

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](mailto: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 Explain: |
| <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 Details

- ☐ 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 \_\_\_\_\_



# OFF CENTRE LOFTS

## RENTAL APPLICATION

(**Note:** Each co-resident over 18 years of age **must** submit a separate application.)

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Applying for: ☐ Studio ☐ One-Bed

**\*\* If there is a specific unit(s) you are applying for, please indicate:** \_\_\_\_\_

**# of Off Street Parking Spaces applying for:** \_\_\_\_\_

List others to reside in apartment:

1. \_\_\_\_\_
2. \_\_\_\_\_

### **Present Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Rent or Own? \_\_\_\_\_ Dates: \_\_\_\_\_ Mthly Payment: \_\_\_\_\_  
Landlord/Lender: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Previous Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Rent or Own? \_\_\_\_\_ Dates: \_\_\_\_\_ Mthly Payment: \_\_\_\_\_  
Landlord/Lender: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Dates: \_\_\_\_\_ Mthly Payment: \_\_\_\_\_

Landlord/Lender: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Employer or Income Source:***(Please attach most recent W-2, 1099 tax documents or the most recent month's pay stubs)*

Name of Employer/Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact Person/Supervisor: \_\_\_\_\_

Contact Person/Supervisor contact info: Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Previous Employer or Income Source:**

Name of Employer/Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact Person/Supervisor contact info: Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other source of Income:**

	Type of Income	Source/Bank	Gross Annual Amount
1.	_____	_____	_____
2.	_____	_____	_____

**Bank References:**

Name and Address of Bank: \_\_\_\_\_

Account Type and Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Account Type and Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Credit References:**

Account Type	Acct. #	Bank Name	Bal. Owed
_____	_____	_____	_____
_____	_____	_____	_____

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:

\_\_\_\_\_  
\_\_\_\_\_

**Relatives/Emergency Contact (Not residing with you)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**How Did You Hear About Us?**

Advertisement – If so, which newspaper or website? \_\_\_\_\_

Friend, family or co-worker – If so, please give us the name of the person who referred you so we can thank them: \_\_\_\_\_.

Other -- Please explain: \_\_\_\_\_.

**Holding Fee of \$100 per unit is due with application(s). Holding Fee is refundable if application is not approved, and credited towards your security deposit if Application is approved.**

**Security Deposit equal to one month's rent due upon Application Approval.**

**Base rent and other monthly charges are due and payable on the first day of each month in advance.**

Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report, criminal background report as well as information regarding my employment and rental history. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To be filled out by Leasing Agent:**

Base Rent Per Month \_\_\_\_\_

Other Monthly Charges \_\_\_\_\_ Explain \_\_\_\_\_

Holding Fee \_\_\_\_\_ Security Deposit \_\_\_\_\_

Bal. Due Upon Acceptance \_\_\_\_\_

