

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



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS = Do you need a:

- Fully Accessible Wheelchair Unit
- No-Steps unit (elevator to any floor)
- First-Floor unit only
- Blind Accessible Unit
- Deaf Accessible Unit
- unit designed for Environmental Allergies
- Need an Interpreter
- Domestic Violence Victim

HoH's CAREER STAGE

- Employed
- Unemployed
- Retired
- FT Student
- PT Student

MOBILE RENTAL ASSISTANCE

- I do not have mobile rental assistance
- Mobile Section 8 voucher
- MRVP
- AHVP
- VASH or similar

- 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

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?

←# Adults | ←# Children | ←Total # | .00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*

- Disability
- Elder
- Veteran
- Fleeing Domestic Violence
- Displaced by: _____
- Rent-burdened
- Other

A & D MANAGEMENT COMPANY
260 SECOND STREET
CHELSEA, MA 02150
Phone #617-884-0168 Fax #617-884-0279

RENTAL APPLICATION FORM

Do not write in this block.
Priorities: _____
Income Level: _____
Bedrooms: _____
Race: _____



Date _____

Name: _____ Phone # _____

Address: _____

City: _____ Zip _____

Mailing Address if different: _____

Date of Birth: _____ Marital Status: _____

Spouse's D.O.B. _____ Number of Children: _____

Present apartment: Number of bedrooms: _____ Number of Occupants: _____

Monthly Rent: _____ Utilities Included: _____ Mo. Utilities: _____

Present Landlord: _____ Phone # _____

Address: _____

How long have you lived there? _____ Is apartment in your name? _____

Previous apartment: Address: _____

Number of bedrooms: _____ Number of Occupants: _____

How long did you live there? _____ Was apartment in your name? _____

Name of landlord: _____ Phone # _____

Address: _____ City _____

EMPLOYMENT - Household member name: _____

Where employed: _____

Name of Supervisor: _____ Phone: _____

How long at this job. _____ Annual Wages: _____

Note: * Items so marked must be verified. Please sign the appropriate verification release as part of your application.

OTHER INCOME:

*** SOCIAL SECURITY:**

Type: _____ Amount \$ _____ Account # _____

Type: _____ Amount \$ _____ Account # _____

Type: _____ Amount \$ _____ Account # _____

***VETERANS BENEFITS:**

Claim # _____ Amount \$ _____
Serial # _____

*** PUBLIC ASSISTANCE:**

Soc. Sec. # _____ Type: _____ Amount \$ _____

***UNEMPLOYMENT COMPENSATION:**

Soc. Sec. # _____ Amount \$ _____

***PENSION - Source of Pension** _____

Address: _____

Pension # _____

Other - Please explain _____

***ASSETS**

Bank Name & Address: _____

Account Type and Account # _____ Amount \$ _____

Bank Name & Address: _____

Account Type and Account # _____ Amount \$ _____

INVESTMENTS:

	Identify	Value	Dividend
Stocks, Bonds	_____	_____	_____
Treasury Bills	_____	_____	_____
Certificate of deposit	_____	_____	_____
Market Funds	_____	_____	_____
Real Estate	_____	_____	_____

* Did you dispose of any assets within the past two years? (i.e. Real Estate):

YES _____ NO _____ Explain: _____

*** Credit References**

Name and Address	Account Number
_____	_____
_____	_____
_____	_____

In case of emergency, whom should we call?

Name _____ Relationship _____
Phone # _____
Address _____

Please list those people who will occupy the apartment:

Name	Date of Birth	Sex	Social Security #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please indicate any persons who are 18 years or older and are full time students:

Name	School	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Need Priorities: Tenant Applications are processed on the basis of need, as defined in the following list. Please indicate any priority that you feel describes your present housing situation. As a part of the processing of your application, your priority must be verified.

1. Displacement by natural disaster such as fire or flood within the past two years. Please specify

2. Displacement by public action. Please specify

3. Living in substandard conditions that affect the family's health or safety. Please specify:

4. Currently paying 50 percent or more of adjusted monthly income for housing (rent and utilities, excluding telephone). _____
5. Living in overcrowded living conditions. (e.g. more than two persons per bedroom). Please specify

EQUAL OPPORTUNITY/FAIR HOUSING INFORMATION

Please note that this is a preliminary application.

The following information will be required by the Federal Government to monitor this owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is finished.

RACE OR NATIONAL ORIGIN

- White/Non-Minority
- American Indian
- Black
- Spanish American
- Asian
- Other
- I do not wish to furnish the above information

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that this application constitutes my request for consideration as a tenant in one of your developments. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephone interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material noncompliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency and/or others inquiring about my tenancy with the apartment complex during and after my tenancy period.

IN COMPLIANCE WITH FEDERAL AND STATE FAIR HOUSING AND EQUAL OPPORTUNITY LAWS, ELIGIBLE INDIVIDUALS ARE CONSIDERED FOR HOUSING WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, AGE, CHILDREN, ANCESTRY, MARITAL STATUS, VETERAN HISTORY, PUBLIC ASSISTANCE RECIPIENCY OR HANDICAP (MENTAL OR PHYSICAL).

IF YOU OR A MEMBER OF YOUR FAMILY ARE A PERSON WITH DISABILITIES, AND YOU FEEL THAT A REASONABLE ACCOMMODATION BY US WOULD ALLOW YOU TO BECOME QUALIFIED PLEASE CONTACT US AND WE WILL MEET WITH YOU TO DISCUSS YOUR APPLICATION.

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD NEED OR PREFER A UNIT WITH SPECIAL DESIGN FEATURES, PLEASE CHECK APPROPRIATE BOX: MOBILITY VISION HEARING OTHER _____

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make a willfully false Statement or misrepresentation on this rental application.

Applicants Signature

Signatures and proof of identification will be required of all those who sign lease.