

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:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ 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 designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

VERIFICATION OF SOCIAL SECURITY NUMBERS

OWNERS, MANAGERS AND CONTRACT ADMINISTRATORS ARE REQUIRED TO VERIFY EACH OF THE SOCIAL SECURITY NUMBERS DISCLOSED TO THEM. IF THE APPLICANT OR TENANT CANNOT PRODUCE HIS OR HER SOCIAL SECURITY CARD, OTHER DOCUMENTS SHOWING HIS OR HER SOCIAL SECURITY NUMBER MAY BE USED FOR VERIFICATION. ALTERNATIVE FORMS OF DOCUMENTATION INCLUDE:

- A driver's license
- An identification card issued by a Federal, State or local agency
- An identification card issued by an employer or trade union
- An identification card issued by a medical insurance company
- Earning statements or payroll stubs
- Bank statements
- IRS Form 1099
- Benefit Award letters from government agencies
- Unemployment benefit letter
- Retirement benefit letter
- Life insurance policies
- Court records such as real estate.) tax notices, marriage and divorce, judgement or bankruptcy records.
- Other documents that the processing entity determines adequate evidence of a valid Social Security Number.



TDD# 1/800-545-1833

DATE RECEIVED: _____ TIME: _____
By: _____

ASSISTED HOUSING RENTAL APPLICATION

NOTE: All sections of this application, except those marked optional, must be completed in order for us to determine your eligibility for rental assistance. Please print or type! If a question is not applicable, write "N/A".

1. Name: _____ Telephone: _____
Address: _____ City/State: _____ Zip: _____

2. Rental Property for which you are applying: _____

3. Will this be your primary place of residence? _____ Will you be maintaining a separate subsidized rental unit in a different location? _____

4. List all persons, including yourself, who will be members of your permanent household?

Name	Relationship	Date of Birth	Social Security #
------	--------------	---------------	-------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Date occupancy desired: _____ Apt. size desired: _____ How did hear of property? _____

6. Do you have a car (please specify)? _____

7. Do you have any pets (please specify)? _____

8. **Please provide our office with a photocopy of all household member's social security cards per Government Regulations. List all income from all members of your household which is expected to be received over the next twelve (12) months.**

Monthly Income

Social Security - Head: _____

Spouse: _____

Other: _____

Private Pension - Head: _____

Spouse: _____

Other: _____

Veteran's Pension - Head: _____

Spouse: _____

Other: _____

AFDC (Aid for Families with Dependent Children

Head: _____

Spouse: _____

Other: _____

SSI (Supplemental Security Income).

Head: _____

Spouse: _____

Other: _____

APTD (Aid to the Permanently/Totally Disabled)

Head: _____

Spouse: _____

Other: _____



Wages - Head: _____
Spouse: _____
Other: _____

Other - Alimony, child support, Title XX Funds,
unemployment, insurance permanent stipends,
monies from family members, Workers' Comp., etc.)

Please Specify: _____

Estimated interest earned from savings, stocks,
money market, etc. _____

Total Anticipated Monthly Household Income: _____

9. **List all Assets and Savings:** Assets shall be defined to include checking and savings accounts, money markets, stocks, bonds, certificates of deposits, annuities, IRAs, Keough Plans, Equity in Real Estate and other Capital Investments.

Checking Accounts

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____

Savings Accounts

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____

Certificates of Deposit

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____
Maturity Date: _____ Penalty for early withdrawal: _____
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____
Maturity Date: _____ Penalty for early withdrawal: _____

Stocks

Name: _____ Value: _____ Dividend Rate/Earnings: _____
Name: _____ Value: _____ Dividend Rate/Earnings: _____

Bonds

Name: _____ Value: _____ Maturity Date: _____
Name: _____ Value: _____ Maturity Date: _____

Trust Accounts

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____
Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____

Real Property

Do you own any property? _____ YES _____ NO If yes, what type of property? _____

Location of Property: _____

What is appraised Market Value? _____ Amount of outstanding Mortgage or loan due: _____

What is annual insurance premium? _____ Amount of most recent tax bill: _____

Have you sold or disposed of any asset(s) in the last two years? ? _____ YES _____ NO If yes, please specify type of asset
(e.g., money/land/real estate): _____

Market value when sold/dispensed of: _____ Amount sold/dispensed for: _____ Date: _____

10. **Medical, Child Care, and Handicap Assistance Expenses** - Complete only if head or spouse is 62 or older,
physically challenged or disabled.

Medicare - Monthly Amount (Head): _____ Monthly Amount (Spouse): _____

Medical Insurance - Monthly Premium (Head): _____ Monthly Premium (Spouse): _____

Name and Address of Insurance Company: _____

Pharmacy costs - monthly anticipated prescription costs, not covered by insurance:

Name and address of Pharmacy: _____

Medical Bills - outstanding medical bills for which you are making monthly payments:

Balance Due: _____ Monthly Payments: _____ Payable to: _____

Physicians - please list any physicians you are seeing regularly, and the anticipated monthly cost not covered by insurance: _____ Name and address: _____

Child Care Expenses - Complete for children 12 and under:

Weekly child care cost: _____ Name and address of person/agency providing care: _____

Handicap Assistance Expense - Complete only if a member of the household is able to work as a result of the assistance provided. Please list type of expense, weekly amount, and to whom paid: _____

11. If you are not 62 or older, are you eligible for occupancy based on your status as an individual with a handicap or disability? ____ YES ____ NO
12. Would you or any member of your household benefit from a barrier-free apartment? ____ YES ____ NO
13. Are you currently living in, or have you ever lived in Federally-assisted subsidized housing? ____ YES ____ NO If yes, name and address: _____
14. Are you displaced ____ YES ____ NO If yes, why were you displaced (e.g. apartment condemned, fire, private or government action, etc.)? _____
15. Are you paying more than 50% of your gross income for rent and utilities? ____ YES ____ NO If yes, please submit either a copy of your lease, cancelled checks or receipts for both rent and utilities.
Monthly Rent: _____ Monthly Utility Costs: _____
16. Are you currently residing in substandard housing? ____ YES ____ NO
17. Are you currently in overcrowded conditions? ____ YES ____ NO
18. Have you ever been evicted? ____ YES ____ NO If yes, describe circumstances/reasons: _____
19. Are you living in a public/private place not intended as a sleeping area for people? ____ YES ____ NO
20. Are you currently in a domestic violence situation? ____ YES ____ NO
21. Do you receive any Energy Assistance money? ____ YES ____ NO If yes, how much: _____ Per: _____
22. Have you engaged in acts that would pose a direct threat to the health or safety of other residents? ____ YES ____ NO
23. Are you engaged in the illegal use of a controlled substance? ____ YES ____ NO
24. Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? ____ YES ____ NO
25. Are you currently enrolled or have you successfully completed a controlled substance abuse recovery program? ____ YES ____ NO
26. Are you legally capable of entering into a lease agreement? ____ YES ____ NO
27. Please list the names and addresses of current and all previous landlords:
1. _____
 2. _____
 3. _____
28. Please list the name, address and telephone number of three credit references:
1. _____
 2. _____
 3. _____

1.	Name	Profession	Telephone #
2.	Name	Profession	Telephone #
3.	Name	Profession	Telephone #

CERTIFICATION

Head: _____ Date: _____
Spouse: _____ Date: _____

THE CLARK HOUSE
22 LESSEY STREET
AMHERST, MA 01002

ASSISTED HOUSING RENTAL APPLICATION - ATTACHMENT

Please complete the following and include with your submission of the enclosed application.

ADDITIONAL ASSETS

LIFE INSURANCE POLICIES

Company: _____

Type of Policy: ☐ Whole ☐ Tenn ☐ Universal

Amount of Policy: _____ Surrender Cash Value: _____

Policy #: _____

Company: _____

Type of Policy: ☐ Whole ☐ Tenn ☐ Universal

Amount of Policy: _____ Surrender Cash Value: _____

Policy #: _____



Date: _____

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and

1 Urban Development from making financial assistance available to person--, other than United States citizens, nationals, or certain categories of eligible noncitizens in Section 8 Housing Assistance Payments programs.

if you apply for assistance under this program, you are required to declare United states citizenship or submit evidence of eligible immigration status for each of your family members.

IF YOU DECLARE U.S. CITIZENSHIP, YOU MUST:

- complete the enclosed Family Summary Sheet. List all family members who will live in the apartment.
- have an Applicant Declaration Form_(enclosed) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 6 people listed on the Family Summary Sheet, you must submit 6 completed Applicant Declaration Forms.
- Submit the Family Summary Sheet and the Applicant Declaration Forms with your application. Failure to provide this information may result in your not being considered for housing assistance. Your application will not be accepted until your citizenship status has been determined.

IF YOU ARE SUBMITTING PROOF OF NONCITIZENSHIP STATUS:

- complete the enclosed Family Summary Sheet. List all family members who will live in the apartment.
- have an Applicant Declaration Form (enclosed) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 6 people listed on the Family Summary Sheet, **you** must submit 6 completed Applicant Declaration Forms. The Applicant Declaration Form explains what other forms and/or evidence must be submitted with each Applicant Declaration Form.

(continued on other side)

22 Lessey Street Amherst, Massachusetts 01002 256-0141

- complete an **Applicant Verification Consent Form** for each noncitizen member of the household who declared eligible immigration status on the Applicant Declaration Form.
- If you are submitting proof of noncitizenship status, the **original** of that document must be submitted, preferably in person. We will copy the original document and return it to you immediately.
- Submit the Family Summary Sheet, the Applicant Declaration Forms, the Applicant Verification Consent Forms and any other forms and/or evidence with your application. **Failure to provide this information may result in your not being considered for housing assistance. Your application will not be accepted until your citizenship status has been determined.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of the Section 214 review, depending on how far the review has progressed and the information that is available at this point.

If you have any questions or difficulty in completing the attached forms or determining the type of documentation required, please contact the Clark House office at 413-256-0141. We will be happy to assist you.

Sincerely,

Elizabeth A. Massey,
Property Manager
JCM Management Co., Inc.
Agent for Clark House Associates

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____

if applicable, (this is an 11- digit number found on INS Form I-94, Departure Record)

NATIONALITY _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby declare,

(print or type first name, middle initial, last name)

under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____2. a noncitizen with eligible immigration status in the category checked below:

- ____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- ____ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- ____ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- ____ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- ____ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- ____ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

AND

b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
- (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum"
 - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under- taken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

**APPLICANT
VERIFICATION CONSENT FORMAT**

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent
(print or type first name, middle initial, last name)

to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) the INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child: _____

SPECIAL NOTICE TO APPLICANTS AND TENANTS WHO HAVE PHYSICAL OR MENTAL DISABILITIES

PLEASE BE ADVISED THAT APPLICANTS FOR HOUSING OR TENANTS IN THIS DEVELOPMENT WHO HAVE DISABILITIES MAY BE ENTITLED TO SPECIAL CONSIDERATIONS IN CONNECTION WITH THEIR APPLICATION FOR HOUSING AS WELL AS BEING PROVIDED ACCESS TO HOUSING UNITS WHICH HAVE BEEN ADAPTED TO THE NEEDS OF PEOPLE WITH DISABILITIES.

FOR PURPOSES OF THIS NOTICE, A DISABILITY WITH RESPECT TO AN APPLICANT OR TENANT MEANS:

- (A) A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITY OF SUCH INDIVIDUAL;
- (B) A RECORD OF SUCH AN IMPAIRMENT; OR
- (C) BEING REGARDED AS HAVING SUCH AN IMPAIRMENT.

IF YOU BELIEVE YOU ARE DISABLED AND YOU DESIRE TO HAVE SPECIAL CONSIDERATIONS MADE IN CONNECTION WITH YOUR APPLICATION FOR HOUSING AND/OR PLACEMENT IN A SPECIALLY ADAPTED HOUSING UNIT FOR PEOPLE WITH DISABILITIES, YOU ARE INVITED TO SUPPLY THE INFORMATION REQUESTED ON THE ATTACHED FORM. THE INFORMATION WILL BE TREATED AS CONFIDENTIAL. GIVING THIS INFORMATION IS VOLUNTARY ON YOUR PART AND ANY FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT YOUR CONSIDERATION FOR HOUSING.

IF YOU WISH TO APPLY FOR CONSIDERATION AS A PERSON WITH A DISABILITY, PLEASE SIGN BELOW AND HAVE THE CERTIFICATION OF DISABILITY SIGNED BY YOUR PHYSICIAN.

DATE

SIGNATURE

CERTIFICATION OF DISABILITY

1. In my opinion, the applicant or tenant () is () is not disabled as defined on the attached **SPECIAL NOTICE TO APPLICANTS AND TENANTS WHO HAVE PHYSICAL OR MENTAL DISABILITIES**.
2. (This paragraph is applicable only when a physically adapted housing unit is needed or certain accommodations in the development's housing policies are needed.)

() In my opinion the nature of the applicant's/tenant's disability requires that a housing unit adapted for persons with disabilities be made available to the applicant/ tenant and/or

() that reasonable accommodations be made to the rules and policies of the housing development in order to meet the applicant's/tenant's needs.

Please describe the nature of the disability that results in a need for special housing features and the types of physical adaptation or accommodation in rules which are needed.

Signature of Physician

Date

Street

City State Zip

Please select type or report(s) desired:

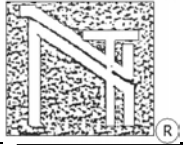
☐ Combined Report

☐ Criminal
(DOB Required)

☐ Retail Report

☐ Tenant Perf.

☐ No Report (Move-In/Out)
(CIRCLE ONE)



Send Promptly To:

National Tenant Network

Tel: (978) 858-0756 Fax: (978) 858-0831

P.O. Box 98 · Tewksbury · Massachusetts · 01876

MOVE-IN FORM 1

RENT AMOUNT _____ MOVE-IN DATE _____

APPLICANT/TENANT NAME(S)

1. _____
LAST

2. _____
LAST

FIRST/M.I.
APARTMENT APPLIED FOR:

FIRST/M.I.

STREET ADDRESS

CITY/STATE/ZIP

TO SPEED SERVICE PLEASE OBTAIN: **Date of Birth:**

Date of Birth:

SOCIAL SECURITY #

SOCIAL SECURITY #

DRIVER'S LICENSE #

DRIVER'S LICENSE #

CURRENT STREET ADDRESS

CURRENT STREET ADDRESS

CITY/STATE/ZIP

CITY /STATE/ZIP

PREVIOUS STREET ADDRESS

PREVIOUS STREET ADDRESS

CITY/STATE/ZIP

CITY /STATE/ZIP

I CERTIFY THE ABOVE INFORMATION IS CORRECT & COMPLETE & I AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY INCLUDING RETAIL CREDIT & A FULL CRIMINAL BACKGROUND SEARCH. IF I RENT THE UNIT, I UNDERSTAND THE INFORMATION CONTAINED ON THIS FORM & RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT DATABASE FOR UP TO 6 YEARS AFTER I VACATE, TO BE MADE AVAILABLE TO OTHER LANDLORDS

1. _____
APPLICANT/TENANT SIGNATURE

2. _____
APPLICANT/TENANT SIGNATURE

MANAGER/LANDLORD'S SIGNATURE

MA 1274
ACCESS # _____ DATE _____

MOVE-OUT FORM 2

TOTAL AMOUNT OWED _____ MOVE-OUT DATE _____

DID THIS TENANT VIOLATE HIS/HER RENTAL AGREEMENT? [] YES [] NO IF "YES" PLEASE CHECK THE VIOLATION(S) BELOW

- 1) [] NON-PAYMENT OF RENT \$ _____
- 2) [] NON-PAYMENT OF UTILITIES
- 3) [] NSF CHECKS # _____
[] STOPPED PAYMENT # _____
- 4) [] NO MOVE-OUT NOTICE
- 5) [] EVICTION FILING REQUIRED
- 6) [] UNAUTHORIZED PETS
- 7) [] UNAUTHORIZED OCCUPANTS
- 8) [] KEYS NOT RETURNED

- 9) [] UNIT DAMAGED \$ _____
- 10) [] TENANT GIVEN NOTICE TO VACATE
- 11) [] OTHER LEASE VIOLATIONS (call subscriber)
- 12) [] SUBSCRIBER TRYING TO LOCATE
- 13) [] REFER TO COLLECTIONS (attach rental application)
WHEN DID DELINQUENCIES BEGIN? DAY _____ MONTH _____ YEAR _____
GOV'T SUBSIDIZED / SECTION 8 HOUSING
- 14) [] FRAUD \$ _____
- 15) [] PROGRAM VIOLATIONS (CALL SUBSCRIBER)

MANAGER/LANDLORD'S SIGNATURE

ACCESS # _____ DATE _____

**IS THE ABOVE INFORMATION DISPUTED BY THE TENANT(S) Yes _____ No _____

THE ABOVE MANAGER AGREES THAT IF ANY ITEM ON THIS FORM IS DISPUTED BY THE TENANT NOW OR IN THE FUTURE THE MANAGER WILL PROMPTLY INVESTIGATE THE INFORMATION AND PROMPTLY REPORT FINDINGS TO NTN/BOSTON.
IT IS ILLEGAL TO REPORT INACCURATE INFORMATION.