

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

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

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:

**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 ☐ GENDER  
Male, Female, etc.
- ☐ 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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 \_\_\_\_\_



## APPLICATION FOR RESIDENCY

A 48-HOUR NOTICE OF CANCELLATION FROM TIME  
OF APPLICATION MUST BE GIVEN OR DEPOSIT IS FORFEITED  
Residents over the age of 18 must complete separate applications.

Mgmt.  
Initial:

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_ Cancelled

\_\_\_\_ Date

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Present Address (number, street, city, state, zip code) \_\_\_\_\_ Length of occupancy \_\_\_\_\_

This residence is: ( ) Own home ( ) Parent's home ( ) Rented home ( ) Rented apartment ( ) Student housing

Monthly rent \_\_\_\_\_ Present Landlord or Mortgage Company \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

Former Address (number, street, city, state, zip code) \_\_\_\_\_ Length of occupancy \_\_\_\_\_

This residence is: ( ) Own home ( ) Parent's home ( ) Rented home ( ) Rented apartment ( ) Student housing

Monthly rent \_\_\_\_\_ Former Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

Current Employer \_\_\_\_\_ Full Address \_\_\_\_\_ Phone number \_\_\_\_\_

Position or title \_\_\_\_\_ Annual income \_\_\_\_\_ Length of employment \_\_\_\_\_

Former Employer \_\_\_\_\_ Full Address \_\_\_\_\_ Phone number \_\_\_\_\_

Position or title \_\_\_\_\_ Annual income \_\_\_\_\_ Length of employment \_\_\_\_\_

Other sources of income \_\_\_\_\_ Amount \_\_\_\_\_ When received \_\_\_\_\_

Driver License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Management Verification \_\_\_\_\_

Automobile Make \_\_\_\_\_ Model and year \_\_\_\_\_ License plate number \_\_\_\_\_ State \_\_\_\_\_

Savings Account Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Account number \_\_\_\_\_

Checking Account Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Account number \_\_\_\_\_

Pets that will be in the apartment \_\_\_\_\_ Mgmt. approval \_\_\_\_\_

In case of emergency notify (Name, relationship, address, phone number)

Have you lived in a Princeton Properties community before? Yes ( ) No ( )

If yes, which one and when? \_\_\_\_\_



Have you ever been convicted of a criminal offense?  
If yes, detail.

Yes ( )  
No ( )

Any litigation such as bankruptcies, foreclosures,  
evictions, or judgments? If yes, detail.

Yes ( )  
No ( )

Name	Relationship to applicant	Over 18? (Yes/No)	Full-time Student?
Please list all other persons who will occupy the apartment:			

**THE AREA BELOW IS TO BE COMPLETED BY MANAGEMENT BEFORE THE APPLICANT SIGNS THE APPLICATION**

Apartment type: \_\_\_\_\_ Base rent per month: \_\_\_\_\_  
Apartment address: \_\_\_\_\_ Other monthly charges: \_\_\_\_\_  
Lease term: \_\_\_\_\_ Key / lock: \_\_\_\_\_  
Start date: \_\_\_\_\_ Last month rent: \_\_\_\_\_  
Ending date: \_\_\_\_\_ Security deposit: \_\_\_\_\_  
Move-in date: \_\_\_\_\_ Holding deposit: \_\_\_\_\_  
Rent begins: \_\_\_\_\_ To be applied to: \_\_\_\_\_

- Base rent and other monthly charges are due and payable on the first day of each month.
- Maximum occupancy is two residents per studio, two residents per one bedroom, three residents of non-familial status per two bedroom or four residents of familial status per two bedroom, and three residents of non-familial status per three bedroom or six residents of familial status per three bedroom. Due to size limitations and local codes, the number of residents allowed per apartment may be less at some properties.
- Pets are allowed only with prior management approval.
- No barbecues allowed. Waterbeds may be allowed at the discretion of management, provided that the resident obtains insurance to cover damages to the premises caused by the waterbed.
- Pursuant to state and federal law, management shall not make any inquiry concerning the race, religion, color, national origin, sex, age (except if a minor), ancestry, marital status, handicap status, or concerning the fact that the applicant is a veteran or a member of the armed forces.
- By signing this application, the applicant authorizes Management to research credit references, employment, rental history, and criminal history.
- Management is not responsible for the loss of personal belongings caused by fire, theft, smoke, water, or otherwise unless caused by their negligence. It is the resident's responsibility to insure his or her personal property.

The applicant hereby warrants and represents that all statements herein are true and agrees to execute upon presentation a lease or Tenancy at Will agreement in the usual form, which may be terminated by the Management if any statement on this application is not true. The holding deposit is to be applied as shown, or applied as liquidated damages sustained by the owner in the event of applicant's cancellation.

The holding deposit is given in consideration for the Management's taking the apartment off the market while considering approval of this application and will be refunded if application is not approved by the Owner or Management. This application and deposit are taken subject to previous applications. This application is preliminary only and does not obligate Owner or Management to execute a lease or deliver possession of the proposed premises.

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

Date \_\_\_\_\_