

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:

 **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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

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

- 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 for **Environmental Allergies**
 - 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

- BEST 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 _____

HALLKEEN MANAGEMENT
PRELIMINARY RENTAL APPLICATION
Equal Housing Opportunity

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.

DATE OF APPLICATION _____

PROPERTY NAME: THE APARTMENTS AT COOLIDGE SCHOOL
ADDRESS: 319 Arlington Street
CITY, STATE Watertown, MA 02172
PHONE: (617) 924-0370
TTY#: (800) 439-2370

Return Completed Application To:

MANAGEMENT: HallKeen Management
ADDRESS 320 Norwood Park South
CITY, STATE Norwood, MA 02062
ATTN: The Apartments at Coolidge School

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.

- Watertown Resident Watertown Employee/Work in Watertown
 Former Watertown Resident (within last 5 years)

Applicant: _____ Home Tel _____

Present Address _____

City/State _____ Zip _____

Present Landlord Name _____

Address _____
Street City State Zip Code

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 Other (not white or Hispanic)
 Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

1BR 2BR

Affordable Unit Market Unit

UNIT TYPE REQUESTED:

Hearing/Visual Wheelchair
Adapted Unit Adapted Unit
 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.

Do You Own Any Pets? _____

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords at other places you have lived over the last **five** years. Please include both long term and temporary residences.

1) **Previous** Address _____

_____ Dates in Occupancy: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

2) **Previous** Address _____

_____ Dates in Occupancy: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

3) Previous Address _____

Dates in Occupancy: _____

Name of **Previous** Landlord _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have know 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: _____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been arrested or convicted of any crime? If so, please give details:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Wages \$ _____

[] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____

Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), 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 _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

Member # _____
 Name of Financial Institution _____
 Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
 Name of Financial Institution _____
 Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
 Name of Financial Institution _____
 Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
 Name of Financial Institution _____
 Address _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
 Name of Financial Institution _____
 Address _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone# : _____
 Address: _____, _____

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

- Have you been displaced from your home? Yes No If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations?

Yes No If so, please describe:

3. 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:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes No If so, please provide details:

5. Are you presently paying more than 50% of your gross income for Rent? Yes No If so, please provide current gross monthly income: \$_____. Present monthly rent: \$_____.

6. Are you presently homeless? Yes No 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). -

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? **Yes** **No**

HallKeen Management
320 Norwood Park South
Norwood, MA 02062
(781) 762-4800

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

- | | |
|----------------------------------|--|
| Child Care Expenses | Veteran's Benefits |
| Criminal Activity (CORI) | Federal, State, or Local Benefits |
| Courts | Banks, Credit Unions |
| Family Composition | IRAs, CDs, 401k, 403b |
| Law Enforcement Agency | Interest, Dividends |
| Credit Bureau | Financial Institutions, Brokerages |
| Employment | Mutual funds |
| Self Employment | Alimony, Child Support |
| Unemployment Compensation | Other income-regular Gifts or allowances from another person |
| Pensions | Commissions, Tips, Bonus |
| Annuities | Landlords, Rental History |
| Social Security | Identity & Marital Status |
| Supplemental Security Income | Handicapped Assistance Expenses |
| State Welfare Agencies | Medical Insurance Premiums |
| State Employment Security Agency | Un-reimbursed Medical Expenses |
| Workman's Compensation | School & College Tuition Fees |
| Health & Accident Insurance | |

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: HallKeen Management 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 HallKeen Management 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.

Signed under pain and penalty of perjury.

Head of Household Date

Spouse Date

Other Adult Member Date

Other Adult Member Date

To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment at _____, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.
320 Norwood Park South
Norwood, MA
(781) 762-4800