

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.

Fold on this line ———

**Applying for:**

**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](mailto: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
  - Other Members:** Any **Felony Convictions?**  Yes  No
  - Any **Misdemeanor Conviction?**  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 \_\_\_\_\_

The information requested in this form is required by the government agency regulating this project

## Allston Brighton Portfolio

1285 Commonwealth Avenue, Suite B, Allston, MA 02134  
 617.562.8156 Fax: 617.782.8185 MA Relay: 711

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the

### PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

This is a preliminary application for housing at:	<input type="checkbox"/> Ashford Street	<input type="checkbox"/> Carol Avenue Co-Op	<input type="checkbox"/> Brighton-Allston Apts.
	<input type="checkbox"/> Ray Dooley Apts.	<input type="checkbox"/> Long Glen II	<input type="checkbox"/> Comm Glen
	<input type="checkbox"/> Brian J Honan Apts.	<input type="checkbox"/> Hano Street Homes	

Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

**Please complete all sections of this preliminary application and return to 1285 Commonwealth Avenue, Suite B, Allston, MA 02134. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone, age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign. Thank you for your assistance.**

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

Do you own any property?  Yes  No

Bedroom size requested:  Studio  One  Two  Three  Four

Do you need an accessible unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)  Yes  No

Do you require any accessible features in your unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)  Yes  No

**PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD**

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		SELF			
2.					
3.					
4.					
5.					
6.					



Will all of the persons in the household be or have been, full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please complete the following: <b>Are any full-time student(s) married and filing a joint tax return?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all sources of income for all household members. NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets. Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member Name	Source of income	Annual Amount

Please list all household members' assets. NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.

Household Member Name	Type of Asset	Amount	% Interest

How were you referred to this property? <b>Via the HousingWorks.net website</b>
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Do you currently receive or do you have a Section 8 Voucher/Certificate? (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining ability to pay rent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	



**Race/National Origin - Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applicants. Answering this question is completely optional.**

Asian       Black       Latino       Native American Indian       Caucasian       Other

<b>Briefly describe your reasons for applying at this location:</b>

I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's marketing plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/we will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled.

**All household members aged 18 or older or who is an emancipated minor must sign below:**

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Co Head / Spouse): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maloney Properties, Inc. does not discriminate on the basis of disability status, race, color, creed, religion, sex, sexual preference, national or ethnic origin, age, handicap, citizenship, ancestry, class or marital status, or any other basis prohibited by law in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. Maloney Properties, Inc. coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Any questions regarding 504 compliance please call (781) 943-0200, x255, MA Relay 711.

