

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 ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny 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

STATION POINTE APARTMENTS

9 Francis Avenue ■ Mansfield, MA 02048 ■ Tel (508) 339-4178 ■ Fax (508) 339-4179 ■ TTY: 711
email: StationPointe@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: _____

Bedroom Size Requested: ☐ 1 Bdrm ☐ 2 Bdrm ☐ 3 Bdrm ☐ 4 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)						

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

How did you hear about this *Beacon Community*? _____

Why have you selected/applied to live at a *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

<u>Name</u>	<u>Bank Address</u>	<u>Type of Account</u>	<u>Account No.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit References

<u>Name</u>	<u>Type of Account</u>	<u>Account No.</u>
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_____	_____	_____
_____	_____	_____

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: ***Station Pointe Apartments***
 9 Francis Avenue
Address: Mansfield, MA 02048
 508-339-4178

As managing agents for Station Pointe Apartments, 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 below 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