

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Tell Us About Yourself (use additional sheets if necessary)

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	
PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #		MOBILE TELEPHONE #
LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)					
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
PRESENT ADDRESS IS (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER:					
IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY					FROM: TO: PRESENT TIME
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					
CITY	STATE	ZIP		TELEPHONE #	
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:		REASON FOR LEAVING:	
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER:					
IF RENTING: PREVIOUS LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY					FROM: TO:
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY					COUNTY WHERE RESIDENCE LOCATED
CITY	STATE	ZIP		TELEPHONE #	
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:		REASON FOR LEAVING:	
HAVE YOU LIVED IN AN EQUITY RESIDENTIAL COMMUNITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH ONE (Include city and/or state)?			FROM: TO:

Employment

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #
OTHER SOURCE(S) OF INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES	
FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB)		HOW LONG?		
ADDRESS		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Pets (pets require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

Person to Notify in Case of Emergency, Death or Incapacity* (cannot be someone who intends to reside in the premises)

NAME	RELATIONSHIP	HOME TELEPHONE #	WORK TELEPHONE #	MOBILE TELEPHONE #
ADDRESS		CITY	STATE	ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? ☐ Yes ☐ No
 If so, identify the person and the type of special assistance required:

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)? Applicant ☐ Yes ☐ No Occupants ☐ Yes ☐ No

Have you or have any of your occupants ever been convicted of, or pleaded guilty to, 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 ☐ Yes ☐ No Occupants ☐ Yes ☐ No

Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.? Applicant ☐ Yes ☐ No Occupants ☐ Yes ☐ No

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

How did you hear about our community?

☐ Internet (which site?) _____

☐ Resident (name?) _____

☐ Drive-By ☐ Rental Publication (Which One?) _____

☐ Rental Agency (Which One?) _____

☐ Locator Service (Which One?) _____

☐ Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and 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 us to execute a Lease or to deliver possession of the premises to you.

I have read and agree to the provisions as stated.

Applicant Signature _____

Date _____

Application Processing Fee
required with each Application: \$ _____

Total Holding Deposit** (Per Apartment, if any): \$ _____

Holding Deposit amount paid by this applicant: \$ _____

Address of Apartment/Premises being held: _____

OFFICE USE ONLY

Apartment Number _____

Apartment Size/Description _____

Anticipated Move-in Date _____

Lease Start Date _____

Lease End Date _____

Quoted Monthly Apartment Rent _____

Property Staff Initials _____

*** Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

**** Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.