

- 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!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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



DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ **Fully Accessible Wheelchair** Unit

☐ **Blind Accessible** Unit

☐ Need an **Interpreter**

☐ **No-Steps unit** (elevator to any floor)

☐ **Deaf Accessible** Unit

☐ **Domestic Violence Victim**

☐ **First-Floor unit only**

☐ Unit designed for **Environmental Allergies**

- ☐ HoH's CAREER STAGE

☐ ANY VETERANS in HH?

☐ Yes ☐ No
- ☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household:

Any **Felony/Conviction?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Other Members:

Any **Felony Convictions?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No

Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?
- _____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS

☐ Homeless

☐ Housing Loss in 14 days

☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence

☐ At risk of homelessness

☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

- ☐ PREFERRED MAILING ADDRESS

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)

- ☐ Disability

☐ Elder

☐ Veteran

☐ Fleeing Domestic Violence

☐ Rent-burdened
- Displaced by ☐ Public Action

☐ Sanitary Code

☐ Natural Forces

☐ Other _____



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	_____

