

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← 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:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

The Village at Cedar Heights

10 Connors Avenue * Mansfield, MA 02048 * Tel (508) 337-0040 * Fax (508) 337-0042

E-Mail: Rentals@CedarHeightsMansfield.com

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. If something below does not apply to you, please write "N/A".

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Email Address: _____

Bedroom Size Requested: 1 Bdrm _____ 2 Bdrm /2 Bath _____ Handicap Accessible _____

	Name	Birthdate	SS#	Gender	Relationship	Annual Income
Applicant						
Co-Applicant						
Add. Resident						
Add. Resident						

Do you have any pets? Cat _____ Dog _____ Breed _____ Weight _____

How did you hear about Cedar Heights? _____

Why have you selected/applied to live at Cedar Heights? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e. wheelchair access, apparatus for the hearing impaired, etc.)? Yes _____ No _____

I understand that smoking is prohibited in any interior and exterior common areas of the community _____

(Initial Above)

Present Housing: Own _____ Rent _____ Other _____

If "Other", what is your relationship to the current landlord? _____

Name of Present Landlord: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Dates of Residency: From _____ To Present Monthly Rent \$ _____ Utilities \$ _____

If current listed residency is less than 5 (five) years, please complete the following:

Name of Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____
Dates of Residency: From _____ To _____ Monthly Rent \$ _____ Utilities \$ _____

Name of Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____
Dates of Residency: From _____ To _____ Monthly Rent \$ _____ Utilities \$ _____

Current Employment - Applicant

Employer: _____ Occupation: _____
Work Address: _____
Telephone: () _____ Employment Dates: From _____ To _____ Salary \$ _____
Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Current Employment – Co-Applicant

Employer: _____ Occupation: _____
Work Address: _____
Telephone: () _____ Employment Dates: From _____ To _____ Salary \$ _____
Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Other Income

	<u>Monthly Amount</u>
Social Security: _____	\$ _____
Suppl. Co. Income (SSI): _____	\$ _____
Veteran's Assistance: _____	\$ _____
Pensions: _____	\$ _____
Other Income: _____	\$ _____

Bank References

<u>Name</u>	<u>Bank Address</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit References

<u>Name</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____
_____	_____	_____

ASSETS

Stocks _____ Bonds _____
Real Estate _____ 401K / Retirement Fund _____
Other _____

DEMOGRAPHIC INFORMATION (Optional)

These are optional questions, but are important for fair housing purposes.

Please indicate appropriate category.

If you choose not to answer, please write N/A in the space provided.

Race of Head of Household _____

- | | | |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander | 4. Hispanic | 6. Other |

In Case of Emergency, Please Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial standing, criminal background (including sex offender registration history) and character standing. Applicant authorizes any person or background checking agency, having any information to him/her, to release any and all information to the owner/manager/employee/agent or their background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers, employees and agents, both of landlord and their credit checking agencies in connection with processing, investigating or credit checking this application, and will hold harmless from any suit or reprisal whatsoever.

Turner Properties, agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, family status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

The above statements are made under the penalties of perjury and all must be verified.

Applicants Signature: _____

Date: _____

Leasing Agent Signature: _____

Date: _____



AUTHORIZATION TO RELEASE INFORMATION

APPLICANT: _____

Community Name: The Village at Cedar Heights
 10 Connors Avenue
 Mansfield, MA 02048
 (508) 337-0040

As managing agents from Cedar Heights, LLC, we are required to verify the eligibility of all members of families applying for admission and verify information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

Property Manager

Print Name

Date

Release by Applicants / Residents

I hereby authorize you to furnish all requested information.

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

ADDENDUM TO THE RENTAL APPLICATION

Turner Properties prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? Yes _____ No _____

CERTIFICATION

I / We certify that all information in this addendum is true to the best of my/our knowledge and I / we understand that false statements or information are punishable by law and will lead to cancellation or termination of tenancy after occupancy. All adult applicants, 18 years or older, must sign this Addendum to the Rental Application.

SIGNATURE(S):

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Additional Resident)

Date

(Signature of Additional Resident)

Date

(Signature of Management Representative)

Date

