but there is no requirement that the family be able to do these things without assistance.

If you or a member of your family has a disability or handicap and think you might need a reasonable accommodation, you may request it at any time in the application process, or after admission. This is up to you. If you would prefer not to discuss your situation with management, this is your right.

