

- Don't staple the pages of the application together!
- 1. Providers need to easily access their own application first page.
  - 2. Removing staples from 1000 applications a week adds too much work.
  - 3. Some providers *scan* the application, and can't do this if you staple.
  - 4. If you include a letter, don't staple that either!

Use #10 double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open: *App Generated:*



**ATTN: WAITLIST ADMINISTRATOR**



**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT** to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: Our only open waitlists at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**HousingWorks Fax:                      617-536-8561**

*If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS,  
you eliminate hundreds of phone calls and reduce frivolous applications.*

**[www.housingworks.net](http://www.housingworks.net)**



<input type="radio"/>	Head of Household’s FIRST NAME
<input type="radio"/>	Head of Household’s MIDDLE NAME
<input type="radio"/>	Head of Household’s LAST NAME

<input type="radio"/>	YOUR MOTHER’S MAIDEN NAME	
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<input type="radio"/>	HoH’s SOCIAL SECURITY NUMBER	<input type="radio"/>	HoH’s DATE OF BIRTH	<input type="radio"/>	GENDER

<input type="radio"/>	<b>ETHNICITY</b> Also provide your race at right!	<input type="radio"/>	<b>RACE:</b> Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!

<input type="radio"/>	<b>REQUESTED ACCOMMODATIONS</b> <input type="radio"/> = <input checked="" type="radio"/> <b>Do you need a:</b>
	<div><div><input type="radio"/> Fully Accessible Wheelchair Unit <input type="radio"/> No-Steps unit (elevator to any floor) <input type="radio"/> First-Floor unit only</div><div><input type="radio"/> Blind Accessible Unit <input type="radio"/> Deaf Accessible Unit <input type="radio"/> unit designed for Environmental Allergies</div><div><input type="radio"/> Need an Interpreter <input type="radio"/> Domestic Violence Victim</div></div>

<input type="radio"/>	<b>HoH’s CAREER STAGE</b>
	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> FT Student <input type="radio"/> PT Student
<input type="radio"/>	<b>MOBILE RENTAL ASSISTANCE</b>
	<input type="radio"/> I do not have mobile rental assistance <input type="radio"/> Mobile Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar
<input type="radio"/>	<div>Head of Household: Any <b>Felony/Conviction?</b>      <input type="radio"/> Yes    <input type="radio"/> No      Any <b>Misdemeanor Conviction?</b>    <input type="radio"/> Yes    <input type="radio"/> No</div> <div><b><u>Other</u> Members:</b>    Any <b>Felony Convictions?</b>      <input type="radio"/> Yes    <input type="radio"/> No      Any <b>Misdemeanor Conviction?</b>    <input type="radio"/> Yes    <input type="radio"/> No</div> <div>Is <b><u>anyone</u></b> in HH subject to a lifetime sex offender registration in any state?    <input type="radio"/> Yes    <input type="radio"/> No</div>

<input type="radio"/>	<b>TOTAL HOUSEHOLD SIZE</b>	<b>DESCRIBE PETS</b>	<input type="radio"/>	<b>YEARLY INCOME</b>
	<div><div>← # Adults</div><div>← # Children</div><div>← Total #</div></div>			

<input type="radio"/>	<b>YOUR HOME TELEPHONE</b>	<b>SECOND TELEPHONE</b>
<input type="radio"/>	<b>YOUR EMAIL ADDRESS</b>	

<b>BEST MAILING ADDRESS</b>	
This is:	
<input type="radio"/>	
<input type="radio"/>	
<b>SECOND MAILING ADDRESS</b>	
This is:	
<input type="radio"/>	
<input type="radio"/>	

<b># BEDROOMS NEEDED?</b>	<b>SPECIAL CIRCUMSTANCES?</b> - <i>some programs may assign you a priority status.</i>
	<div><input type="radio"/> Disability    <input type="radio"/> Elder    <input type="radio"/> Veteran    <input type="radio"/> Fleeing Domestic Violence</div> <div><input type="radio"/> Displaced by:_____ <input type="radio"/> Rent-burdened    <input type="radio"/> Other</div>



APPLICATION FOR RESIDENCY

Date: \_\_\_\_\_ Apartment # \_\_\_\_\_

Personal Information: \_\_\_\_\_ Responsible Resident \_\_\_\_\_ Guarantor \_\_\_\_\_ [ ] Primary Applicant

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Surname (Jr., Sr., etc.) \_\_\_\_\_ Marital Status (optional) \_\_\_\_\_  
Social Security Number (Visa # if no SSN) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
If no SSN, are you in the U.S. on a Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No Former Last Name (maiden, married) \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Driver's License State \_\_\_\_\_  
Mother's maiden name or password (for lockout purposes) \_\_\_\_\_

Occupant Information: (persons under 18 years of age) [ ] same as Primary Applicant

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Residence Information: [ ] same as Primary Applicant

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Type (circle one) Rent Own Other \_\_\_\_\_ Length of Residency \_\_\_\_\_  
Name of Apartment Community or Mortgage Co. \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Reason For Moving \_\_\_\_\_  
Previous Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ Length of Residency \_\_\_\_\_  
Name of Apartment Community or Mortgage Co. \_\_\_\_\_ Type (circle one) Rent Own Other \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Reason For Moving \_\_\_\_\_  
Have you ever been evicted or asked to move out? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Explain: \_\_\_\_\_  
Have you previously filed or are you currently filing for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, When? \_\_\_\_\_

Employment Information/Additional Income:

Current Employer (as of move-in date) \_\_\_\_\_ Position \_\_\_\_\_  
Industry \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Position \_\_\_\_\_  
Industry \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_  
If there are other-sources of income you would like us to consider, please list source and income amount. Sources of Additional Income:  
Amount of Additional Annual Income (\$) \_\_\_\_\_

Emergency Information:

First Name, Middle Initial, Last Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Allow Key Access \_\_\_\_\_ Yes \_\_\_\_\_ No

Vehicle Information: [ ] same as Primary Applicant

Your Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_  
Second Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_  
Other Vehicles \_\_\_\_\_

Pet Information: [ ] same as Primary Applicant

Do you own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have any service animals? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how many? \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Conviction Information:

Have you ever been convicted of, or pleaded Guilty or “no Contest” to, a Misdemeanor or Felony Involving Sexual Misconduct?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, When \_\_\_\_\_ What State \_\_\_\_\_ Explain: \_\_\_\_\_



In connection with this Application for apartment home no. \_\_\_\_\_ located at \_\_\_\_\_ (the "Apartment Home"), the undersigned ("you" or "your") hereby deposits with Avalon Bay Communities, Inc. ("we", "us", or "our") the sum of \$ \_\_\_\_\_ (the "Deposit"), plus the sum of \$ \_\_\_\_\_ (the "Application Fee"). We will apply the Deposit in accordance with the provisions set forth below. The Application Fee is a non-refundable application fee for processing this Application and will not be refunded to you. Upon receipt of this Application, the Deposit and the Application Fee, we will set aside and reserve the Apartment Home for you.

By submitting this Application, you agree to enter into a "Lease" for the Apartment Home under the terms specified in this Application. We may require you to sign the Lease concurrently with your submission of this Application.

If, for any reason, we decline this Application, then we will refund the Deposit to you in full. If we approve this Application, we will ask that you execute the Lease (if you have not already done so). Upon your execution of the Lease, we will apply a portion of the Deposit to the Security Deposit and the remainder of the Deposit, if any, to the Common Area Amenities [Charge/Rent] that is due upon the execution of the Lease. If, however, you decide prior to executing the Lease that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must so notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the leasing office where the Apartment Home is located. Concurrently with your delivery of the Termination Notice to us, in consideration for our having held the Apartment Home off the market and reserved the Apartment Home for you, you will be obligated to pay to us a "Reservation Fee" in an amount equal to the product of (i) the number of days from the date of this Application until we received the Termination Notice; multiplied by (ii) the base rent that would have been payable by you under the Lease for the Apartment Home (calculated on a per diem basis). After our receipt of the Termination Notice, we will refund the Deposit to you in accordance with our customary practice, less the full amount of the Reservation Fee, unless you have previously paid the Reservation Fee to us, in which case no deductions from the Deposit shall I be made.

In all events, if you have not executed and returned the Lease to us within ten (10) days after this Application is signed by you, we will assume that you are not interested in proceeding, the Apartment Home will no longer be reserved for you, and we will refund the Deposit to you, less the full amount of the Reservation Fee.

By accepting the Deposit and the Application Fee from you, we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment Home have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment Home will sign the Lease at the time required by us.

You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

By signing this Application, you certify that all information contained in this Application is true, correct and complete.

**AGENCY DISCLOSURE** *(applicable for Virginia and Minnesota applicants only)*

AvalonBay Communities, Inc. ("Manager"), and its leasing agents have been retained by the owner of the community in which your apartment is located as its representative for management and leasing services. Manager owes fiduciary duties such as loyalty and faithfulness to the owner. As our customer, we want you to understand that an agency relationship exists between Manager and the owner under applicable law, prompt disclosure in writing of agency relationships to all actual and prospective parties to a transaction at the earliest practical time is encouraged and/or required. Each part), should carefully read all documents pertaining to any real estate transaction. Should you have any questions, please let us know and we will gladly answer them. By signing this application, each of the undersigned acknowledges that he or she has read and received a copy of this Agency Disclosure.

Signature of Applicant

Date

**FOR OFFICE USE ONLY:**

<u>Summary of Monthly Rent/Charges:</u>		<u>Summary of Non-Recurring Rent/Charges:</u>	
Base Rent	_____	Common Area/Amenities (Rent/Charge)	_____
Pet Rent/Charge	_____	Non-Refundable Pet Fee	_____
Parking Rent/Charge	_____	<u>Summary of Deposits</u>	
Storage Rent/Charge	_____	Security Deposit:	_____
Appliance Rent/Charge	_____	Pet Deposit	_____
CAR Rent/Charge	_____		
Trash Removal	_____	<u>Term:</u>	
Other	_____	Lease Begin Date	_____
Total Rent/Charge	_____	Lease End Date	_____
First Month Proration	_____	Move-In Date	_____
Applicant Cancellation Reason	_____	Cancellation Date	_____
Approved/Declined By	_____	Approval/Declined Date	_____

