

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
GENDER
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
Employed Unemployed Retired FT Student PT Student
ANY VETERANS in HH? Yes No

- 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 No
- 2. Homelessness due to Displacement by Public Action (Urban Renewal) Yes No
- 3. Homelessness due to Displacement by Public Action (Sanitary Code Violations) Yes No
- 4. Involuntary Displacement by Domestic Violence Yes No

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)

- White / Non-Minority
- Native American or Alaskan Native
- Black / African American
- Hispanic / Latino
- Asian or Pacific Islander
- 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.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. 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.
3. I understand that I may submit only one application per household.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____