

Name: First MI Last:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[support@housingworks.net](mailto: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 HoH 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, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ 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 R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH'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 Details

- ☐ 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 ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status  
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ 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.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.  
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_



# RENTAL APPLICATION

**Mail Application to:**

Mishawum Park Apartments  
338 Main Street  
Charlestown, MA 02129

P: 781.924.1589

F: 781.924.5221

E: mmeans@peabodyproperties.com

Apartment # \_\_\_\_\_

**Personal Information:**

☐ Applicant ☐ Guarantor

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Former Last Name (maiden, married) \_\_\_\_\_

Social Security Number \_\_\_\_\_ or ITIN Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Household Status - circle one (optional):

Married/Partner

Roommates

Single with Children

Married/Partner w/Children

Single

**Occupant Information:** (all household members)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship \_\_\_\_\_

\*The information provided under the column 'Gender' is for demographic purposes and is optional.

**Residence Information:**

☐ same as Primary Applicant

Current Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name of Apartment Community or Mortgage Co. \_\_\_\_\_

Type (circle one) Rent Own Other \_\_\_\_\_ Date of Residency: From \_\_\_\_\_ To Present

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_

\*See eviction question on page #2

**Employment Information/Additional Income:**

Current Employer (as of move-in date) \_\_\_\_\_ Industry \_\_\_\_\_

Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

*If there are other sources of income you would like us to consider, please list all their source and income amount.*

Sources of Additional Income: \_\_\_\_\_

Amount of Additional Annual Income (\$): \_\_\_\_\_



**Emergency Information:**

Relationship \_\_\_\_\_

First Name (not an occupant) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ (Circle one) Cell Home Work Allow Key Access: Yes \_\_\_\_ No \_\_\_\_

**Vehicle Information:**

Your Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Second Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Other Vehicles: \_\_\_\_\_

**Pet Information:**

Do You Own Any Pets? Yes \_\_\_\_ No \_\_\_\_

If Yes, How Many? \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_

**Eviction/Conviction Information:**

\*Have you ever been evicted or asked to move? Yes \_\_\_\_ No \_\_\_\_

If Yes, Explain \_\_\_\_\_

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony Involving Sexual Misconduct? Yes \_\_\_\_ No \_\_\_\_ If yes, When \_\_\_\_\_ What State \_\_\_\_\_

Explain: \_\_\_\_\_

Applicant represents that the statements made are true and correct. I hereby authorize Management to obtain as needed, consumer reports and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification and prior residency verification. \*Applicant has provided birth date information solely for credit rating. If this application is approved, I (we) agree to enter into a written lease, in which case earnest money will be applied to our account within 7 business days, subject to occupancy. If I (we) refuse to enter into a written lease upon being offered the apartment, Peabody Properties, Inc. shall retain the earnest money as liquidated damages. Each occupant 18 years and older must complete a separate application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Peabody Properties' Representative: \_\_\_\_\_

Date: \_\_\_\_\_

