

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[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 mm/dd/yyyy ☐ GENDER  
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ 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 R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired 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

If yes, name the agency providing the voucher:

- ☐ 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 Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 \_\_\_\_\_

## 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.

Application Date: \_\_\_\_\_

Property Name: **The Flats at 22 and 44 Gerrish (Box District)**  
Address: **88 Gerrish Ave**  
City, State, Zip: **Chelsea, MA 02150**  
Telephone Number: **617-884-7271**  
TDD#: **Call 7-1-1**  
Email Address: **BoxDistrict @hallkeen.com**

Return Completed Application To: Same as above

## APPLICATION FOR ADMISSION

**Note:** Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Landlord: \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

**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:**

☐ 0BR ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR

How did you hear about this property? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- Do you currently hold a *Mobile Voucher*? ☐ Yes ☐ No
- Are you requesting a *Hearing/Visual Adapted Unit*? ☐ Yes ☐ No
- Are you requesting a *Wheelchair Adapted Unit*? ☐ Yes ☐ No
- Do any members of the household have any *accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?*  
☐ Yes ☐ No

If yes, please explain/provide details: \_\_\_\_\_

- Do you or a member in your household *consider yourself to be homeless or at-risk of being homeless?*  
☐ Yes ☐ No

If yes, please explain/provide details: \_\_\_\_\_

- Have you ever been *evicted* from your home for any reason? ☐ Yes ☐ No  
If yes, please explain/provide details: \_\_\_\_\_

- Have you or any household member ever been *convicted* of any crime? ☐ Yes ☐ No  
If yes, please explain/provide details: \_\_\_\_\_

- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household? ☐ Yes ☐ No  
If yes, please explain/provide details: \_\_\_\_\_

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? ☐ Yes ☐ No  
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): \_\_\_\_\_  
\_\_\_\_\_

**CURRENT HOUSING:**

- Present Housing Cost Per Month \$ \_\_\_\_\_
- Does your current housing cost include utilities (gas, electric, heat, hot water)? ☐ Yes ☐ No
- How Long Have You Lived at Present Address? \_\_\_\_\_ Years / \_\_\_\_\_ Months
- Do You Own Any Pets? \_\_\_\_\_ If yes, what type: \_\_\_\_\_
- What are the reasons for moving? \_\_\_\_\_

**FAMILY COMPOSITION:** List all who will occupy the apartment.  
*YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)*

| FULL NAME OF EACH PERSON | RELATIONSHIP<br>TO HEAD OF<br>HOUSEHOLD | DATE OF<br>BIRTH<br>(00/00/0000) | Gender<br>(Optional) | SOCIAL<br>SECURITY<br>NUMBER | STUDENT STATUS<br>Full-time/FT<br>Part-time/PT                                       |
|--------------------------|-----------------------------------------|----------------------------------|----------------------|------------------------------|--------------------------------------------------------------------------------------|
| 1)                       | Head of Household                       |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 2)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 3)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 4)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 5)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 6)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 7)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 8)                       |                                         |                                  |                      |                              | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |

Does the Head of Household have full custody of all household members under the age of 18 ☐ Yes ☐ No

If no, please explain \_\_\_\_\_  
 (Please be prepared to supply copy of child support/custody agreement and divorce decree.)

**(HUD only): If you have no social security number, you claim you are exempt because:**  
☐ You are an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

**LANDLORD REFERENCES:** Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

**1) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_ to Present  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**2) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**3) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**4) Previous Address** \_\_\_\_\_  
Dates Lived at This Address \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
Landlord Address \_\_\_\_\_

Please list all states where the applicant and/or members of the applicant's household have resided.

**CHARACTER REFERENCES:** (If you are unable to furnish landlord or other housing references) *They must have known you for one (1) year or more and not be related to you.*

1.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

3.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

**EMPLOYMENT:** Is any member of the household employed? ☐ Yes ☐ No  
If yes, please list below. *List each member by their corresponding number from Page 3.*

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time  
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time  
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time  
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly  
Gross earnings (before taxes): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time

Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ \_\_\_\_\_

If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours

Gross earnings (before taxes): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

**DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME** (Other income is 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, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)? ☐ Yes ☐ No

**If yes, list below by household member and income type:**

|                       | Type of Income | Gross Earnings (Before Taxes)          |
|-----------------------|----------------|----------------------------------------|
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |
| <b>Member #</b> _____ | _____          | \$ _____ per _____ (week, month, year) |

**DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS** (Assets include *Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.*)? ☐ Yes ☐ No **If yes, list below:**

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS** such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.? ☐ Yes ☐ No **If yes, list below:**

| Household Member            | Type of Asset | Cash Value of Asset |
|-----------------------------|---------------|---------------------|
| <b>Member #</b> _____       | _____         | \$ _____            |
| <b>Member #</b> _____       | _____         | \$ _____            |
| _____ <b>Member #</b> _____ | _____         | \$ _____            |
| _____ <b>Member #</b> _____ | _____         | \$ _____            |
| _____ <b>Member #</b> _____ | _____         | \$ _____            |
| _____ <b>Member #</b> _____ | _____         | \$ _____            |

Has any household member disposed of any assets for less than fair market value in the last two years?

☐ Yes ☐ No If yes, please list below:

| ASSET | MARKET VALUE | AMOUNT RECEIVED | DATE DISPOSED OF |
|-------|--------------|-----------------|------------------|
| _____ | \$ _____     | _____           | _____            |
| _____ | \$ _____     | _____           | _____            |

**In Case of Emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**CONFLICT OF INTEREST:**

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).

☐ Yes ☐ No

If yes, please provide name(s) of immediate family member(s), relationship and company/owner name:

\_\_\_\_\_



IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

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

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

- Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No
- Are any full-time student(s) an AFDC or a title IV recipient? ☐ Yes ☐ No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another’s tax return? ☐ Yes ☐ No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐ Yes ☐ No

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):**

- Not Applicable for this property

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. 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 and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/ We hereby certify that this apartment will be this household's primary residence.

***Signed under the pains and penalties of perjury:***

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by:  
HallKeen Management  
1400 Providence Highway, Suite 1000  
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      | Debit Cards                                                  |
| Direct Express Cards             | Other Sources not listed above                               |

**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 \_\_\_\_\_

Date \_\_\_\_\_

| Spouse | Date |
|--------|------|
|--------|------|

Date \_\_\_\_\_

|                           |             |
|---------------------------|-------------|
| <b>Other Adult Member</b> | <b>Date</b> |
|---------------------------|-------------|

Date \_\_\_\_\_

---

|                           |             |
|---------------------------|-------------|
| <b>Other Adult Member</b> | <b>Date</b> |
|---------------------------|-------------|

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/Employee/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 the age of 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

## **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.**  
**1400 Providence Highway, Suite 1000**  
**Norwood, MA 02062**  
**(781) 762-4800**