

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
○

Rental Application for Townsend Woods

70 Dudley Road

Townsend, MA 01469

(978)-597-2540 / TTY: (978)-630-6754

Townsend Woods is 100% Smoke-Free Housing. Smoking is prohibited throughout the entire apartment complex, including, but not limited to, apartment units, common areas, entryways, patios, balconies, parking areas, walkways, adjoining grounds and building facilities.

For Internal Use Only

Date Received _____

Time Received _____

If you have a disability and as a result of your disability you need a reasonable accommodation in order to participate in the application process, you have the right to request such an accommodation. Contact the Management Office above.

1) **FAMILY COMPOSITION:**

Complete the following information for each member of your family (including yourself) who will be occupying the apartment. (All household members must provide Birth Certificates and Social Security Cards prior to admission)

Name	SS#	DOB	Gender	Marital Status	U.S. Military Veteran	Relation to Head
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2) **PRESENT ADDRESS:**

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: _____

3) Do you or anyone in your household have a disability requiring the features of a mobility impaired/handicap unit?
YES _____ NO _____ *If you answered YES, you will be required to verify prior to acceptance.*

4) Will **ALL** of the persons in the household be or have been full-time students during five calendar months of the 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 _____

5) Do you presently? (Check those which apply)

Own your own home _____ Rent _____ Live with others _____ Who? _____

Other living arrangements _____ Explain _____

6) Do you NOW or have you EVER lived in subsidized housing? YES _____ NO _____

If yes, **WHERE:** _____
STREET CITY STATE ZIP CODE

WHEN: FROM _____ TO _____

REASON FOR MOVING _____

7) **APPLICANT HOUSING HISTORY:** (Please attach separate sheet, if needed)

From _____ to <u>Present</u>
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: () _____

From _____ to _____
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: () _____

From _____ to _____
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: () _____

9) Have you ever been evicted? YES _____ NO _____ If Yes, explain _____

10) Have you ever been CONVICTED of a crime? YES _____ NO _____ If yes, explain _____

11) Are you or any member of your household subject to a lifetime sex offender registration requirement in ANY state?
YES _____ NO _____ If YES, list household member(s) _____

Please list ALL STATES in which any household member listed in Question 1 has resided: _____

12) Are any family members temporarily absent from the home? YES _____ NO _____ If Yes, explain _____

13) Are you being forced to move from your home: YES _____ NO _____ If Yes, explain _____

14) **INCOME:**

Does anyone listed in question #1 have paid employment? YES_____ NO_____

If yes, please specify:

Applicant_____

POSITION EMPLOYER NAME

ADDRESS TELEPHONE NUMBER

Co-applicant_____

POSITION EMPLOYER NAME

ADDRESS TELEPHONE NUMBER

What is the **monthly gross** amount received for:

Per Month

Applicant

Co-Applicant

A.	Social Security		
B.	Supplemental Security Income (SSI)		
C.	State Supplemental Payment (SSP)		
D.	Employment (Salary)*		
E.	Pension/Retirement		
F.	Veterans Benefits		
G.	Unemployment		
H.	Workmen's Comp		
I.	Military Pay		
J.	TANF / AFDC / Public Assistance / EAEDC		
K.	Child Support		
L.	Alimony		
M.	Other (Specify:_____)		
	per month		
	*PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER		

15) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? (***This includes E-payment accounts, Direct Express Debit Cards and Debit Cards***) YES_____ NO_____ If YES, please list:

Owner of Account	Bank Name	Account #	Account Type	Balance

16) Does anyone listed in question #1 own any Stock/Bonds? YES_____ NO_____

If YES on Stocks, please specify:

Name of Company_____ # of shares of stock_____

Dividend Paid \$_____ Per_____

If YES on Bonds, please specify:

Paying Company_____ Interest_____

Earned_____ per_____ Value_____

- 17) Does anyone listed in question #1 have Whole Life Insurance? YES_____ NO_____
- Name on Policy_____ Policy #_____ Cash Value \$_____
- Name on Policy_____ Policy #_____ Cash Value \$_____
- Name on Policy_____ Policy #_____ Cash Value \$_____
- 18) Does anyone listed in question #1 have any other assets? YES_____ NO_____
- If YES, please specify:_____
- 19) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?
- YES_____ NO_____
- If YES, please specify: Type of Asset_____ Date Disposed_____
- Dollar Amount Received \$_____ Market Value \$_____
- 20) Do you expect any change in your income or assets during the next 12 months? YES_____ NO_____
- If yes, please explain_____
- 21) Do you own any real estate? YES_____ NO_____ If YES, please specify and state the approximate value of the asset: _____
- 22) **MEDICAL EXPENSES paid by you:**
- A. Do you pay for Medicare? YES_____ NO_____ \$_____ per _____
- B. Do you pay for additional medical insurance? YES_____ NO_____
- If YES, please specify: Type_____ \$_____ per _____
- C. Do you have excessive medical/medication expenses? YES_____ NO_____
- Please explain:_____
- 23) Have you ever been declared disabled by the Veterans Administration, Social Security Administration, or some other government agency? YES_____ NO_____
- If yes, please specify the appropriate agency_____
- 24) Do you own a pet? YES_____ NO_____ If YES, describe_____
- 25) Why do you want to move to this property? _____
- 26) In case of emergency, who should we call?
- Name_____ Relationship_____
- Address_____ City_____ State_____
- Telephone Number_____

27) Please give three (3) references (other than family or friends):

Name	Address	Phone

28) How did you hear about our property? _____

29) **Bedroom Size Requested:** **One BR** ☐ **Accessible BR (Barrier free)** ☐

30) *Ethnicity (*please choose only one*): Hispanic or Latino ☐ Non-Hispanic or Latino ☐

31) *Race/national origin (*please choose one or more*):

White ☐ Black/African American ☐ American Indian or Alaskan Native ☐
Asian ☐ Native Hawaiian or Pacific Islander ☐ Other ☐

*The information regarding ethnicity, race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the US Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

I/We hereby apply for an apartment. By signing this form, I/We understand that a credit and reference check will be undertaken to determine my/our rental history and my/our ability to pay the rental amount. I/We understand that the foregoing information will be used to determine my/our eligibility for an apartment. Therefore, I/we grant consent for management to verify information on this application. I/We request all credit reporting services, employers, credit and personal references to disclose any pertinent information about me/us. Furthermore, I/we acknowledge that any false information will make me/us ineligible for an apartment.

DATE

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

PROPERTY MANAGED BY
RCAP Solutions
Resources for Communities And People
www.rcapsolutions.org



RCAP Solutions does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, sex, gender identity or expression, sexual orientation, familial status, marital status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state, or federal law in any aspect of tenant selection or matters related to continued occupancy.