

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

Dear

I am applying to the following waitlist, which I believe is open: *App Generated:*



ATTN: WAITLIST ADMINISTRATOR



Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: Our only open waitlists at present are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ **Fully Accessible Wheelchair** Unit

☐ **Blind Accessible** Unit

☐ Need an **Interpreter**

☐ **No-Steps unit** (elevator to any floor)

☐ **Deaf Accessible** Unit

☐ **Domestic Violence Victim**

☐ **First-Floor unit only**

☐ Unit designed for **Environmental Allergies**

- ☐ 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 MAILING ADDRESS)

- ☐ PREFERRED MAILING ADDRESS

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)

- ☐ Disability

☐ Elder

☐ Veteran

☐ Fleeing Domestic Violence

☐ Rent-burdened
- Displaced by ☐ Public Action

☐ Sanitary Code

☐ Natural Forces

☐ Other _____



RENTAL APPLICATION



COMMUNITY NAME:

Address Leased: Leasing Consultant:

APPLICANT (Include Jr. or Sr., if applicable)

Applicant Name (First, MI, Last): Individual Joint Guarantor

Home #: Work #: Cell #: FAX #:

Email Address: Social Security No:

Date of Birth: Driver's License # or State ID # State of Issue:

How did you hear about us? via the HousingWorks.net website

Have you been convicted of a felony, sex-related crime, or misdemeanor assault conviction? Yes No Have you ever been evicted? Yes No

PERSON(S) TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT:

Name	Relationship	Date of Birth	Social Security Number

RESIDENCE INFORMATION

Own Rent N/A Landlord/mortgage company: N/A Reason:

Current Residence Street: City: State / ZIP:

Rent/Mortgage Amount: Move In Date: Anticipated Move Out Date: Reason for Leaving:

Manager/Contact: Manager/Contact Phone: Manager/Contact E-mail:

Previous Residence (if less than 1 yr) Street: City: State / ZIP:

Move In Date: Move Out Date:

EMPLOYMENT/INCOME INFORMATION

Employer: Address: City/State/ZIP:

Job Title: Start Date: Est. Annual Income: Miles to Work:

Additional Annual Income: Type: Amount: \$

IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:

Name: Relationship: Address:

City/State/ZIP: Cell Phone #: Home Phone #:

Work Phone #: Email:

VEHICLE INFORMATION

Vehicle Type: Make: Year: Model:

Color: License Plate #: State:

PET INFORMATION

Pet Type: Breed: Size in Pounds: Color: Age: Name:

Pet Type: Breed: Size in Pounds: Color: Age: Name:

ACKNOWLEDGMENT AND AGREEMENT

I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit shall become part of the Security Deposit and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is cancelled in writing within 72 hours, the Application Deposit shall be refunded. If this Applicant is cancelled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is non-refundable. Applicant agrees that Forest City Residential Management, Inc. (FCRMI) shall not be liable for any delay in the date said apartment is ready for occupancy. Applicant represents that all the statements herein are true and authorizes FCRMI and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for denial of this Application, terminating the right of occupancy and may constitute a criminal offense under the laws of this state. Applicant agrees to notify FCRMI of any material change in the information provided on this Application. FCRMI may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U.S.C. Sections 1681 et seq.; FCRMI will provide Applicant, if denied, with information about the nature of such reports. Consumer investigative report results are valid for 60 days according to FCRMI policy. Additionally, I authorize FCRMI and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 60 days, when this Application reaches the top of the applicable waiting list, and/or at lease renewal. I further authorize FCRMI, its agents, and/or its attorneys to obtain additional consumer investigative reports to enforce judgments in favor of FCRMI.

Applicant's Signature: Date:

Management Representative Signature: Date: Time Received:

OFFICE USE ONLY:	Application Fee: \$	Application Deposit: \$	Total Received: \$
FUNDS COLLECTED:	Receipt Number:	Estimated Total Monthly Rent: \$	

Approved Approved with Conditions Denied By: Date:

Condition(s):

Applicant Cancellation: Date: Time: Management Representative Signature:

Forest City Residential Management, Inc., Agent for the Owner, is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. FCRMI encourages and supports an affirmative advertising and marketing program in which there are no barriers to obtaining housing and does not discriminate on the basis of race, color, gender, religion, national origin, familial status, persons with disability, or any other classes protected by federal, state or local laws.