

Receipt -

This page is not part of the official application, but will help most housing providers process applications more easily.

First Name _____ Full Middle Name _____ Last Name _____

What is your date of birth? _____ What is your gender? _____

Are you ☐ Hispanic or ☐ non-Hispanic? What is your race (optional)? _____

Head of Household: What is your social security number (if you have one)? _____

What is your family's total **annual** income? _____ How many people will be living in the unit? _____

What unit size are you seeking? _____

What is your home or evening phone? _____ What is your work or daytime phone? _____

Do you need a wheelchair accessible unit (or a "no-steps" unit)? ☐ YES ☐ NO

Do you need reasonable accommodations, either during the application period or tenancy? ☐ YES ☐ NO

Some housing providers offer a 'priority and/or preference' status. Examine this application - if it has such a section, tell us if you fit any of the categories listed: ☐ YES ☐ NO

Which category(ies): _____

Are you ☐ homeless or ☐ at risk of homelessness? If so, why? _____

Do you have a Section 8 voucher or some other form of regular rental assistance? ☐ YES ☐ NO

Have you applied for rental assistance voucher that might help you afford a unit? ☐ YES ☐ NO

What is your mother's last name when she was born? _____

Signature of Head of Household – required _____

Daytime phone number _____



617-504-0577

Applicants: skip this next question; housing providers may enter the answer after receiving your application. This applicant's income and household size puts them in the category of:

- ☐ extremely low income ☐ very low income ☐ low income
☐ moderate income ☐ middle income ☐ market level

RECEIPT - the housing provider may choose to complete and return this receipt.

FROM:

TO:

☐ We received your application, and placed it on the waitlist as of _____. You have been assigned a waitlist number: _____. Please use this number whenever you have a question about your application.

☐ Your application is missing important information! _____

Please correct this so that we can put you on our waitlist. Thank you!



Urban Edge Property Management
 20 Amory Avenue, Roxbury, MA 02119
 (617) 427-9400 Office
 (617) 427-9401 Fax

URBAN EDGE RESIDENCES APPLICATION

A. GENERAL INFORMATION: PLEASE PRINT CLEARLY

Applicant Name: _____

Current Address: _____

Telephone Number: _____ Cell Phone Number: _____

Indicate the number of bedrooms needed (Please Circle One):

Do you current hold a Section 8 Voucher? ☐ Yes or ☐ No

B. HOUSEHOLD COMPOSITION:

	Name	Social Security #	Relationship to Head	Date of Birth	Age	Student Y/N
Head						
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

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C. INCOME: LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS:

Do you or any family member have income from?

Please list each source — All income information will be verified with third parties.

TYPE OF INCOME	CIRCLE IF YES or NO	AMT	MONTHLY/ANNUALLY	FAMILY MEMBER
Employment	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
SSI	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Social Security	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
TANF/Public Assistance	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Do you receive Child Support	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Are you entitled to receive Child Support	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Do you receive alimony	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Are you entitled to receive alimony	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Unemployment	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Workman's Compensation	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Disability	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Pension/Annuity	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Veteran's Benefits	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Military Pay	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Net Income from Business	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Contributions from Friends or Relatives	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Income from Assets	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	
Other Income	Yes No	\$	<input type="radio"/> Monthly <input type="radio"/> Annually	

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Do you or a family member have any of the following assets?

Checking Accounts	Yes	No	Stocks or Bonds	Yes	No
Savings Accounts	Yes	No	Mutual Funds	Yes	No
Certificates of Deposit	Yes	No	Trust Accounts	Yes	No
IRA	Yes	No	Life Insurance	Yes	No
Other Retirement Funds	Yes	No	Real Estate	Yes	No

D. HOUSING HISTORY:

Please complete this section for the past five (5) years of housing history or the past three (3) landlords.

How long have you lived at your current address (years): _____

How much is your rent? _____ Does this include utilities? [] Yes [] No

Why do you want to move? _____

Current landlord's name and address: _____

List your previous address: _____

What were the dates that you lived there? _____

What was the landlord's name and address: _____

Why did you move? _____

Please use the back of this sheet if you need more space for your housing history.

E. ACCESSIBLE UNIT/REASONABLE ACCOMMODATIONS:

Do you need or require an accessible unit? (Please circle one): [] Yes [] No

Do you require a special mode of communication because of a disability? (i.e. TDD, Braille, etc.)?
[] Yes [] No

If yes, what type: _____

If you are requesting a reasonable accommodation, what is the nature of the accommodation requested?

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F. EQUAL OPPORTUNITY/FAIR HOUSING INFORMATION:

The following information helps to monitor the owner/agent's compliance with affirmative marketing requirements and fair housing laws. An applicant may not be discriminated against on the basis of the information supplied below. Your response is voluntary.

Race or National Origin

☐ White/Non-Minority ☐ American Indian or Alaskan Native ☐ Black
☐ Hispanic ☐ Asian or Pacific Islander ☐ Other

Under the federal fair housing act, it is illegal on the basis of race, color, national origin, religion, sex, handicap, or familial status to deny an applicant rental housing. If you believe you have been discriminated against, you should send a complaint to: *The Department of Housing and Urban Development Office of Equal Opportunity and Fair Housing, Thomas P. O'Neil Federal Building, 10 Causeway Street, Boston, MA 02222-1092; Massachusetts Commission Against Discrimination, One Ashburton Place, room 601, Boston, MA 02108; Boston Fair Housing Commission, One City Hall Plaza, Suite 966, Boston, MA 02201*

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report, a housing history report, and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law. I/We hereby certify that we have received a notice from Urban Edge Property Management describing the right to reasonable accommodations for persons with disabilities.

(Signature of Applicant)

(Date)

(Signature of Co-Applicant)

(Date)

Office Use Only

Date Received: _____

Received By: _____

Revised 9/5/07

URBAN EDGE RESIDENCES APPLICATION

Thank you for answering all of the above questions. You must now sign and include all required verification release forms.

Included with Application? FORM – any applicable forms must be included with application

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of Birth Certificate |
| <input type="checkbox"/> | Copy of Social security card |
| <input type="checkbox"/> | Proof of income for all household member (check stubs, etc) |
| <input type="checkbox"/> | (1) Landlord Reference Form |
| <input type="checkbox"/> | (2) HUD Notice and Consent Release Form (HUD 9887), |
| <input type="checkbox"/> | (3) Urban Edge Employment Release/Verification Form, |
| <input type="checkbox"/> | (4) Urban Edge Unemployment Release/Verification Form, |
| <input type="checkbox"/> | (5) Urban Edge Welfare Release/Verification Form, |
| <input type="checkbox"/> | (6) Urban Edge Social Security Release/Verification Form, |
| <input type="checkbox"/> | (7) Urban Edge Bank Release/Verification Form, |
| <input type="checkbox"/> | (8) Urban Edge Full-Time Student Release/Verification Form, and |
| <input type="checkbox"/> | (9) Zero/Non-Income Self-Affidavit. |

Once we have completed processing all paperwork, you will receive written notice of selection, rejection, or waiting list status.

CERTIFICATION BY APPLICANT(S)

I/We hereby certify that I/We do/will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. Furthermore, I/We certify that all questions on this interview checklist have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this checklist. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information or false statements are punishable by law and will lead to cancellation/rejection of my/our application or termination of tenancy after occupancy.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

_____ (Signature of Applicant)	_____ (Date)
_____ (Signature of Co-Applicant)	_____ (Date)
_____ (Signature of Other Household Member over 18 years of age)	_____ (Date)
_____ (Signature of Other Household Member over 18 years of age)	_____ (Date)
_____ (Signature of Manager/Owner)	_____ (Date)

AUTHORIZATION

I/We do hereby authorize Urban Edge Property Management Staff, or authorized representative, to contact agencies, local police departments, offices, groups, or organizations to obtain and verify any information (including credit history, rental history, arrest and/or conviction records) or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Urban Edge Property Management.

_____ (Signature of Applicant)	_____ (Date)
_____ (Signature of Co-Applicant)	_____ (Date)
_____ (Signature of Other Household Member over 18 years of age)	_____ (Date)
_____ (Signature of Other Household Member over 18 years of age)	_____ (Date)

Equal Housing Opportunity