

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!

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 ANY 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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____

RENTAL APPLICATION

(**Note:** Each co-resident over 18 years of age must submit a separate application.)

APPLICANT

Full Name: _____ Phone #: _____

Email address: _____ Social Security #: _____

Date of Birth _____ Initial if over 18 years of age _____

Occupation: _____ Gross Annual Income: _____

Number of Bedrooms Required _____

List others to reside in apartment:

1. _____

2. _____

APPLICANT INFORMATION

Present Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Please contact Megan Smith msmith@hallkeen.com or (617)247-9100 for text translations in español, kreyòl ayisyen, русский, 中文, فارسی. (Spanish, Haitian Creole, Russian, Chinese-traditional, Farsi).



Current Employer or Income Source:

(If self-employed please attach most recent W-2 or 1099 tax documents.)

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Previous Employer or Income Source:

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Other source of Income:

Type of Income	Source/Bank	Gross Annual Amount
1. _____	_____	_____
2. _____	_____	_____

Bank References:

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Credit References:

Account Type	Acct. #	Bank Name	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been evicted from your home for any reason? If so, please give details:

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HallKeen Management | 66 Westland Avenue, Suite 401 | Boston, MA 02115

Phone: (617) 267-6114 | Fax: (617) 424-7203

www.HallKeen.com



Have you ever been arrested or convicted of any crime? If so, please give details:

Relatives/Emergency Contact (Not residing with you)

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

How Did You Hear About Us?

☐ Advertisement – If so, which newspaper or website? _____

☐ Friend, family or co-worker – If so, please give us the name of the person who referred
You so we can thank them: _____.

X Other -- Please explain: **via the HousingWorks.net website**

Base rent and other monthly charges are due and payable on the first day of each month in advance.

Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report and criminal background report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, and water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of Applicant

Date

Signature of Applicant

Date

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