

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



Brownstone Development, LLC "Logo Apartments"

633 Tremont Street • Boston, MA 02118 • 617-266-2100 • Fax: 617-424-9042

Brownstone Development, LLC will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. The Agent will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in relevant legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. The Agent will, for example, arrange for sign language interpreters or other communications aides for interviews during the application process. Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the management office.

PRELIMINARY RENTAL APPLICATION

Date of Occupancy Desired: _____

Circle Apt. Size Choices:

0 1 2 3 4 5

How did you hear about this complex? _____

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

SS#: _____ - _____ - _____ # of BR _____

\$ _____ (annual income) Ext. _____ Very Low _____ Low _____ Low _____

Please fill out each item as completely as possible to help speed processing.

1. Name of Head of Household _____ Home Telephone _____

Present Address _____
Street & Apt. Number City State Zip

Mail Address (if different) _____

Date of Birth _____ Place of Birth _____

Information about each person to occupy apartment (including applicant)

Name Date of Birth Age Sex Soc. Sec. No./AR No. Relationship to Head

2. Please list all landlords for the past five years in reverse order, starting with the current landlord. If more space is needed please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your previous landlord.

DATES OF OCCUPANCY	ADDRESS	LANDLORD INFORMATION	APT. SIZE	REASON FOR LEAVING
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From – To

____ - ____ (Current)	Name _____ Tel. _____ Add. _____	____	____
--------------------------	--	------	------

____ - ____	Name _____ Tel. _____ Add. _____	____	____
-------------	--	------	------

_____-_____

Name _____
Tel. _____
Add. _____

3. **Employment** *(Please include employment of all persons to occupy apartment)*

Name of Employer _____ Tel. No. _____

Business Address _____

Length of Employment _____ Annual Gross Wages _____

Employment *(Please include employment of all persons to occupy apartment)*

Name of Employer _____ Tel. No. _____

Business Address _____

Length of Employment _____ Annual Gross Wages _____

Employment *(Please include employment of all persons to occupy apartment)*

Name of Employer _____ Tel. No. _____

Business Address _____

Length of Employment _____ Annual Gross Wages _____

4. **Other Sources of Income** *(Please include all persons to occupy apartment)*

Social Security Monthly Amount \$ _____ S.S. No. _____

SSI Monthly Amount \$ _____ S.S. No. _____

Veteran's Benefits Monthly Amount \$ _____ Ref. No. _____

Pension: Name of Pensions _____ Monthly Amounts \$ _____

Child Support/Alimony: Name of provider: _____ Monthly Amount: \$ _____

Other – Please Explain _____

5. **Assets** *(List all accounts, savings, checking, certificates, etc.)*

Account No. _____ Amount \$ _____ Interest Rate _____

Bank Name & Address _____

Account No. _____ Amount \$ _____ Interest Rate _____

Bank Name & Address _____

Account No. _____ Amount \$ _____ Interest Rate _____

Bank Name & Address _____

Stocks – Name _____ No. Shares _____ Value \$ _____

Bonds – Name _____ No. Shares _____ Value \$ _____

Property Owned _____

Address _____

Net Sales Value \$ _____

6. Do you require any special accommodations to a unit due to a disability? Yes No

If yes, please state what special accommodations you require.

(Answering "No" does not preclude any subsequent request for an accommodation due to a disability)

7. Do you pay for childcare which enables you or your spouse to work or go to school? (Circle One) Yes No

If yes, please indicate amount. Amount \$ _____ per week / per month

8. Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord? This includes rental assistance programs. (Circle One) Yes No

If Yes: Name of head of household at that time: _____

Name of Housing Agency or landlord: _____

Date moved out: _____ Reason moved out: _____

Did you leave as a tenant in good standing? (Circle One) Yes No

9. Are you currently homeless? (Circle One) Yes No

10. If homeless, are you enrolled in a stabilization program? (Circle One) Yes No

Name and address of stabilization program: _____

11. Criminal Record

- a. Have you, or any member of your household who will live in the unit, been convicted of a misdemeanor in the last ten years? (Circle One) Yes No

- b. Have you, or any member of your household who will live in the unit, been convicted of a felony in the last ten years? (Circle One) Yes No

(If yes to either of the above, describe circumstances, docket #, charge, date and court)

12. Are you, or have you ever been registered or required to be registered as a sex offender? (Circle One) Yes No

13. Have you, or any household member, ever been evicted? (Circle One) Yes No

14. Do you use controlled substances (e.g. drugs) illegally? (Circle One) Yes No

15. Have you been denied housing in the past five years? (Circle One) Yes No

16. Do you currently hold a housing voucher? (Circle One) Yes No

With what agency? _____

17. Name, Address & Phone Number of person to contact in case of an emergency: _____

I understand that this is a preliminary application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of my application. My signature certifies that the information contained in this application is true and authorizes the management to verify that information and to obtain information about my credit rating from a credit bureau, and to run a CORI (Criminal Offender Record Information) check. I understand that false statements will result in the cancellation of my application.

Signature of Applicant / Resident Date

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Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
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Landlord's Name and Address _____

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Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

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