

**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.**

**Name of HoH:** \_\_\_\_\_

**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**

# NUESTRA PROPERTIES PRELIMINARY RENTAL APPLICATION

391 Dudley Street, Roxbury, MA 02119 • Office: (617) 442-8472 • Fax: (617) 442-8589 • TTD: (800) 439-2370  
(MARKET RATE OR SECTION 8 CERTIFICATE HOLDERS)

NUESTRA COMMUNITY DEVELOPMENT/NUESTRA PROPERTIES DOES NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

APPLICANTS MUST MEET THE REQUIREMENTS OF SECTION 42 - LOW INCOME HOUSING TAX CREDIT REGULATIONS.

HOW DID YOU HEAR ABOUT NUESTRA PROPERTIES? \_\_\_\_\_

1. NAME \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Code

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip Code

2. RACE: (PLEASE NOTE THAT COMPLETING THIS SECTION IS OPTIONAL. THE INFORMATION WILL BE USED ONLY FOR FAIR HOUSING STATISTICAL ANALYSIS AS REQUIRED BY FEDERAL AND STATE LAWS AND WILL NOT BE USED IN ELIGIBILITY DETERMINATIONS OR SELECTIONS.) BLACK ( ); ASIAN ( ); LATINO ( ); AMERICAN INDIAN ( ); WHITE ( ); OTHER \_\_\_\_\_

3. PRESENT APARTMENT

NAME OF PRESENT LANDLORD \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS OF LANDLORD \_\_\_\_\_ LENGTH OF TIME THERE: \_\_\_\_\_

MONTHLY RENT: \$ \_\_\_\_\_ AVERAGE MONTHLY UTILITY BILL (EXCEPT PHONE) \_\_\_\_\_

4. PREVIOUS APARTMENT

PREVIOUS ADDRESS \_\_\_\_\_ LENGTH OF TIME THERE: \_\_\_\_\_

NAME OF PREVIOUS LANDLORD \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS OF PREVIOUS LANDLORD \_\_\_\_\_ LENGTH OF TIME THERE: \_\_\_\_\_

5. EMPLOYMENT

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ ANNUAL GROSS WAGE: \$ \_\_\_\_\_

IF OTHER MEMBER OF HOUSEHOLD IS EMPLOYED, PLEASE FILL OUT THE FOLLOWING:

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ ANNUAL GROSS WAGE: \$ \_\_\_\_\_

6. OTHER SOURCES OF INCOME: (PLEASE STATE MONTHLY AMOUNT)

SOCIAL SECURITY: AMOUNT: \$ \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

VETERANS BENEFITS: AMOUNT: \$ \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PENSION: AMOUNT: \$ \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NAME OF PENSION FUND: \_\_\_\_\_

OTHER (UNEMPLOYMENT, WELFARE, ETC.)

SOURCE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

SOURCE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

OTHER SOURCES OF INCOME: (PLEASE LIST AND EXPLAIN SOURCE SUCH AS BANK INTEREST, DIVIDENDS, RENTS, ETC.)

PLEASE TURN APPLICATION OVER AND COMPLETE



NUESTRA PROPERTIES PRELIMINARY RENTAL APPLICATION (PAGE 2 – MARKET RATE/SECTION 8 CERTIFICATE HOLDER APPLICATION)

CREDIT REFERENCES

	BANK NAME	ADDRESS	ACCOUNT #	AMOUNT
SAVINGS:	_____	_____	_____	_____
	_____	_____	_____	_____
CHECKING	_____	_____	_____	_____
	_____	_____	_____	_____
LOANS	_____	_____	_____	_____

CREDIT REFERENCES

	NAME AND ADDRESS OF	ACCOUNT #
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

NUMBER OF BEDROOMS NEEDED (CIRCLE ONE)    2   3   4   5   6

INFORMATION ABOUT THOSE WHO WILL OCCUPY APARTMENT (INCLUDE APPLICANT)

NAME	D.O.B.	SEX	SOCIAL SECURITY #	RELATIONSHIP	FULL TIME STUDENT?
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ARE YOU . . . ?

- Does anyone in your household own a car? \_\_\_\_\_ a Pet? \_\_\_\_\_
- Have you or any family member been convicted of a felony in the last five years? \_\_\_\_\_
- Are you or any family member currently engaging in the illegal use of a controlled substance? \_\_\_\_\_
- Have you ever had your rental subsidy or tenancy terminated for any of the following reasons:  
Fraud, Non-Payment of rent, or Failure to cooperate with recertification procedure? \_\_\_\_\_
- Do you require an architecturally adapted apartment? \_\_\_\_\_

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS ON SEPARATE SHEET OF PAPER.

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. YOUR SIGNATURE BELOW GIVES CONSENT TO THE MANAGEMENT TO VERY THE INFORMATION CONTAINED IN THIS APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ 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

## 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

## Housing History, Page 3

### 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