

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

Office Only: Date/Time Stamp

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.

Your Name: _____

Long-Term Mailing Address (an address that may work for the next 3-5 years):

City/State/Zip: _____

Phones: _____

Email: _____

MAIL TO: (Allow 3 wks for response)

Do you have a **Social Security Number** (SSN)? ☐ Yes ☐ No If “Yes” you must provide the SSN below.

The **SSN** for the head of household is: _____

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

Race (white, black, asian, etc)? _____ **Also:** ☐ Hispanic or ☐ non-Hispanic?

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** (Employment, 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 ☐ Flex Funds

☐ YES ☐ NO 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 Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

Priority Status: We may or may not be able to take your priority need into consideration, but it is helpful for us to know what those priorities are: _____



PERSONAL:

Date

Please complete for those who will occupy the apartment (Applicant- co-applicant- children- other)

1.

Last

First

M.I.

D.O.B.

Applicant

SS#

2.

Last

First

M.I.

D.O.B.

Applicant

SS#

3.

Last

First

M.I.

D.O.B.

Applicant

SS#

4.

Last

First

M.I.

D.O.B.

Applicant

SS#

5.

Last

First

M.I.

D.O.B.

Applicant

SS#

6.

Last

First

M.I.

D.O.B.

Applicant

SS#

Present Address

Street

City

State

Zip Code

Former Address

Street

City

State

Zip Code

Present Phone Residence

No. of Autos

Reg. No. of Auto No. 1

Reg. No. of Auto No. 2

No. of Pets

Type

In Case of Emergency Notify (Name)

Address

Phone

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired- unit for visually impaired- unit for hearing impaired- grab bars)

Check One: ☐ YES ☐ NO If yes - you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY & EMPLOYMENT:

☐ Own: Date of Current Occupancy

From:

Month

Year

to:

Month

Year

\$

Monthly Mortgage Paments

☐ Rent: Date of Current Occupancy

From:

Month

Year

to:

Month

Year

\$

Monthly Rental Payments

If Rents

Present Landlord Name

Address

Phone

If Rents

Former Landlord Name

Address

Phone

Currently employed by

Occupation

Address

Length of Employment

Supervisor

Phone

Annual Gross Salary

Other (Comm/Bonus)

Other Source of Income (i.e.- social security- retirement fund- disability- workmans compensation- pension- alimony/child support- investments- etc.)

Type

Amount

Type

Amount

Type

Amount

Type

Amount

Former Employer

Occupation

Address

Dates of Employment

Supervisor

Phone

BANKING INFORMATION

Bank- Checking Account

Branch Address

Checking Acct. No.

Bank- Savings Account

Branch Address

Savings Acct. No.

Bank- Cert of Dep.

Branch Address

C.D. Acct. No.

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. or similar type of occupancy on (date)

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application

Dated

Agents Signature

Applicant's Signature

This Property does not discriminate against any person because of race- color- religion- sex- sexual orientation- handicap- familial Status or national origin.

WHITE-LESSOR'S COPY YELLOW-LESSEE'S COPY

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

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

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