

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

Date Generated:

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ **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:



QUALIFICATION ACKNOWLEDGMENT

GROSS INCOME: Minimum of monthly gross income to be THREE times the amount of the monthly rent.

EMPLOYMENT: Presently employed with job history. Job history to include six months with current employer or six months with prior employer. Management reserves the right to request copies of current payroll stubs. Three (3) months of bank statements. Showing payroll deposits (3) is also acceptable, as an alternative.

RENTAL HISTORY: Positive verifiable rental history. No recurring late rent payments, no evictions for non-payment of rent or breach of lease, no NSF's or community disturbances. Applicant may be subject to an additional deposit, based on qualifications.

RENTER'S INSURANCE: All Residents are encouraged to obtain \$100,000 of liability insurance prior to move in. The property will not be held liable for damage to personal property within the resident apartment home.

CRIMINAL and SEX OFFENDER SCREENING: All occupants over the age of 18 are required to complete an application and pass the criminal and sex offender screening. All occupants 18 and older will be required to complete an application.

APPLICANT(S) MAY BE DENIED FOR THE FOLLOWING REASON(S):

- | | |
|---------------------------------|---|
| ** Falsification of application | ** Poor rental history |
| ** Incomplete application | ** Criminal history of applicant(s), or occupants |
| ** Insufficient income | ** Poor credit history or no credit history |

If the applicants do not meet the above qualifications, they may be required to have additional deposits, including last month's rent.

Guarantor may be accepted by only in the absence of rental history, income or credit history. Guarantor must meet all the above requirements and qualify with monthly income of five times the rental amount.

Guarantor will be financially responsible for all monies owed and/or in arrears. We do not discriminate on the basis of race, color, creed, religion, sex, national origin, disability of family status. Guarantor must sign complete the Guarantor application and the agreement.

I acknowledge that I have had an opportunity to review the property's rental selection criteria, which includes reasons why my application may be denied, such as criminal history, current income, and rental history. I understand that if I do not meet the property's rental selection criteria or if I fail to answer any question or give false information, the property may reject the application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

YOU ARE REQUIRED TO LEAVE A VALID FEDERALLY OR STATE ISSUED PHOTO IDENTIFICATION IN THE LEASING OFFICE WHILE TOURING THE COMMUNITY



APPLICATION FOR RENTAL

PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #	DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #	TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH	OTHER NAMES USED IN LAST 10 YEARS	EMAIL ADDRESS (Required)*	
PRESENT ADDRESS		COUNTY	WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #
MOBILE TELEPHONE #			

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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PRESENT ADDRESS IS (Check one): ☐ OWNED HOME ☐ RENTED HOME ☐ RENTED APARTMENT ☐ PARENTS' HOME ☐ STUDENT HOUSING ☐ OTHER:

IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY	STATE	ZIP	TELEPHONE #
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PREVIOUS ADDRESS IS (Check one): ☐ OWNED HOME ☐ RENTED HOME ☐ RENTED APARTMENT ☐ PARENTS' HOME ☐ STUDENT HOUSING ☐ OTHER:

ARE YOU A STUDENT? YES NO IF YES, COMPLETE THE FOLLOWING: STATUS (CHECK ALL THAT APPLY):

SCHOOL: UNDERGRADUATE FULL TIME
GRADUATION YEAR: GRADUATE* PART TIME

WILL THIS BE YOUR STATUS DURING THE FULL LEASE TERM? YES NO *PLEASE PROVIDE GRADUATE SCHOOL ENROLLMENT

EXPLAIN IF NO:

Employment

EMPLOYER (COMPANY NAME)	HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)

ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Animals (animals require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises)

NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #	
ADDRESS	CITY	STATE	ZIP	





APPLICATION FOR RENTAL

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:		

How did you hear about our community?

<input type="checkbox"/> Internet (which site?) _____	<input type="checkbox"/> Resident (name?) _____
<input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____	<input type="checkbox"/> Rental Agency (Which One?) _____
<input type="checkbox"/> Locator Service (Which One?) _____	<input type="checkbox"/> Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

I have read and agree to the provisions as stated.

Applicant Signature _____

Date _____

Apartment Address applying for: _____

Monthly Rent Quoted: _____

Holding Deposit Received***: _____

Date Holding Deposit Received: _____

**** Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

Initial:

***** Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you. All qualifying documentation must be received within 48 hours, if not received the apartment will go back on the market and re-rented.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 48 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 48 hours of that notification that you do not want to enter into a lease with us, We both agree that you will forfeit rights to have us continue holding the apartment for you to lease. If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

Initial:

OFFICE USE ONLY

Apartment Number _____
Apartment Size/Description _____
Anticipated Move in Date _____
Lease Start Date _____
Lease End Date _____
Quoted Monthly Apartment Rent _____

Property Staff Initials _____

