

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

CORCORAN MANAGEMENT COMPANY
100 GRANDVIEW ROAD - SUITE 205
BRAINTREE, MA 02194

Name of Property _____
Telephone No. _____ VOICE/TDD _____
No. Bedrooms _____
Apartment No _____
Move in Date _____
Today's Date _____

Base Rent Per Month _____
Other Monthly Charges _____
Key/Lock _____
Last Month's Rent _____
Security Deposit _____
Total Deposit Received _____
Check# _____
Balance Due _____
Upon Move in _____

NAME First MI Last Birthdate (*) SS #

Driver's License Make & Yr. Auto(s) Reg /Tag #

Present Address Home Phone

City State Zip How Long? Own _____ Rent _____

Landlord/Mortgagee/s Name & Address Phone

Date of Current Occupancy from _____ to _____ Monthly Rent/Mortgage Payment _____

Previous Address City State Zip

Previous Landlord's Name & Address Phone

Co-Applicant Name Age Birthdate (*) SS #

Person to Contact in Case of Emergency Phone

Address City State Zip

List below ail other persons to occupy apartment: (Date of birth for minors only)

Name	Relationship	DOB	Name	Relationship	DOB
1. _____			3. _____		
2. _____			4. _____		

EMPLOYMENT INFORMATION

Present Employer (Applicant) Phone

Address City State Zip Annual Salary

Position Length of Employment

Co-Applicant's Present Employer Phone

Address City State Zip Annual Salary

Position Length of Employment

OTHER INCOME

	<u>Applicant</u>	<u>Co-Applicant</u>
Salary/Wages	_____	_____
Other Salary/Wages	_____	_____
Investment Income	_____	_____
Other Income	_____	_____
<u>TOTAL INCOME</u>	_____	_____

APPLICANT REPRESENTS THAT THE STATEMENTS MADE ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF EMPLOYMENT, FINANCIAL, LANDLORD, AND REFERENCES. *APPLICANT HAS PROVIDED BIRTH DATE INFORMATION SOLELY FOR THE PURPOSE OF OBTAINING A SCOREX RATING BY SIGNING THE APPLICATION. THE APPLICANT ATTESTS THAT NO PERSONS IDENTIFIED ON THE APPLICATION ARE REQUIRED TO REGISTER AS A SEX OFFENDER. APPLICANT ACKNOWLEDGES THAT CORCORAN MANAGEMENT REFUSES RENTAL TO LEVEL THREE SEX OFFENDERS AND THAT ALL APPLICANT NAMES WILL BE SCREENED THROUGH STATE SEX OFFENDER REGISTRY BOARDS.

WE REGRET THAT PETS, NOTORCYCLES AND LARGE COMMERCIAL NEVHICLES ARE NOT ALLOWED ON THE PROPERTY.

APPLICANT ACKNOWLEDGES RECEIPT OF THE QUALIFICATIONS STATNDARDS FOR ACCEPTANCE (see reverse side)

APPLICANT ACKNOWLEDGES THAT THE APPLICATION FEE IS NON-REFUNDABLE.

IF THIS APPLICATION IS ACEPTED, I(WE) AGREE TO ENTER INTO A WRITTEN LEASE FOR THE ABOVE DESCRIBED APARTMENT, IN WHICH CASE EARNEST MONEY (EXCLUSIVE OF ANY APPLICATION FEE) WILL BE APPLIED TO OUR ACCOUNT. IF I (WE) REFUSE TO ENTER INTO A WRITTEN LEASE UPON BEING OFFERED THE AGOVE DESCRIBED APARTMENT, CORCORAN MANAGEMENT COMPANY SHALL RETAIN THE EARNEST MONEY AS LIQUIDATED DAMAGES, DEPOSIT IS NON-REFUNDABLE AFTER 2 BUSINESS DAYS.

Signed by CMC Representative _____

Applicant Date

Applicant Date

CORCORAN MANAGEMENT COMPANY DOES NOT DISCRIMINATE IN ITS HOUSING PRACTICES. APPLICATIONS ARE AVAILABLE TO ELIGIBLE PERSONS WITHOUT REGARD TO RACE, COLOR, SEXUAL ORITENATION, RELIGION, NATIONAL ORIGIN, SEX, VETERAN STATUS, AGE, MARITAL STATUS, RECEIPT OF PUBLIC/RENTAL ASSISTANCE, OR DISABILITY.



QUALIFICATION STANDARDS

Application

Each prospective resident must be of legal age to enter into a lease agreement. Applications are to be completed in full; applications containing untrue, incorrect or misleading information will be declined.

Note: the following will be required prior to approval by the Rental Manager or Property Manager:

1. The most recent pay stub or Leave and Earnings Statement, offer letter, or written verification.
2. A copy of applicant's drivers license, age of majority card or military I.D.

Quick Move-Ins

If an applicant is to move in within 7 days, first month's rent, security deposit, or last month's rent and any other deposit except the application fee must be paid by certified check, bank check, money order, or credit card (if available).

Occupancy Guidelines

Studio	Two occupants
One Bedroom	Two occupants
Two Bedroom	Four occupants
Three Bedroom	Six occupants
Four Bedroom	Eight occupants

Roommates

Each resident and co-signor/guarantor is jointly and severally responsible for the entire rental payment and must sign the Lease Agreement. Management will not refund any part of a security deposit until the apartment is vacated by all leaseholders.

Rental Score

Approval Score _____ Approved with conditions _____

Rental scoring systems assign points to certain factors identified as having a statistical correlation to future financial lease performance. Your rental score results from a mathematical analysis of information found in your credit report, application, and previous rental history. Such information may include your bill-paying history, the number and type of accounts you have, collection actions, outstanding debt, income and the number of inquiries in your consumer report. The final number, or rental score, represents an estimated level of risk as compared to the performance of other consumers in a range of scores.

Employment History

If employed, the applicant must currently be in good standing. Self-employed applicants must provide the most current annual tax return (submission of W-2s only is not sufficient) and a notarized statement from your CPA or attorney indicating the amount of annual income you expect to receive. Retired and non-working applicants must provide documentation regarding source of income, e.g. social security, pension, savings. Copies of these documents will be maintained in the Lease file.

If the applicants are not gainfully employed, applicants must have sufficient savings to meet the monthly income requirement listed above, in an amount equal to at least four times the annual lease rent and debt obligations. Outstanding credit balances and monthly obligations will be examined to determine the applicants' ability to meet monthly rental payments.

Third party documentation must be submitted to support the following and any other, sources of additional income you wish us to consider:

Alimony
Child Support

Dividends
Interest

Military Housing Allowance
Retirement Income

Co-signers/Guarantors

Co-signers/guarantors are not permitted if prohibited by federal state or local law.

Co-signers/guarantors must meet all qualification standards listed. The documents must be notarized if not signed at the leasing office in the presence of a Corcoran Rental Office Employee.

Corcoran Management will make the final decision as to the approval or disapproval of your application. If you have any questions regarding credit information furnished to us by the Credit Bureau, please call the Credit Bureau. We will, on request, provide you with the address and telephone number of the credit bureau.

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

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