

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Date Generated:

← **Mail this application to the address at left.
Do not fax!**

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

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

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

1. Either type your answers, or else **print small enough** so that your answers stay within the lines of each box. **Don't use *cursive*.**

2. The adult completing this application is considered the **Head of Household**.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S **COMPLETE** MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER **or** ITIN? ☐ Yes ☐ No

We will reject all applications with a partial SSN or ITIN

DATE OF BIRTH

Type like this: YYYYMMDD else write like this: YYYY-MM-DD

NODE ID

Office will enter this

GENDER

F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit

☐ Bathroom modifications

☐ Vision Impaired Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Hearing Impaired Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit designed for Environmental Allergies

☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes

☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - **you must select one of these answers**

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household:

Any Felony/Conviction?

☐ Yes

☐ No

Any Misdemeanor Conviction?

☐ Yes

☐ No

Other HH 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

Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes

☐ No

CURRENT HOUSING STATUS:

☐ Homeless

☐ Housing Loss 14 days

☐ Fleeing Dom. Violence

☐ At risk of homelessness

☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No

☐ by Accessibility/health issues

☐ by Addiction behaviors

☐ by Cost of living

☐ by Pandemic

☐ by fire/flood/earthquake

☐ by Domestic Violence or Sexual Assault

☐ by Urban development, eminent domain

☐ by Condemnation of home, code violations

☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email

☐ Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #):

☐ where I currently live

☐ a shelter

☐ a P.O. Box

☐ a "care of" address

☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

☐ same as above

☐ a shelter

☐ a P.O. Box

☐ a "care of" address

☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BEDROOMS NEEDED→



ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability

☐ Elder

☐ Local Resident

☐ Local Employee

☐ Local Student

☐ Homeless Veteran

☐ Rent-burdened 40%

☐ Rent-burdened 50%

☐ Fleeing domestic violence

☐ HUD VAWA Certificate

☐ Victim of Hate Crime

☐ Community Based Housing

Displaced by: ☐ Urban Renewal

☐ Sanitation Code

☐ Natural Forces

☐ Other:

Type your Signature:

Date (mm/dd/yyyy):

MANAGEMENT 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.

Appleton Mills

219 Jackson Street
Lowell MA. 01852

PRELIMINARY RENTAL APPLICATION

Phone #: (978) 458-0588 TDD: (800) 545-1833 FAX #: (978) 441-1926

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. If you need help in completing this application, please contact the Management Office.

Applicant: _____ Phone: _____

Present Address _____
street city state zip

Email: _____

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

[] American Indian/Alaskan Native [] Asian or Pacific Islander
[] Black (not of Hispanic origin) [] Hispanic [] White (not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:

Studio [] One Bedroom [] Two Bedroom []

Do you have a section 8 or mobile voucher? ☐ Yes ☐ No If Yes, with what housing authority? _____

Accessible Unit Required? ☐ Yes ☐ No

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir. (Portuguese)
Este es un aviso importante. Sirvase mandarlo traducir. (Spanish)
ĐÂY LÀ MỘT BÀI THÔNG CÁO QUAN TRỌNG (Vietnamese)
XIN VUI LÒNG CHỌI DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire. (French)
本通知很重要。请将它译成中文。 (Chinese)
នេះគឺជាជំពូកដ៏សំខាន់ ត្រូវប្រែជាភាសាខ្មែរ (Cambodian)



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. _____

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

How Long Have You Lived at Present Address? _____ Years

When would you like to Move? _____ / _____ (month and year)

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>FULL TIME STUDENT</u>
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone _____
Address _____

Name of Previous Landlord/Official _____ Telephone _____
Address _____

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 _____



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

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

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

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.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
_____	_____	\$ _____ 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.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



OTHER INFORMATION:

Are you an Artist? ☐ Yes ☐ No
If yes, describe: _____

Are you currently homeless? ☐ Yes ☐ No

Have you, or any adults listed on the application, ever been convicted of a felony? ☐ Yes ☐ No
If yes, describe: _____

Have you ever been evicted or served with a Notice to Quit? ☐ Yes ☐ No
If yes, describe reason(s): _____

Do you own a pet? ☐ Yes ☐ No
If yes, please list below:

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 may 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

Trinity Management LLC 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 its programs or employment, or in its programs, activities, functions or services.



MANAGED BY: Trinity Management LLC (Page 4)



Consent for Release of Information
(For Use with State Subsidized Programs)

Trinity Management, LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized Trinity Management LLC to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Trinity Management LLC, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Trinity Management LLC Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date

