

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.

Your Name: _____

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

Application for Residency

(Every additional live-in resident over the age of 18 as of the lease commencement date must submit a separate application and sign the lease)

APPLICANT

Full Name (Last)_____(First)_____(MI)_____ Date of Birth_____

Home Phone Number_____ Cell Phone Number_____ Work Phone Number_____

Area Code Area Code Area Code

E-mail Address: _____ Smoker (Y / N) Indicate _____

Education_____ Social Security Number_____

Proof of Identification: Type_____ Identification Number _____

(Examples: Driver’s License, Passport, etc.)

How did you hear about us? _____

LIST OTHERS WHO WILL RESIDE IN APARTMENT ON A PERMANENT BASIS:
(To be used only for additional live-in residents of apartment under the age of 18 as of the lease commencement date)

Full Legal Name	Social Security Number	Relationship to Applicant	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCY INFORMATION (please include at least 2 years of prior residences):

Present Address: Phone _____

Area Code

City/State/Zip _____ Monthly Payment \$ _____

Rent or Own? _____ Dates: From _____ To _____

Month/Year Month/Year Present

Month/Year

Landlord/Lender Name _____ Phone _____

Area Code

Previous Address: Phone _____

Area Code

City/State/Zip _____ Monthly Payment \$ _____

Rent or Own? _____ Dates: From _____ To _____

Month/Year Month/Year

Landlord/Lender Name _____ Phone _____

Area Code

Additional Previous Address: Phone _____

Area Code

City/State/Zip _____ Monthly Payment \$ _____

Rent or Own? _____ Dates: From _____ To _____

Month/Year Month/Year

Landlord/Lender Name _____ Phone _____

Area Code

Additional Previous Address: Phone _____

Area Code

City/State/Zip _____ Monthly Payment \$ _____

Rent or Own? _____ Dates: From _____ To _____

Month/Year Month/Year

Landlord/Lender Name _____ Phone _____

Area Code

EMPLOYMENT INFORMATION (please include at least 2 years of employment):

Current Employer:

Name _____ Address _____

City/State/Zip _____ Phone _____

Area Code

Employment Date: From _____ / _____ To _____ / _____ Title _____ Gross Annual Salary \$ _____

Month/Year Month/Year

Supervisor Name _____ Phone _____

Area Code



EMPLOYMENT INFORMATION (cont'd):

Previous Employer:

Name_____ Address_____

City/State/Zip_____ Phone_____ Area Code

Employment Date: From_____/_____/_____
Month/Year To_____/_____/_____
Month/Year Title _____ Gross Annual Salary \$_____

Supervisor Name _____ Phone _____
Area Code

OTHER INCOME:

Type of Income	Source/Bank	Gross Annual Amount
_____	_____	\$ _____
_____	_____	\$ _____

Relative/Emergency Contact (Not Residing With You):

1. Name _____ Relationship _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____ E-mail Address _____
Area Code Area Code

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____ E-mail Address _____
Area Code Area Code

Address _____ City _____ State _____ Zip _____

VEHICLES:	Make	Model	Color	License #	State	Year
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PETS:

Name	Type	Gender	Mature Weight (lbs.)	Breed	Color	Age
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NOTE: Keeping of pet or animal requires consent of management and execution of Pet/Animal Addendum. In specific circumstances, certain animals may be kept for limited purposes pursuant to Landlord's policies, such as animals used for individuals with disabilities and official police dogs. For further details, please refer to Landlord's pet and community policies.

Disclosures

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.

Certifications for Residency Application

Application Fee

I hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my rental liability shall commence pursuant to the terms of the lease. I agree that the \$_____ application fee, which is comprised of \$_____ to cover Landlord's out-of-pockets costs associated with processing the application and \$_____ to cover Landlord's administrative and overhead costs allocable to processing of the application, accompanying this application shall be retained by Landlord to cover Landlord's various costs of evaluating my application, whether or not Landlord approves my application, or whether or not I sign a lease or take possession of an apartment home, and I agree to this amount being retained by Landlord as a reasonable estimate of the actual costs to Landlord to evaluate my application. I understand that the application fees accompanying this application are non-refundable if a lease is not signed, and if a lease is executed said fee shall be applied against the security deposit or any rent payable pursuant to the lease. Landlord and/or agent for Landlord reserve the right to reject this application and to refuse possession of the below-mentioned accommodation.

Holding Fee

In addition to the foregoing application fee, I agree that the \$_____ holding fee accompanying this application shall be retained by Landlord to hold the unit identified on page three of this application for occupancy by the undersigned upon approval of this application and execution of a lease. If this application is rejected for any reason, the foregoing holding fee shall be refunded to the undersigned. If this application is not rejected and the undersigned fails to execute a lease and occupy the unit identified on page three of this application by the move-in date identified on page three of this application, Landlord shall refund the holding fee. I understand that if I occupy the unit, the foregoing holding fee will be applied against the security deposit, and, if any amount of the holding fee exceeds the amount of the security deposit, such excess shall be applied against the rent payable pursuant to the lease.



Administrative Fee

In addition to the foregoing application fee and holding fee, I agree that the \$_____ administrative fee accompanying this application shall be retained by Landlord to cover Landlord’s various costs of processing the undersigned's occupancy of the unit. If this application is rejected for any reason, the foregoing administrative fee shall be refunded to the undersigned. If this application is not rejected and the undersigned fails to execute a lease and occupy the unit identified on page three of this application by the move-in date identified on page three of this application, Landlord shall refund the administrative fee. I understand that if I occupy the unit, the foregoing administrative fee will be applied against the security deposit or any rent payable pursuant to the lease.

Any unanswered “yes” or “no” question will result in the denial of your application.

Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony?

_____ Yes _____ No

Have you or any member of your household ever been convicted of or pled guilty or “no contest” to a sexual offense?

_____ Yes _____ No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense?

_____ Yes _____ No

Have you or any member of your household ever been listed on a registry of sexual offenders in the Commonwealth of Massachusetts?

_____ Yes _____ No

If so, please list the town/city where that individual is listed, the legal name of the individual and date of birth: _____.

Have you or any member of your household ever been listed on a registry of sexual offenders in any state or jurisdiction other than in the Commonwealth of Massachusetts?

_____ Yes _____ No

If yes to any of the above questions, please explain, providing the location, date and nature of the offense:

I have read the foregoing, and certify that the information herein is TRUE and CORRECT, and that this application is submitted for the purpose of inducing approval of this application on my behalf.

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any “yes” response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home, I understand that Landlord may terminate the Lease.

Signature_____ Print Name_____ Date_____

Management Representative Signature_____ Date_____

FOR COMMUNITY ADMINISTRATIVE PURPOSES:

☐ Check if on Wait List Wait List Expiration Date (*if needed*)_____

Community # Community Name: Date _____

Address: Unit #_____ Requested Move-In Date_____



☐ **Consent to Consumer Report and Background Check**

This is to inform applicant that, as part of Landlord's procedure for processing applicant's application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with applicant's landlord, employer, or others with whom applicant is acquainted. This also is to inform applicant that, as also set forth in the lease applicant will execute if applicant's application is approved by Landlord, similar Investigative Consumer Reports may be prepared in the future after applicant has executed the lease and become a resident. These inquiries include information as to applicant's character, general reputation, personal characteristics, mode of living and credit report. The federal Fair Credit Reporting Act requires Landlord to provide to applicant additional information about the nature and scope of the investigation if applicant provides Landlord with a written request within a reasonable time. Landlord has attached a summary of applicant's rights under the Fair Credit Reporting Act.

I, _____, the undersigned applicant authorize _____, or its agent to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize _____ to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize _____ to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to _____ or its agent. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

I further understand and authorize _____ to obtain and use consumer report information relating to me (including, but not limited to, a credit score) for the purpose of conducting research into statistical credit models and evaluating the performance of various scoring models and sources of consumer reporting information, including, but not limited to, criminal conviction and skip tracing/eviction databases.

Signature_____ Print Name_____

SSN_____ Date_____



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



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

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

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