

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.

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

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

- ☐ 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 _____

RTH Properties

PRELIMINARY RENTAL APPLICATION

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.

SITE NAME: RTH Properties
ADDRESS 747 Huntington Avenue
CITY, STATE Boston, MA 02115
Phone #: (617) 232-5910
FAX #: (617) 734-5853

Date

APPLICATION FOR ADMISSION

Note: Please print and fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact us at (617) 232-5910.

Applicant's Name:

Home Tel

Present Address:

Street

City

State

Zip Code

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

☐ Hispanic

☐ Black(not of Hispanic origin)

☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED: UNIT TYPE REQUESTED:

1BR 2BR 3BR 4BR

☐ ☐ ☐ ☐

Wheelchair Adapted Unit ☐ Yes ☐ No

Hearing/Visual Adapted Unit ☐ Yes ☐ No

Please select the property(ies) you are applying for:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> 777 Huntington (100) | (Market Rent) |
| <input type="checkbox"/> Community Apartment LLP (101) | (Market Rent) |
| <input type="checkbox"/> Restauration (102) | (Project Base Section 8) |
| <input type="checkbox"/> Coop Housing (103) | (Market Rent) |
| <input type="checkbox"/> Mosaic Rental (107) | (Low-Income Housing Tax Credit) |

APPLICATION FOR ADMISSION (Continued)

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or alternate ways we need to communicate with you? If yes, please explain.

Present Housing Cost Per Month \$ _____ Including Utilities? []Yes []No

How Long Have You Lived at Present _____ Years.

Address? What are the reasons for moving?

FAMILY COMPOSITION – List all those who will occupy the apartment – INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX M/F	SOCIAL SECURITY NUMBER	FULL TIME STUDENT?
#1	Head of Household				Yes or No
#2					Yes or No
#3					Yes or No
#4					Yes or No
#5					Yes or No
#6					Yes or No
#7					Yes or No

APPLICATION FOR ADMISSION (Continued)

REFERENCES – Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official

Telephone

Complete Address:

Name of Previous Landlord/Official

Telephone

Complete Address:

Name of Previous Landlord/Official

Telephone

Complete Address:

Name of Previous Landlord/Official

Telephone

Complete Address:

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference

Telephone

Address

Name of Character Reference

Telephone

Address

Name of Character Reference

Telephone

Address

APPLICATION FOR ADMISSION (Continued)

EMPLOYMENT INCOME BY HOUSEHOLD MEMBERS

Please indicate the income received held by each member of your household. List each member by the corresponding number on the first page. If more than 5, continue on a blank sheet of paper.

Member # _____
Name of Present Employer _____ Telephone _____
Complete Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly?

Member # _____
Name of Present Employer _____ Telephone _____
Complete Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly?

Member # _____
Name of Present Employer _____ Telephone _____
Complete Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly?

Member # _____
Name of Present Employer _____ Telephone _____
Complete Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly?

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly?

APPLICATION FOR ADMISSION (Continued)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

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

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Gross Earnings</u> (Before Taxes)
_____	_____	\$ _____ per _____ (week, month, year ?)
_____	_____	\$ _____ per _____ (week, month, year ?)
_____	_____	\$ _____ per _____ (week, month, year ?)

Please respond to these questions if you wish to be considered for priorities or special deductions:

1. Have you been displaced from your home due to natural forces? If so, please explain.

2. Have you been displaced from your home due to public action (urban renewal)? If so, please explain.

3. Have you been displaced from your home due to public action (sanitary code violations)? If so, please explain.

4. Have you been displaced from your home due to domestic violence? If so please explain.

APPLICATION FOR ADMISSION (Continued)

How did you hear about RTH Properties? Please check below or complete comment section.

- ☐ Newspaper
☐ Friend/Relative
☐ Agency (Agency Name) _____
☐ Live/Work in the Area
☐ Other (please comment) via the HousingWorks.net website
-

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 will be regarded as confidential in nature. A consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

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

Signed under the pains and penalties of perjury.

Head of Household

Date

Co-Applicant

Date

EQUAL HOUSING OPPORTUNITY

RTH Properties do 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.



To: RTH Properties.

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/management/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit checking agency having any information on me, to release any and all such 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 household members over 18 must sign:

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Phone: _____

Address: _____

I, the above named individual, have authorized RTH Properties to verify the accuracy of the information which I have provided, from the following sources (specify):

Child Care Expense	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
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	

I hereby give you my permission to release this information to RTH Properties, 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 RTH Properties 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 in this matter.

Signed under the pains and penalties of perjury

Head of Household Date

Spouse/Co-Head Date

Other Adult Member Date

Other Adult Member Date

Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies in 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, or
- 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 programs on site, or
- 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, 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, (defined as “not too expensive and/or too difficult to arrange”) we will try to make the change you request.

We will give you an answer within fifteen days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. 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 a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other way, we will help you.

For a REASONABLE ACCOMMODATION REQUEST FORM, please call (617) 232-5910 RTH Properties 747 Huntington Ave. Boston MA 02115.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

