

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.

Your Name: _____

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



RENTAL APPLICATION

2001 EDITION
(SUBJECT TO OWNER'S APPROVAL)

PREPARED BY:

DATE NUMBER

NAME OF APPLICANT HOME PHONE INITIAL IF OVER 18 YEARS OF AGE

PRESENT ADDRESS DATES OF CURRENT OCCUPANCY: FROM TO

CITY* STATE AUTOMOBILE: MAKE/YEAR/REG STATE & NO. SOCIAL SECURITY #

PRESENT LANDLORD COMPLETE ADDRESS PHONE NUMBER

FORMER LANDLORD OCCUPANCY COMPLETE ADDRESS PHONE NUMBER

CURRENT EMPLOYER COMPLETE ADDRESS PHONE NUMBER

OCCUPATION/SOURCE OF INCOME TYPE OF BUSINESS SALARY LENGTH OF EMPLOYMENT

FORMER EMPLOYER LENGTH OF EMPLOYMENT COMPLETE ADDRESS PHONE NUMBER

PERSONAL REFERENCE (NAME) COMPLETE ADDRESS PHONE NUMBER

IN CASE OF EMERGENCY NOTIFY (NAME) COMPLETE ADDRESS PHONE NUMBER

CREDIT REFERENCE COMPLETE ADDRESS PHONE NUMBER

BANK-CHECKING ACCOUNT BRANCH ADDRESS ACCOUNT NUMBER

BANK0SAVINGS ACCOUNT BRANCH ADDRESS ACCOUNT NUMBER

NAMES OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION)

APARTMENT NO/TYPE TOTAL NO. OF OCCUPANTS NO. OF ADULTS NO. OF PETS

ADDRESS NAMES & AGES OF MINOR CHILDREN

CITY OCCUPANCY DATE RENT BEGINS

TERM OF LEASE (MONTHS) FROM (DATE) TO (DATE)

Base Rent and Other Monthly Charges are due and payable on the first day of each month in advance.

Pursuant to Massachusetts law, the Management shall not make an inquiry concerning race, religious creed, color, national am, 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. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, 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 Rental Housing Association lease or Tenancy at Will 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 as shown above, or 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.

THIS APPLICATION MUST BE ACTED UPON BY THE OWNER ON OR BEFORE

The renting agent is an independent contractor and has no authority to make any representation concerning the premises; the renting agent is only authorized to show the apartment for rent and to assist in the screening of rental applicants.

Renting Agent Signature



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GREATER BOSTON REAL ESTATE BOARD

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APARTMENT NO/TYPE TOTAL NO. OF OCCUPANTS NO. OF ADULTS NO. OF PETS
Base rent per month \$
(Subject to escalation as set forth in lease)
Other Monthly Charges (e.g. parking, etc.)

ADDRESS NAMES & AGES OF MINOR CHILDREN
Key/Lock

CITY OCCUPANCY DATE RENT BEGINS
Last Month's Rent

TERM OF LEASE (MONTHS) FROM (DATE) TO (DATE)
Security Deposit

Base Rent and Other Monthly Charges are due and payable on the first day of each month in advance.
Deposit on Account

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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

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Landlord's Name and Address _____

Landlord Tel: _____

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