

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

# Arcadian Management Company

## Housing Application - One Arcadia Place

Today's Date: \_\_\_\_\_

Please return completed application to

**Arcadian Management Company**  
One Arcadia Street  
Dorchester, MA 02122

**Your Name:**

Your Social Security Number:

Initial if over age 18:

D.O.B.

**Your Spouse or Co-Resident's Name:**

Their Social Security Number:

Initial if over age 18:

D.O.B.

**Other Family Members Who Will Reside In Your Apartment:**

Name:

Relationship:

D.O.B.

Soc. Sec. No.

Name:

Relationship:

D.O.B.

Soc. Sec. No.

Name:

Relationship:

D.O.B.

Soc. Sec. No.

Name:

Relationship:

D.O.B.

Soc. Sec. No.

**Your Current Address:**

Home Phone:

Dates of Current Occupancy: From

to

Rent \$ /month. Your Current Landlord:

Tel

Your Landlord's Address:

Street

City

State

Zip

**Your Previous Address:**

Date of Previous Occupancy: From

to

Rent \$ /month. Your Previous Landlord:

Tel

Your Landlord's Address:

Street

City

State

Zip

**Your Previous Address:**

Date of Previous Occupancy: From

to

Rent \$ /month. Your Previous Landlord:

Tel

Your Landlord's Address:

Street

City

State

Zip

**Your Previous Address:**

Date of Previous Occupancy: From

to

Rent \$ /month Your Previous Landlord:

Tel

Your Landlord's Address:

Street

City

State

Zip

**Your Current Employer:**

Your Occupation:

Your Work Address:

Tel:

Annual Salary: \$

Length of Employment

yrs

**Spouse/Co-Resident's Employer:**

Occupation:

Work Address:

Tel:

Annual Salary: \$

Length of Employment

yrs

**Other Sources of Income:** *(Incl. Social Security, Pension, Welfare, Alimony, Child Support, Insurance Proceeds, Rental Income, etc.)*

Recipient:

Source:

Monthly Amount \$

Source's Address

Street

City

State

Zip

Recipient:

Source:

Monthly Amount \$

Source's Address:

Street

City

State

Zip

Recipient:

Source:

Monthly Amount \$

Source's Address:

Street

City

State

Zip

**Credit References:**

Name:

Account Number

Name:

Account Number:

Name:

Account Number:

Do you have any outstanding loans or monthly charges?

If yes, please describe the nature of the loan and monthly amount due:

Do you have any additional recurring monthly expenses, such as day cars, tuition, alimony, etc?

If yes, please describe the nature of the expense and monthly amount due:

**Bank References:** *(Include all Checking, Savings, CD's, Money Market, Trust and Joint Accounts)*

Bank:

Account Number

Balance: \$

Interest Rate:

Bank's Address:

Bank:

Account Number

Balance: \$

Interest Rate:

Bank's Address:

Bank:

Account Number

Balance. \$

Interest Rate:

Bank's Address:

Bank:

Account Number

Balance: \$

Interest Rate:

Bank's Address:

Do you have any additional assets, such as stocks, bonds, real estate, etc?

If yes, please describe the nature of the assets and the current market value:

Please complete next page > >

# Arcadian Management Company

## Housing Application

Do you own or lease an automobile?

Automobile Make/Model:	Registration:	State:
Automobile Make/Model:	Registration:	State:

## Additional Information

Have you been displaced by a natural disaster, such as a fire or flood, within the past two (2) years?

If yes, when and from where?

Have you been displaced by public action, such as eminent domain, urban renewal or code enforcement?

If yea, when and from where?

Have you been displaced due to conversion to non-rental or non-residential use, closure of the unit for rehabilitation or withdrawal of the unit from the rental market or as a result of the owner's taking over the unit for personal or family use within the past two (2) years and presently without permanent replacement housing?

If yes, when and from where?

Are you currently being temporarily housed by a shelter or agency for battered women or the homeless and without permanent housing?

Are you currently living In substantially substandard housing with evidence of serious code violations?

Are you currently living in overcrowded conditions, which is defined as more than two (2) persons per bedroom?

Are you currently paying in excess of 50% of your gross monthly income towards rent heat and electricity?

Do you have a pet?	If yes, type:
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The information solicited on this application on is requested by the apartment owner in order to assure re the Federal Government and the Mass Housing Finance Agency, that federal, state and local laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Male _____	_____ White
Female _____	_____ Black
Married _____	_____ American Indian or Alaskan Native
Single _____	_____ Hispanic
Separated _____	_____ Asian/Pacific Islander
	_____ Other

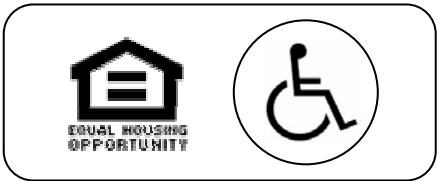
## Applicant Certification

I declare that the above information is true to the best of my knowledge, and acknowledge that any false statement I have made knowingly and willingly will be sufficient cause for the rejection of my application for housing. I hereby grant Arcadian Management Company permission to contact references named herein and verify information provided on this application. In addition, I grant Arcadian Management Company permission to request a Credit Report from a Credit Reporting Agency

Signature of Applicant:	Date:
Signature of Spouse/Co-Resident:	Date:

“In order to be considered eligible for our housing program, an individual who is single and under the age of 62 years must have a mobility impairment. If you are applying for eligibility under this provision, please check here \_\_\_\_\_”

Date Received:	Time Received:
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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

## 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