

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date You Downloaded the Application:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

Landlord: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net

**HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator optional _____

Phone of Waitlist Administrator optional: _____ - _____ - _____ X _____

← *Date Time Stamp – for Office Use Only*

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use *cursive*.
2. The adult completing this application is considered the *Head of Household*.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

NODE ID

GENDER

We will reject all applications with a partial SSN or ITIN

Type like this: YYYYMMDD else write like this: YYYY-MM-DD

Office will enter this

F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit ☐ Bathroom modifications ☐ Vision Impaired Unit ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit designed for Environmental Allergies ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$.00

☐ Yes ☐ No

CURRENT HOUSING STATUS:

☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake
☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR
VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #):

☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran


☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate

☐ Victim of Hate Crime ☐ Community Based Housing

Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____



THE CARABETTA ORGANIZATION

Return to: CARABETTA MANAGEMENT COMPANY Attn: Leasing Department P.O. Box C-1011 Meriden, CT 06450		RENTAL APPLICATION Dated _____/_____/_____ Received _____/_____/_____ Property _____
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Complex Name: _____

Applicant _____ (Name) _____ (Address) _____ (City/State) _____ (Telephone) _____ (Social Security Number) _____ (Date of Birth) _____ (Driver's License Number) _____	Co-Applicant _____ (Name) _____ (Address) _____ (City/State) _____ (Telephone) _____ (Social Security Number) _____ (Date of Birth) _____ (Driver's License Number) _____
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List all household members who will be living in the unit together with the information listed below

Name	Relationship	Date of Birth	Sex	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY:	EMPLOYMENT HISTORY:
Applicant: Employer/Business Name: _____ Street: _____ City/State: _____ Position: _____ How Long: _____ Annual Income: _____	2nd Applicant Employer/Business Name: _____ Street: _____ City/State: _____ Position: _____ How Long: _____ Annual Income: _____

LANDLORD HISTORY:

Current: Name: _____ Street: _____ City/State: _____ Length of Occupancy: _____ Rent: \$ _____ <div align="right">Annual / Monthly</div>	Prior: Name: _____ Street: _____ City/State: _____ Length of Occupancy: _____ Rent: \$ _____ <div align="right">Annual / Monthly</div>
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BANK REFERENCES

Bank Name: _____ Street: _____ City/State: _____ Telephone: _____ Account #1: _____ Type of Account: _____ Account #2: _____	Bank Name: _____ Street: _____ City/State: _____ Telephone: _____ Account #1: _____ Type of Account: _____ Account #2: _____
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VEHICLES

Make / Model / Year: _____ Color: _____ License #: _____	Make / Model / Year: _____ Color: _____ License #: _____
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Any Additional Vehicles? **YES / NO**

CREDIT REFERENCES

Name: _____
Street: _____
City/State: _____
Telephone: _____
Account #1: _____
Purpose of Account: _____
Date Opened / Closed: _____

Name: _____
Street: _____
City/State: _____
Telephone: _____
Account #1: _____
Purpose of Account: _____
Date Opened / Closed: _____

MISCELLANEOUS

- A) Have you ever lived at this apartment complex before? **YES / NO**
- B) Have you ever resided at any apartment complexes managed by Carabetta Management Co. before? **YES / NO**
If yes, where & when:
- C) Will a creditor or prior landlord Investigation reveal any information that you think might be negative? **YES / NO**
- D) Have you ever been a party to an eviction proceeding? **YES / NO**
- E) Do you have any pets? **YES / NO** If yes, name species: _____
- F) **List persons to contact in case of EMERGENCY:** _____ **List Name of RELATIVE not living with you:** _____

Name: _____
Street: _____
City/State: _____
Telephone: _____

Name: _____
Street: _____
City/State: _____
Telephone: _____

SIGNATURE OF APPLICANT

By signing below, you agree that the apartment cannot be occupied until a Lease is signed and the first month's rent and security deposit equivalent to one month's rent is paid by:

MONEY ORDER ONLY. CASH AND I OR PERSONAL CHECKS WILL NOT BE ACCEPTED.

If, after being approved for occupancy, you elect not to occupy the apartment, you agree to forfeit your deposit

I / We hereby certify that only those person(s) listed on this application will occupy the premises. Further, I / We agree that if any other information herein contained is false, Management may, at its option and without notice, cancel any lease made on the basis of the information provided as part of this application.

I / We hereby certify that I / We are 18 years of age or older. I / We hereby apply for an apartment at the above mentioned location with my / our signature(s) below I / We hereby authorize and request all credit and criminal agencies, employers, credit, and personal references to release all pertinent information about me / us.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINT NAME: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PLEASE NOTE

APPLICATIONS THAT HAVE BEEN ON A WAITING LIST FOR A SIX MONTH PERIOD MAY BE DISCARDED, UNLESS RENEWED BY THE APPLICANT(S) BY MAIL. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THIS APPLICATION.