

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](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:





## Avalon Burlington Affordable Housing Pre-Application

*Free Translation/Language Assistance Available Upon Request*

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

*Street Number & Name*

*City*

*St*

*Zip*

1. What size apartment home(s)\* are you interested in? **Two** **Three**

**\*Note: A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom. Minimum occupancy requirement one person per bedroom.**

2. Are you an employee of AvalonBay? **Yes** **No**

3. Are you either a spouse, sibling, child, grandparent (natural, step, half or in-law) or significant other of an AvalonBay employee? **Yes** **No**

4. Do you have a voucher? (circle one) **Yes** **No**

If Yes, Housing Authority Name: \_\_\_\_\_

5. Does your household need a fully accessible apartment? (circle one): **Yes** **No**

**\*Note: Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.**

4. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes** **No** If yes, please explain:

\_\_\_\_\_

5. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

INTERNAL USE ONLY:

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

Received By: \_\_\_\_\_

Complete ☐

Incomplete ☐



6. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. Please select (✓) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category.

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

☐ Decline to answer

7. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

8. What is your combined total gross annual household income from all sources? \$ \_\_\_\_\_

*\* You must meet the income guidelines to qualify!*

9. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

**NOTE:** Applicants may not own real estate at the time of lease execution.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. ***Signed under the pains and penalties of perjury.***

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Avalon Burlington, 1 Arboretum Way, Burlington, MA 01803 or fax to 781-229-1606.

Please call 781-229-0080 with any questions or requests for additional applications or consent forms.

INTERNAL USE ONLY:

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

Received By: \_\_\_\_\_

**Complete** ☐

**Incomplete** ☐