

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

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Avalon North Station Income Restricted Housing Pre-Application

Free Translation/Language Assistance Available Upon Request

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: _____

PHONE: _____ CELL: _____ EMAIL: _____

CURRENT ADDRESS: _____
Street Number & Name City St Zip

1. What size apartment home(s)* are you interested in? **Studio One Two Three**

***Note: Minimum occupancy requirement one person per bedroom.**

2. Does your household need an accessible apartment? (circle one): **Yes No**

3. Do you have a voucher? (circle one) **Yes No**

If Yes, Housing Authority Name: _____

4. Do you have any special housing needs? **Yes No** If yes, please explain: _____

5. **Family Composition** - List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1			Head	
2				
3				
4				
5				
6				
7				

6. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. *Please select (✓) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category.*

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

☐ **Decline to answer**



Please call 857-350-3580 with any questions or requests for additional applications.

7. **Household Income** - what is the income received and assets held by each member of your household? Include income from SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, etc.

Household Member Name	Income Type	Gross Earnings (before taxes)

8. What is your combined total gross annual household income from all sources? \$ _____

9. **Household Assets** - include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies and Real Estate.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please return to: **Avalon North Station, 1 Nashua Street, Ste. 100, Boston MA 02114**
Email: AvalonNorthStation@avalonbay.com Fax: 857-233-2274 Phone: 857-350-3580

Please also note that the information provided above only serves to determine for which units an applicant may qualify.
Once a tenant is selected, formal income verification will be done by the developer or its agent in conjunction with the BRA.



Please call 857-350-3580 with any questions or requests for additional applications.