Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

#### ← APPLICANT COMPLETE THIS SECTION

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%". Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

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

Date Generated:

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:

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

We will also <u>update our system</u>, 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

Х

- O This waitlist is closed. The only waitlists open at present are:
- O This is not the right application. We have enclosed the correct application.
- O You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional:

-

HEAD OF HOUSEHOLD'S (HoH) FIRST	NAME ONLY, type or write in t	he row below:		
	in the one of the of white in t			
HEAD OF HOUSEHOLD'S COMPLETE	MIDDLE NAME:			
HEAD OF HOUSEHOLD'S LAST NAME	E (EX: BAEZ GONZALEZ):			
DOES THE HOH HAVE A SOCIAL SECURITY NUM	/BER or ITIN?	DATE OF B	IRTH	GENDER
Enter the last four digits of your SSN or I		pe birthyear first, using dashes	YYYY-MM-DD F M	T-MTF T-FTM
ETHNICITY: (Hispanic or Non-Hispanic,	Client Refused) RACE: (Asian, Bla	ack, White, Native American	n, Pacific Islander, Multi-racial, Clier	nt Refused – do not write Spanish)
REQUESTED ACCOMMODATIONS:	)o you need any of these? 🔲 –	• V 🗌 I don't nee	ed any of the accommodations	listed below
Fully Accessible Wheelchair Unit		_		ed an Interpreter
<b>No-Steps unit</b> (elevator to any flo		•		mestic Violence Victim
First-Floor unit only		d for Environmental Allei	_	e-In Aide or PCA
HEAD OF HOUSEHOLD'S CAREER ST	AGE: Employed	Unemployed	Retired FT Student	PT Student
ANY VETERANS IN YOUR HOUSEHOL	.D: Yes No			_
PERMANENT MOBILE RENTAL ASSIS		one of these answers		
I do not have mobile rental assistanc			AHVP VASH or simila	r
CRIMINAL RECORD AND SEX OFFEN				
	y/Conviction? Yes N	0	Any Misdemeanor Conviction?	Yes No
···· · · · · · · · · · · · · · · · · ·	y Convictions? Yes N		Any Misdemeanor Conviction?	Yes No
Is <u>anyone</u> in HH subject to a lifetime set	coffender registration in any state?	Yes No		
ANY PETS: Yes No	Breed, Size, Weight,			
ANY PETS: Yes No HOUSEHOLD SIZE AND COMPOSITIO			ANNUAL INCOME	DOCUMENTED DISABILITY?
	DN:	‡ in Household	ANNUAL INCOME \$.00	DOCUMENTED DISABILITY?
HOUSEHOLD SIZE AND COMPOSITIC	DN:	_	\$.00	Yes No
HOUSEHOLD SIZE AND COMPOSITIO ← # Adults ← # Chil	DN: dren	days 🗌 Fleeing Dom. \	\$.00	Yes No
HOUSEHOLD SIZE AND COMPOSITIO ← # Adults ← # Chil CURRENT HOUSING STATUS:	DN: dren	days Fleeing Dom. \	\$     .00       /iolence     At risk of homeles       by Cost of living     by Pandemi       Condemnation of home, code violation	Yes No sness Stably Housed by fire/flood/earthquake ns by Threat to life or safety
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HOUSEHOLD SIZE AND COMPOSITION         ← # Adults       ← # Chill         CURRENT HOUSING STATUS:       □         HAVE YOU BEEN DISPLACED:       No         □ by Domestic Violence or Sexue         PREFERRED TELEPHONE NUMBER:         BEST EMAIL ADDRESS:         BEST MAILING ADDRESS (include application of PO:         City, State, and Zip Code:         City:	DN: dren ←Total # Homeless Housing Loss 14 by Accessibility/health issues al Assault by Urban development t #): where I currently live	days Fleeing Dom. N by Addiction behaviors ant, eminent domain by <b>SECOND TELEPHON</b> a shelter a P.O. Be	\$.00 /iolence At risk of homeles by Cost of living by Pandemi Condemnation of home, code violatio E PF ox a "care of" address Apt # or c/or Name: State:	Yes       No         Sness       Stably Housed         by fire/flood/earthquake         by Threat to life or safety         EFERRED METHOD OF CONTACT FOR         VACANCY OFFERS AND UPDATES:         imail       Mail         Cellphone         a co-applicant's address         Zip:
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# RELATED

Loring Towers 1000 Loring Ave Salem, MA 01970 Ph: 978-745-2055 TTY: 877-735-2929 LoringTowers@related.com

## Application For Occupancy

For Related Management Company Office Use Only:

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

Application #:

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page. Head of Household Full Name:

Street Address/Apartment Number:	City, State:		Zip Code:	
Llama Dhanai	Casadami	DI Erreit Address		
Home Phone:	Secondary	Phone:	Email Address:	
( ) -	()	-		
Check which size units you would like to be cons	idered for:	Are you requesting a unit with special accommodations for any		
One Bedroom     Two Bedroom			ue to the following disabilities?	
		□ Mobility □ Visual □ H		
			eaning	
Check "Yes" if you have been displaced by one of	of the following	state declared disasters: a) Urb	oan Renewal Area; b) Disaster such	
as fire or flood; c) Government or state action; or	d) Presidentia	I-declared disaster:		
□ Yes □ No	'			

#### **Housing Status**

Complete each category a	as applicable, or write "N	I/A."				
Current Landlord Name/Address:			Landlord Phone: ( ) -			
Current Managing Agent	Name/Address:			Managing Agent Phone: ( ) -		
One Bedroom Fo	rrent residence: nree Bedrooms our Bedrooms her (specify):	How long ha	ve you lived at this address? Months	Is the lease in your name? □ Yes □ No		
Are you sharing your apar □ Yes □ <b>No</b>	tment?	Total monthl \$	y rent for your apartment:	Your portion of monthly rent: \$		
Does your current rent inc	lude utilities?	Average monthly utility expenses: \$		Average monthly utility expenses:     Is your landlord a re       \$     □ Yes □ No		Is your landlord a relative? □ Yes □ No
Do you pay your own rent □ Yes □ No	?	If not, who does?		Reason for wanting to move:		
Do you currently have a portable Section 8 voucher? Is your current rent subs □ Yes □ No			Is your current rent subsidize ☐ Yes ☐ No	d through Section 8?		
Are you currently without a			Are you relocating due to viol □ Yes □ No	ent or unsafe conditions?		
Previous Landlord Name/Address: (list only if you have lived at your current address for less than 2 years			ent address for less than 2 years	Previous Landlord Phone:		
				( ) -		
Previous Managing Agent Name/Address:			Previous Managing Agent Phone:			
Previous monthly rent: Reason for moving: \$						
Please list all states in which you have previously resided:						

## **Household Information**

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Social Security Number:
Head of Household			
-			
	Head of Household: Head of	Head of         (Male, Female, or           Household:         Decline to Answer)           Head of         Head of	Head of         (Male, Female, or Decline to Answer)         of Birth:           Head of         Image: Construction of the second secon

**Income from Employment** List all current full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for nonemployment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		( ) -		\$ □ Weekly □ Monthly □ Yearly
2.		( ) -		\$ □ Weekly □ Monthly □ Yearly
3.				\$ Weekly Monthly Yearly
4.		( ) -		\$ □ Weekly □ Monthly □ Yearly
5.		( ) -		\$ UWeekly Monthly Yearly
6.		(		\$ Uweekly Monthly Yearly
7.		( ) -		\$ □ Weekly □ Monthly □ Yearly

#### **Income from Other Sources**

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ 🗆 Weekly 🗆 Monthly 🗆 Yearly
2.		\$ Weekly     Monthly     Yearly
3.		\$ Weekly      Monthly      Yearly
4.		\$ Weekly     Monthly     Yearly
5.		\$ Weekly     Monthly     Yearly
6.		\$ Weekly     Monthly     Yearly
7.		\$ Weekly     Monthly     Yearly

#### Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:		Current Balance a \$	is of Last State as of		
Name/Address of Bank			1			
Additional Checking Account	Last 4 Digits of Account Number:		Current Balance a \$	is of Last State as of		
Name/Address of Bank					-	
Savings Account	Last 4 Digits of Ac	count Number:	Current Balance a	is of Last State as of		
Name/Address of Bank			,			
Money Market Account	Money Market Account Last 4 Digits of Acc		Current Balance a	s of Last State as of		
Name/Address of Bank			•			
Certificate of Deposit Account	Last 4 Digits of Account Number		Current Balance a	s of Last State as of		Date /
Name/Address of Bank			·			
401K/Other Retirement Account	Last 4 Digits of Ac	count Number:	Current Balance a \$	s of Last State as of		
Name/Address of Bank						
Do you receive income in the form of a pre-pa EBT, etc.)? □ Yes □ No	aid debit card (e.g.	Direct Express,	Current Balance a \$	s of Last State as of	ment /	
Do you own any <b>stocks/bonds</b> ? □ Yes  □ No		If yes, what is t \$	he current value?			
Do you own any <b>savings bonds</b> ? □ Yes □ No		If yes, what is the current value? \$				
Do you own any <b>real estate</b> ? □ Yes □ No		If yes, what is the current value? \$				
Have you ever owned any real estate? □ Yes □ No		When was it so For how much				
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? □ Yes □ No		Type of Asset	asset and the amou A A A A	mount \$	reach	n asset::

### **Student Status**

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	( ) -	□ Full-Time □ Part-Time
2.	· · · · · · · · · · · · · · · · · · ·	□ Fu <del>l</del> l-Time □ Part-Time
3.	·	□ Full-Time □ Part-Time
4.	( ) -	□ Full-Time □ Part-Time
5.	( ) -	□ Full-Time □ Part-Time
6.	( ) -	□ Full-Time □ Part-Time
7.		□ Full-Time □ Part-Time

List all household members that are currently enrolled in an educational program, or write "N/A."

# Child Care and Medical Expenses

Do you pay for child care expenses for any household member under the age of 13? □ Yes □ No Names of children requiring child care;	If yes, name/address/pho	Estimate of monthly child care costs:	
	( ) -		Ψ
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not	If yes, please indicate the estimated yearly expense amount:	Amount of monthly Medicare premium:	Amount of other medical insurance monthly costs:
reimbursed by any medical plan/insurance? □ Yes □ No □ N/A	\$	\$	\$

### **Program Information**

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? □ Yes □ No	If yes, explain:	
How did you hear about our development?	Why are you applying to	our development?
Were you or any member of your household ever convicted of a	felony?	If yes, when?
Explain circumstances briefly:		
Have you or any member of your household ever been evicted?		If yes, when?
If yes, was the eviction from federally assisted housing for drug- □ Yes □ No	related criminal activity?	
Explain circumstances briefly:		
Has anyone in your household been convicted of violating any c □ Yes □ No	Irug-related laws?	If yes, when?
Explain circumstances briefly;		
Is anyone in your household currently engaged in the use of iller □ Yes □ No	gal drugs?	
Explain circumstances briefly:		
Is anyone in your household engaged in a pattern of alcohol abu peaceful enjoyment? □ Yes □ No	use that could interfere with	others' health, safety and right to
Explain circumstances briefly:		
Is any member of your household subject to a state sex offender □ Yes □ No	r lifetime registration require	ment?
You have contain rights under federal, state, and local laws with rest	not to your consumer report	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consume reporting agency listed below may provide us with information. Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111
- Civil Records:
  - First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852
     (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate Information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Signature of Applicant Over Age 18

Signature of Applicant Over Age 18

Date

Date

Date

Date

### **Demographic Data**

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender:	Ethnicity:
Male     Female     Decline to Answer	Hispanic or Latino D Not Hispanic or Latino
Race:	

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander Wh

#### Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval And signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Hopkins Village does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Senior Vice President, Related Management Company, LP, 423 W. 55th St, 9<sup>th</sup> FI. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220

Application Revised 1/1/2015