

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

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

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 Head of Household 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 mm/dd/yyyy ☐ GENDER M, F, T
- ☐ 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

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Fully Accessible Wheelchair Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'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 Number of Pets: Describe:

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

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



Linwood Mill Affordable Rental Preliminary Application

COMPLETED APPLICATION MUST BE RECEIVED
BY PEABODY PROPERTIES

Application may be delivered or mailed to:
Peabody Properties, Inc
Linwood Mill
536 Granite Street
Braintree, MA 02184

Management use only:
Date/Time Rec'd

Please see Application Instruction sheet

Applying for: STUDIO ☐ 1 BR ☐ 2 BR ☐

HANDICAPPED ADAPTED:

If you or a member of your household need or prefer a unit with special design features, please check appropriate box:

Mobility ☐ Vision ☐ Hearing ☐ Other ☐ Please specify _____

Applicant's Name: _____ SS# _____

Address: _____ City/State _____ Zip _____

Home #: _____ Work #: _____ Cell #: _____

Co-Applicant's Name: _____ Soc. Sec. # _____ Address (if different) _____

City: _____ State _____ Zip _____ Home#: _____ Work # _____

Income Verification (including investment income. Income must be reported for all household members age 18 and older.) Total gross income: Includes income from all sources such as employment, investments, social security, child support and alimony, etc.

	Household Members	Relationship	Date of Birth	Gross Annual Income	Source of Income	Value of Assets	Full Time Student Yes / No
1							
2							
3							
4							

OTHER PREFERENCE - see definitions on Instruction Sheet

- | | |
|---|--|
| 1. Homelessness due to Displacement by Natural Forces | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Homelessness due to Displacement by Public Action (Urban Renewal) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Homelessness due to Displacement by Public Action (Sanitary Code Violations) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Involuntary Displacement by Domestic Violence | Yes <input type="checkbox"/> No <input type="checkbox"/> |

RENTAL ASSISTANCE: Do you have any rental assistance i.e. Section 8 Mobile Voucher, MRVP (Mass Rental Voucher Program) Yes ☐ No ☐

Citizenship: Are you a U.S. Citizen? Yes ☐ No ☐ If no, do you have permanent resident alien status? Yes ☐ No ☐

EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, sexual orientation, age, marital status, familial status, military/veteran history, disability, source of income, rental assistance, or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

RACE OR NATIONAL ORIGIN (Your response to this section is voluntary)

- | | | |
|---|--|---|
| <input type="checkbox"/> White / Non-Minority | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Cape Verdean / Other |

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make a criminal background check and any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

Please Read each item below carefully before you sign.

- I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
- I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.
- I understand that I may submit only one application per household.

Applicant's Signature

Date _____

Co-Applicant's Signature

Date _____