

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



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

# Model Application Form

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

SITE NAME	<b>Cheriton Grove Apts.</b>	PRELIMINARY RENTAL APPLICATION
ADDRESS:	<b>20 Cheriton Road West Roxbury, MA 02132</b>	Equal Opportunity Housing
PHONE #:	<b>617-325-1913</b>	
FAX #:	<b>617-325-4169</b>	
TDD #:	<b>800-545-1833 Ext 184</b>	DATE _____

## APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ **Home Telephone #** \_\_\_\_\_

**Present Address** \_\_\_\_\_  
street city state zip

**Mailing Address** \_\_\_\_\_  
(if different) street city state zip

**Race:** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic                  |
| <input type="checkbox"/> White (not of Hispanic origin) |  |

**Note:** Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



**SIZE OF APARTMENT NEEDED:**

1BR  
[ ]

**DO YOU REQUIRE AN ADAPTED UNIT FOR:**

**Mobility:** [ ] Yes [ ] No

**Hearing:** [ ] Yes [ ] No

**Vision:** [ ] Yes [ ] No

**UNIT TYPE REQUESTED:** [ ] **Market Rent** [ ] **Basic Rent** [ ] **Low Rent**

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain:

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Present Housing Cost Per Month \$\_\_\_\_\_ Including Utilities? [ ] Yes [ ] No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for moving? \_\_\_\_\_

How did you hear about this housing development? \_\_\_\_\_

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF  
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT	
1 _____	HoH	_____	_____	_____	Yes	No
2 _____	_____	_____	_____	_____	Yes	No
3 _____	_____	_____	_____	_____	Yes	No
4 _____	_____	_____	_____	_____	Yes	No
5 _____	_____	_____	_____	_____	Yes	No
6 _____	_____	_____	_____	_____	Yes	No
7 _____	_____	_____	_____	_____	Yes	No
8 _____	_____	_____	_____	_____	Yes	No



Provide the Full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters)

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_ Date: \_\_\_\_\_  
From-To

Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_ Date: \_\_\_\_\_  
From-To

Address \_\_\_\_\_

**Household Member**

**Type of Housing Assistance**

**Location**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name of Character Reference: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

**Member # \_\_\_\_\_**

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position. \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

**Member # \_\_\_\_\_**

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position. \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly



## OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

## INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

## PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain.  
\_\_\_\_\_
2. Does your present apartment contain health code violations? If so, please describe:  
\_\_\_\_\_
3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe: \_\_\_\_\_
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.  
\_\_\_\_\_
6. Have you been involuntarily displaced by public or private action and have not been rehoused in standard replacement housing. If so, please provide details.  
\_\_\_\_\_
7. Are you living in Substandard Housing? (Examples include living in a dwelling unit which fails to meet local housing codes (i.e. no plumbing, no usable bath tub or shower, no electricity or unsafe electrical service, no safe or adequate source of heat.) Please provide details: \_\_\_\_\_
8. Are you paying more than 50% of your gross monthly income for rent? Yes \_\_\_\_\_ No \_\_\_\_\_



### Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed and the length of time for which registration is required):

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NOTE: A failure to respond fully to these questions may result in rejection nor denial of this application

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **Consumer Credit Report and a Criminal Offenders Record Information (CORI) report will also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

**Signed under the pains and penalties of perjury**

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

*This Management Company does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the development, its employment, or in its programs, activities, functions or services.*

