

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

Please Tell Us About Yourself (use additional sheets if necessary)

NAME OF APPLICANT 1				DATE OF BIRTH		SOCIAL SECURITY #		DRIVER'S LICENSE #	
NAME OF APPLICANT 2				DATE OF BIRTH		SOCIAL SECURITY #		DRIVER'S LICENSE #	
APPLICANT'S PRESENT ADDRESS (use separate application if address differs)				CITY			STATE	ZIP	TELEPHONE #
PRESENT ADDRESS IS: <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENT'S HOME <input type="checkbox"/> RENT <input type="checkbox"/> HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING						MONTHLY PAYMENT		HOW LONG?	
IF RENT: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWN: NAME OF MORTGAGE COMPANY				PHONE OF LANDLORD / APT. COMMUNITY / MGMT. COMPANY					
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY				CITY		STATE	ZIP		
APPLICANT'S PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)				CITY		STATE	ZIP	TELEPHONE #	
PREVIOUS LANDLORD / APT. COMMUNITY / MTG. CO. (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)				PHONE # OF LANDLORD / APT. COMMUNITY / MGMT. COMPANY					
ADDRESS OF PREVIOUS LANDLORD / APT. COMMUNITY / MTG. CO.				CITY		STATE	ZIP		
HAVE YOU LIVED IN AN EQUITY RESIDENTIAL COMMUNITY BEFORE?			WHICH ONE?					WHEN?	

LIST ALL OTHER PERSONS TO OCCUPY APARTMENT, INCLUDING DATE OF BIRTH

☐ ROOMMATE(S) ☐ CHILD(REN) (if 18 years or older, must fill out application as an applicant)

MAKE OF CAR	YEAR	LICENSE #	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE)					
				1.					
MAKE OF CAR	YEAR	LICENSE #	STATE	2.					
PETS (KEEPING OF PETS REQUIRES A PET DEPOSIT AND OWNER'S CONSENT)				BREED			WEIGHT		AGE
NAME OF NEAREST RELATIVE				ADDRESS					TELEPHONE #
NAME OF PERSONAL REFERENCE				ADDRESS					TELEPHONE #

Please Tell Us About Your Job

NAME OF APPLICANT 1 EMPLOYER			TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
FORMER EMPLOYER			TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
NAME OF APPLICANT 2 EMPLOYER			TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
OTHER SOURCES OF INCOME			AMOUNT		WHEN RECEIVED			

Please Give Us Your Bank and Credit References

BANK NAME ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	ACCOUNT #
CREDIT REFERENCE NAME ADDRESS	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> LOAN	ACCOUNT *

Please Give Us The Following Information

Why are you leaving your present residence? _____ How far away do you work? _____ Miles

Do you have charges pending against you for any criminal offense(s)? Applicant 1 ☐ Yes ☐ No Applicant 2 ☐ Yes ☐ No

Have you ever been convicted of, or pled guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant 1 ☐ Yes ☐ No Applicant 2 ☐ Yes ☐ No

If "Yes" to either of the above questions, give details and dates: _____

Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.? ☐ Yes ☐ No If yes, give details and dates: _____

In case of emergency, notify. _____ Telephone # _____

Street address _____ City _____ State _____ Zip _____ Relationship _____

Please Read Carefully and Sign Below

Correct Information — Each applicant represents that all of the above statements are true and complete. Each applicant hereby authorizes verification of the above information, references and credit records, and each applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Each applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under the contemplated lease, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Each applicant agrees to the terms of the "Application Deposit Agreement" below.

Application Deposit Agreement—Each applicant for whom a credit check is run is required to pay the sum of \$_____, in consideration for Owner taking the dwelling unit off the market while considering approval of this application. Of this amount \$_____ is a non-refundable fee for processing the application and \$_____ is a non-refundable administration fee. The remainder \$_____ is an application deposit in connection with this application. If the Applicant is approved by Owner and the contemplated lease is entered into, the application deposit shall be credited to the required security deposit. If Applicant notifies the Owner that Applicant wishes to withdraw this Application for Rental prior to approval, or if Applicant is approved, but fails to promptly enter into the contemplated lease, then the entire sum of \$_____ shall be forfeited to the Owner. If the application is not approved, the non-refundable administration fee and the application deposit will be refunded. Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties, and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate Owner or Owner's Agent to execute a lease or deliver possession of the proposed premises.

I have read and agree to the provisions as stated.

Amount required with application	\$ 100.00
Amount paid	_____
Amount due	_____
Lease amount due	_____
Other deposits-due	_____
Total before move-in	_____


Apartment # _____

Apartment type _____

Anticipated move-in date _____

Lease type _____

Photo ID checked ☐ Yes ☐ No



EQUAL HOUSING OPPORTUNITY

Applicant 1 Signature

Applicant 2 Signature

Guarantor

For Office Use Only

Credit Report of Application

NAME OF APPLICANT INAME OF APPLICANT I's EMPLOYERPOSITION

DATES EMPLOYED

MONTHLY INCOMECOMMENTSNAME OF APPLICANT 2NAME OF APPLICANT 2s EMPLOYERPOSITION

DATES EMPLOYED

MONTHLY INCOMECOMMENTS

DATES EMPLOYED

MONTHLY INCOMECOMMENTS

Credit History

[illegible]

Rental History

[illegible]

Comments

Checklist

1. Credit check Complete? ☐ Yes ☐ No

Comments _____

2. Credit check completed by _____

3. Present residence verified? ☐ Yes ☐ No

Comments _____

5. Employment verified? ☐ Yes ☐ No ☐ H ☐ R

Date

Manager

6. Criminal Offense Information reviewed and acceptable? ☐ Yes ☐ No

7. Manager approval ☐ Applicant accepted ☐ Applicant rejected

Person notified _____





Please Supply the Following Information

FULL NAME (as it appears on U.S. Immigration and Naturalization Service documentation):

PLACE OF BIRTH:

COUNTRY OR COUNTRIES OF WHICH YOU ARE A CITIZEN:

APPROXIMATELY HOW LONG HAVE YOU BEEN IN THE UNITED STATES? YEARS: MONTHS

PERSON IN YOUR HOME COUNTRY WHOM WE MAY CONTACT IN EVENT OF AN EMERGENCY

Name

Relationship

Mailing Address

Email Address

Phone

CHECK THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (U.S.C.I.S.) DOCUMENT THAT ENTITLES YOU TO BE IN THE UNITED STATES:

- ☐ Form 1-551 Alien Registration Receipt Card or Permanent Resident Card (form includes photo and fingerprint). Expiration date: ____/____/____ Registration number: _____
- ☐ Form 1-688 Temporary Resident Card (form includes photo and fingerprint). Expiration date: ____/____/____ Registration number: _____
- ☐ Form I-688A or 1-688B Employment Authorization Card (form includes photo and fingerprint). Expiration date: ____/____/____ Registration number: _____
- ☐ Form 1-327 Re-entry Permit. Expiration date: ____/____/____ Registration number: _____
- ☐ Form 1-94 Arrival-Departure Expiration date: ____/____/____ Registration number: _____
- ☐ INS receipt for replacement of one of the above documents with verification by INS.

IF YOU ARE RELYING ON FORM 1-94, WE WILL ASK TO SEE YOUR PASSPORT AND VISA, AND YOU WILL NEED TO ANSWER THE QUESTIONS BELOW:

Country Issuing your passport:	Your passport number:	Expiration date: ____/____/____
Do you have a Visa? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, what type? <input type="checkbox"/> Student <input type="checkbox"/> Work <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify) _____	Visa expiration date: ____/____/____

IF YOU ARE HERE ON A STUDENT VISA, PLEASE PROVIDE FORM 1-20 OR A LETTER OF ACCEPTANCE FROM YOUR EDUCATIONAL INSTITUTION.

Correct Information—Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include criminal background information, about Applicant and any occupants in the apartment in order to verify the above information, references, credit and criminal records. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant.

Date _____

Applicant Signature _____

Property Staff Initials _____

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 _____

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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

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Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A