

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

Name of Property: _____

Original Application Date _____

Today's Date _____

Size of apartment needed: () Studio () 1 BR () 2 BR

A. HOUSEHOLD HEAD(S)

	Last	First	Middle	Social Security
1.	Name _____	Name _____	Initial _____	Number _____
2.	Last	First	Middle	Social Security
	Name _____	Name _____	Initial _____	Number _____

Race: (Optional Section) This information will be used for fair housing purposes only, as required by Stow and Federal Laws.

Circle one: White (not Hispanic origin) Black (not Hispanic origin) Asian or Pacific Islander
 American Indian/ Alaskan Native

Present Address _____ City _____ State _____

Zip Code _____ Home Telephone _____ Work Telephone _____

B. HOUSEHOLD COMPOSITION: Begin with Household Head(s) followed by other household members who will occupy the apartment

Name	Relationship	Sex	Date of Birth	Occupation
<i>First, Last</i>	<i>to Head #1</i>		<i>Mo-Day-Year</i>	<i>If student, give grade</i>
1.	_____		_____	
2.	_____		_____	
3.	_____		_____	
4.	_____		_____	

C. PRESENT HOUSING: (please list the names & addresses of landlords/officians when you have lived ever the last 5 years)

No. of Bedrooms _____ No. of Occupants _____ Rent \$ _____

Is Present Housing Subsidized? _____ If Yes, your share of Rent \$ _____

Average Monthly Bill for Electricity \$ _____ Gas \$ _____ Oil \$ _____

Name of Present Landlord _____

Address of Landlord _____ Town _____

Length of Time at Present Address: _____ Landlord Phone _____

Previous Address: _____

Name of Previous Landlord: _____ Length of Tenancy _____

Address of Previous Landlord: _____ Town _____

D. NAME OF EMPLOYER _____ Tel. No. of Employer _____

Address of Employer: _____

Gross Wages \$ _____ Length of Employment _____

E. Please furnish two (2) character references. They must have known you for one (1) year or more and not be related to you.

Name of Character reference _____ Telephone _____

Address _____

Name of Character reference _____ Telephone _____

Address _____

_____ does not discriminate in the access or admission to its program or employment, or in its programs, activities, functions or services. Applications am available to eligible persons without regard to race, religion, color, sexual orientation, national origin, sex, veteran status, age, marital status, receipt of public/rental assistance, or physical or mental disability.

F. **HOUSEHOLD INCOME**

Please indicate the income received and assets held by each member of your household. List each Member by the corresponding number on the first page.

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI Pensions, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Military Pay, etc.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

F. **ASSET INFORMATION**

NAME OF BANK

AMOUNT

Savings & Checking
Accounts: _____
Savings Certificates _____
Stocks/Bonds _____
Property Owned _____ Value \$ _____
Life Insurance Cash Value \$ _____
Name(s) of Insurance Companies _____
Assets disposed of within last 2 years for less than market value: Please explain: _____

1. Have you been displaced from your home by fire, flood, earthquake or a disaster recognized under disaster relief laws?

_____ Yes _____ No
2. Have you been displace from your home by Public Action (Urban Renewal)

_____ Yes _____ No
3. Have you been displaced from your home because of health code violations which resulted in formal condemnation of the apartment?

_____ Yes _____ No
4. Have you been displace from your home because you are a victim of domestic Violence or living with a person who engages in domestic violence (Applies to household with one or more children under the age of 18)?

_____ Yes _____ No
5. Preference is given to applicants whose head of household is 62 years of age or older. Does your household qualify?

_____ Yes _____ No
6. Does any member of your household need a wheelchair accessible unit?
If "yes", please fill out the attached "Special Housing Needs" form at the end of this application.

_____ Yes _____ No
7. Does any member of your household wish to request any special housing facilities? If "yes", please fill out the attached "Special Housing Needs" form.

_____ Yes _____ No

I/We hereby certify that the the information furnished on this application *is true and* complete, to the beat of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All innformation is regarded as confidential in nature, and a consumer credit report and a Criminal Offense Record Information (CORI) report may also be requested. I/We certify that false statements or information are punishable applicable under State or Federal Law.
I/We hereby certify that I/we have received a notice from the management agenet describing the right to reasonable accommodations for person with disabilities.

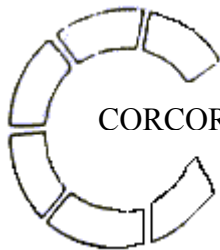
Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date



CORCORAN MANAGEMENT COMPANY.

SPECIAL HOUSING NEEDS FORM

This form is designed for applicants who answered "yes" to the special housing facilities questions on Page 1 of the rental application.

Answers to the following questions are optional. However, if you decline to answer, we may be unable to determine if you qualify for a reasonable accommodation or if you are eligible for a special unit for mobility-impaired.

A. Do you or any member of your household have a condition that require:

- | | |
|---|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision impaired |
| <input type="checkbox"/> Unit for hearing impaired | <input type="checkbox"/> Barrier-free apartment |
| <input type="checkbox"/> Other physical modifications | <input type="checkbox"/> Wheelchair accessible apt. |
| <input type="checkbox"/> Communication in a specially requested format because of a disability. | |

If you checked any of the above, please explain exactly what you will need in the apartment or other services:

B. Can you and all members of your family go up and down stairs unassisted?

_____ Yes _____ No. If no, please indicate how we can accommodate your family:

C. Will you or any member of your family requires a live-in aide to assist you?

_____ Yes _____ No. If no, please explain:

D. What is (are) the name(s) of family members who need the features or assistance requested above:

E. Are there any other accommodations which you or a famioy member will need?

_____ Yes _____ No. If no, please explain:

Signature: _____ Date _____

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

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

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
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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