

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

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
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
- ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 for Environmental Allergies
- ☐ Personal Care Attendant

- ☐ 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)

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED MAILING ADDRESS

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Vet.☐ Fleeing Dom. Viol.

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ HUD VAWA Certification☐ Victim of Hate Crime.

Displaced by:

☐ Urban Renewal☐ Sanitary Code☐ Natural Forces☐ Other: _____

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	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 all 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

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

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 DAMAAGES, 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.

