

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

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

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

\$ .00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS ☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

# BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:



← Date Time Stamp – for Office Use Only

# The Elm at Island Creek Village

24 Post Road ■ Duxbury, MA 02332 ■ Tel (781) 934 - 6714 ■ Fax (781) 846- 5818 ■ TTY: 711  
E-Mail: IslandCreekInfo@BeaconCommunitiesLLC.com

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. \* If something below does not apply to you, please write "N/A".

Applicant Name: \_\_\_\_\_

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

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

Home Telephone: (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

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

Bedroom Size Requested: ☐ 1 Bdrm ☐ 2 Bdrm ☐ 3 Bdrm ☐ Handicap Accessible

List ALL persons who will occupy the apartment. Please fill in all requested information.

	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Applicant						
Co-Applicant						
(3)						
(4)						
(5)						
(6)						

Will a pet be part of your family? ☐ Yes ☐ No Type of pet \_\_\_\_\_

How did you hear about this *Beacon Community*? \_\_\_\_\_

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, etc.)? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

I understand that this is a smoke-free community which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. \_\_\_\_\_

(Initial above)

**Present Housing:** Do you ☐ Own ☐ Rent ☐ Other

If "other", what is your relationship to the current landlord? \_\_\_\_\_

Name of **Present** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Name of **Previous** Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

**Current Employment – Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**Current Employment - Co-Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**Other Income**

**Monthly Amount**

Social Security : \_\_\_\_\_ \$ \_\_\_\_\_

Suppl. Soc. Income (SSI): \_\_\_\_\_ \$ \_\_\_\_\_

Veteran's Assistance: \_\_\_\_\_ \$ \_\_\_\_\_

Pensions: \_\_\_\_\_ \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Bank References**

Name                      Bank Address                      Type of Account                      Account No.

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

**Credit References**

Name                      Type of Account                      Account No.

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

**Assets**

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_  
Real Estate \_\_\_\_\_ 401(k)/Retirement Fund \_\_\_\_\_  
Other \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (Optional)**

These are optional questions, but are important for fair housing purposes.

Please indicate appropriate category.

If you choose not to answer, please write N/A in the space provided. Thank you.

**Race of Head of Household # \_\_\_\_\_**

- |                                      |                     |              |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander         | 4. Hispanic         | 6. Other     |

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

**I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.**

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and 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 harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

The above statements are made under the penalties of perjury and all must be verified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leasing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant:

Community Name:     ***The Elm at Island Creek Village***  
                              24 Post Road  
Address:               Duxbury, MA 02332  
Phone:                 (781) 934.6714

As managing agents for The Elm at Island Creek Village, we are required to verify the eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

---

Property Manager

---

Print Name

---

Date

---

***Release by Applicants/Residents***

I hereby authorize you to furnish all requested information.

---

Signature

---

Date

---

Print Name

---

Signature

---

Date

---

Print Name

---

Signature

---

Date

---

Print Name

## **ADDENDUM TO THE RENTAL APPLICATION**

Beacon Residential Management prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? \_\_\_\_\_
- If so, in what state? \_\_\_\_\_
- Is the registration requirement a lifetime requirement? ☐ Yes ☐ No

### **CERTIFICATION**

I/We certify that all information on this addendum is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this Addendum to the Rental Application.

SIGNATURE(S):

_____ (Signature of Applicant)	_____ Date
_____ (Signature of Co-Applicant)	_____ Date
_____ (Signature of Co-Applicant)	_____ Date
_____ (Signature of Management Representative)	_____ Date

## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.



---

Applicant/Resident Signature

---

Date