

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

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ 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:

DO NOT LEAVE ANY QUESTION UNANSWERED!



- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-#### ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'S CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



Date Received: _____ Time Received: _____ Application taken by: _____

APPLICATION FOR HOUSING

Project Base Section 8 Property/ Low-Income Housing Tax Credit Property

This is an application for housing at:

Florence Apartments, LP
167 Fawndale Road
Roslindale, MA 02131
TEL (617) 327-2280*FAX (617) 431-5547*TTY 711
Florence@relianttrs.com

Please complete this application and return to the address above. Please Print Clearly.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR "\$0.00".

DO NOT LEAVE ANY BLANK LINES.

A. APPLICANT AND FAMILY INFORMATION

List ALL permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or Live In Care Attendants.

	Name	Relationship to head of household	Date of Birth	Age	Sex	Social Security #*	Are you a Student? List "No", "Part Time", or "Full Time"
Head		Self					
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							

* Disclosure of SSNs is required for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Do you anticipate any additions to the household in the next twelve months? ☐ YES ☐ NO

If yes, explain

Applicants who were age 62 or older as of January 31, 2010 and who do not have a social security number

-Were you receiving HUD rental assistance at another location on January 31, 2010? ☐ YES ☐ NO

Are all members of the household U.S. citizens or permanent resident aliens? ☐ YES ☐ NO

Address: _____
Street Apt. # City State Zip

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

Email: _____

Bedroom size requested: ☐ Two Bedroom ☐ Three Bedroom



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Do you desire an apartment with accessible features? ☐ Yes ☐ No (check one)

If so, what features? _____

B. STUDENT STATUS INFORMATION

Will all of the persons in the household be or have been full-time students during five calendar months of this 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

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) considered Independent Students? Definition of an Independent Student consists of individuals who were an orphan, in foster care of ward of the court at the age of 13. This definition also includes students who are or were emancipated or in legal guardianship; unaccompanied youths who are homeless or risk of homelessness – vulnerable youth populations.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C. EMPLOYMENT INFORMATION

Head of Household Employer	Employer:
	Gross Monthly Income \$ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, where _____ Gross Monthly Income \$ _____

Co-head/ Roommate Employer	Employer:
	Gross Monthly Income \$ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, where _____ Gross Monthly Income \$ _____

Co-head/ Roommate Employer	Employer:
	Gross Monthly Income \$ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, where _____ Gross Monthly Income \$ _____



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D. ADJUSTED INCOME DEDUCTIONS

For family households only- List below any amounts paid by you for child care expenses for family members below 13 years of age which enable you to be gainfully employed or to attend school on a full-time basis.

Paid to: _____ **Monthly Amount Paid:** _____

For elderly/disabled households only- (Head of Household or Spouse is over 62 years old, is handicapped or disabled). List below any medical expenses that you currently pay.

Paid to:	Monthly Amount Paid:

E. INCOME INFORMATION

Please indicate each source of income received or anticipated within the next 12 months

DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING (Must check Yes or No)	IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT RECEIVED MONTHLY
HOH Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Co-head/ Roommate Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Self- Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Military Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
SSI, SSD	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
V.A. Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Public Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Disability, Worker's Comp.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Recurring Gift of monetary value	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Retirement Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Trust Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Grants	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Insurance Policies, Death and Disability Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Income from Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: Type _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$



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F. ASSETS

Please include all assets, including assets for children

DESCRIPTION OF ASSET	CURRENTLY HAVE	IF YES, HOUSEHOLD MEMBER NAME	VALUE
Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Checking Account (6 mo. Avg. balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Savings Account (current balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
CDs, Money Market, Mutual Funds, Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
IRA, 401K, Pensions, Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Life insurance policy (Whole)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Real Estate currently owned/ Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Assets disposed of for less than Fair Market Value in past 2 yrs	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Have you received any lump sum payments such as Inheritance, Lottery winnings, Insurance settlements, Etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Prepaid/EBT Card	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

G. REFERENCE INFORMATION**CURRENT LANDLORD**

Landlord Name	
Address	
Phone	
Month and year moved in:	
Reason for moving:	
No. of BR's in current unit:	
Do you Rent or Own?	
Amount of current monthly rental or mortgage payment?	

H. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family been evicted due to drug activity in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	



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I. EMERGENCY CONTACT

In case of emergency notify:

Address:

Relationship:

Phone #

J. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Florence Apartments, LP does not permit pets. Service animals are not considered pets.

Do you own any pets?

☐ YES

☐ NO

If yes, describe:

Please list every State that each member of the household member has resided in:

Head of Household:

Member 2:

Member 3:

Member 4:

Member 5:

Member 6:

Member 7:

Member 8:

Is any member of your household subject to a lifetime sex offender registration requirement in any State?

☐ YES

☐ NO

I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at admission, management will immediately pursue eviction and termination of assistance for the household member

☐ YES

☐ NO

Homeless Displacement:

☐ Homeless – due to displacement by natural forces

☐ Homeless – due to displacement by public action (urban renewal)

☐ Homeless – due to displacement by public action (sanitary code)

☐ Involuntary Displacement by Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking

Ethnic Categories (select one):

☐ Not of Hispanic, Latino/a, or Spanish Origin

☐ Hispanic, Latino/a, or

Spanish Origin

☐ Declined to Report

Racial Categories (select one or more):

☐ American Indian or Alaska Native

☐ Asian

☐ White

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Other

☐ Declined to Report



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Rev. 2020

Marketing Information:

How did you hear about the property?

- ☐ www.relianttrs.com ☐ Walk By ☐ Flyer
☐ Apartment Guide ☐ Rent.com Apartments.com ☐ Craigslist ☐ GoSection8.com
☐ Newspaper (which paper? _____)
☐ Housing Authority (specify agency _____)
☐ Tenant Referral (who can we thank? _____)
☐ Other (specify _____)

CERTIFICATION

I/We hereby certify that I/WE DO/WE WILL not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application 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 application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date



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