



0BR   1BR   2BR   3BR   4BR   5BR   6BR  
                    
  Market Rent   Wheelchair  
 Basic Rent   Adapted Unit  
 Low Rent    Yes  No  
 Hearing/Visual  
 Adapted Unit  
 Yes  No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?  
 Yes  No If yes, please explain. \_\_\_\_\_

Present housing cost per month \$\_\_\_\_\_ Including utilities?  Yes  No  
 How long have you lived at present address? \_\_\_\_\_ years.  
 What are your reasons for moving? \_\_\_\_\_  
 How did you hear about this housing development? \_\_\_\_\_

**FAMILY COMPOSITION**

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	____	____	_____	Yes or No
Birth date (for head of household only) : _____					
2 _____	_____	____	____	_____	Yes or No
3 _____	_____	____	____	_____	Yes or No
4 _____	_____	____	____	_____	Yes or No
5 _____	_____	____	____	_____	Yes or No
6 _____	_____	____	____	_____	Yes or No
7 _____	_____	____	____	_____	Yes or No

**REFERENCES**



Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_. If yes, list the household members and type of assistance being received.

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Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_



Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

**INCOME FROM ASSETS**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.  
 \_\_\_\_\_



2. Does your present apartment contain health code violations? Yes \_\_\_\_ No \_\_\_\_ If so, please describe: \_\_\_\_\_

3. Is your present apartment too small for your family? Yes \_\_\_\_ No \_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_ No \_\_\_\_  
If so, please describe: \_\_\_\_\_

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

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**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

Have you or any member of your household resided outside of Massachusetts? \_\_\_\_\_. If yes, please list all other states of residence for each household member. \_\_\_\_\_

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**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

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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 and a Criminal Offenders Record Information (CORI) report or other criminal background check 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 form the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*



\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_ [insert name of Management Agent], acting as management agent for \_\_\_\_\_ [insert name of Development] (the “Development”) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

***NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.***

***Applications for Federally Assisted Housing must include completed Form HUD-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).***

***Applicants for Non-Federally Assisted Housing may use Form HUD-920006 or provide supplemental or optional contact information below:***

**Name of Additional Contact  
Person or Organization:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Telephone No:**

\_\_\_\_\_

**E-Mail Address (if applicable):**

\_\_\_\_\_

**Relationship to Applicant:**

\_\_\_\_\_

**Reason for Contact:**

\_\_\_\_\_

***NOTE: the formal application form must include an Equal Opportunity logo and a Handicapped Access logo (where appropriate).***

