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|----------------------------|----|----|-------|
| For Office Use Only | | | |
| Hhld | \$ | VI | Subsd |
| BR: | 0 | 1 | 2 |
| AMI: | 30 | 40 | 50 |
| Preferences: | M | V | B |
| Ineligible: | OI | HS | UI |
| For Office Use Only | | | |

Preliminary Application For Occupancy

Duplicate applications may be disqualified. Supporting materials will be requested for presentation at individual household interviews.

Application #:

This information is to be filled out by the head of the household. Please complete all sections and sign the last page.

Name:

Street Address: Apt. #: City, State, Zip Code:

Home Phone: Cell Phone: E-Mail:

Check what size units you want to be considered for:
 ___ Studio
 ___ 1-bedroom
 ___ 2-bedroom
 ___ 3-bedroom
 ___ All units for which application is eligible

Please place a check if you are requesting a unit with special accommodations for any member of your household due to mobility disability _____ and / or a sensory disability _____.

Housing Status

Present Landlord or Managing Agent: Are you sharing your apartment? Is your landlord/managing agent a relative?
 Yes No Yes No

Is the apartment lease in your name? Do you pay your own rent? If not, who does?
 Yes No Yes No

Address of Present Landlord/Managing Agent: City, State: Zip Code:

Landlord / Managing Agent Telephone Number:

Monthly rent: Does your rent include heat? Average Utility Bill:
 How much do you contribute to the monthly rent? (If you do not contribute anything, write "0")
 Yes No Yes No \$

Is your rent based on your income? Do you currently have a Section 8 Voucher? Size of present apartment:
 Yes No Yes No

How long have you lived at this address? Reasons for wanting to move?
 ___ years ___ months

If you have lived at your current address less than three years, what was your previous address?

Name of Previous Landlord/Managing Agent: Street: City/State: Zip Code:

Previous Landlord/Managing Agent Telephone Number:

Reason for moving:

Previous rent per month:
 \$

Household Information List ALL persons who will occupy the apartment; List yourself as HEAD.

| Full Name | Relationship | Date of Birth |
|-----------|------------------------------------|---------------|
| 1) _____ | Head of Household | _____ |
| 2) _____ | Relationship to head of household: | _____ |
| 3) _____ | Relationship to head of household: | _____ |
| 4) _____ | Relationship to head of household: | _____ |
| 5) _____ | Relationship to head of household: | _____ |
| 6) _____ | Relationship to head of household: | _____ |

Do you have any pets? Yes No If yes, what kind? Name

Income from Current Employment

List all **current** full- and/or part-time employment income for all household members. Do not include prior employment. (Include self-employment gross earnings and net taxable earnings.) See below for non-employment sources of income.

| Full Name | Occupation | Name/Address of Employer | Start Date | What is your income? Fully describe how you are paid on a gross basis, before payroll deductions. For example: 'I earn \$11 an hour and work 20 hours per week, all year' or 'I earn \$12 an hour for 40 hours, and then \$18 for 10 overtime hours – this happens every week' |
|-----------|------------|--------------------------|------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Income from Other Sources

(Examples: List all public assistance (including housing allowance), A.F.D.C., Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, all Armed Forces pay, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED) Do not list SNAP amount or value of housing voucher

| Full Name | Type of Income | Amount |
|-----------|----------------|--------------------|
| 1. | | \$ _____ Per _____ |
| 2. | | \$ _____ Per _____ |
| 3. | | \$ _____ Per _____ |
| 4. | | \$ _____ Per _____ |
| 5. | | \$ _____ Per _____ |
| 6. | | \$ _____ Per _____ |

Total **GROSS** Annual Household Income:

Add income from all sources: employment, other sources, assets, and indicate the total expected annual income: \$ _____ per year

Question 1

Are you or a member of your household an employee or affiliate of Related Companies? YES NO

If "yes," please specify the entity at which you or a member of your household is employed.

Question 2

If you answered "yes" to question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? YES NO

Note: If you answered "yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the open market process, when you will also be required to provide other documents to verify income and eligibility.

Assets

Complete each category as applicable.

Checking Account - Name of Bank:

Passbook/Savings Account - Name of Bank:

Address:

Address:

Account # (last 4 digits only):

Account # (last 4 digits only):

Balance/Date:

\$ / as of

Balance/Date:

\$ / as of

Money Market Account - Name of Bank

Certificate of Deposit (CD) - Name of Bank

Address:

Address:

Account # (last 4 digits only):

Account # (last 4 digits only):

Balance/Date:

\$ / as of

Balance/Date:

\$ / as of

Stocks and Bonds Value:

\$

Savings Bond Value:

\$

IRA/Keogh/Retirement/Pension Account 1 - Name of Financial Agent 1:

IRA/Keogh/Retirement/Pension Account 2 - Name of Financial Agent 2:

Address:

Address:

Account # (last 4 digits only):

Account # (last 4 digits only):

Account Value:

\$

Account Value:

\$

Have you received any lump sum receipts, such as an inheritance, insurance payments, lottery winnings, etc?:

If yes, when? Amount received?

Do you own any real estate?

Yes No

If yes, what is the current market value & current mortgage balance?

Have you ever owned any real estate?

Yes No

If yes, when? When sold? For how much?

Has any adult family member disposed of any assets for less than fair Market value during the previous two years? Yes No

If yes, what was received for it?

Student Status

List all persons who attend school presently. *ALSO LIST ANY STUDENT ENROLLED IN THIS CALENDER YEAR, EVEN IF THEY GRADUATED

Full Name

Name and address of School

1.

2.

3.

4.

5.

6.

General Questionnaire

1. Have you or any adult member of your household ever been evicted? If yes, when? Explain circumstances briefly.

2. Have you or any adult member of your household filed for personal bankruptcy? If yes, please explain circumstances.

3. Are there any current debts on which you are more than 90 days delinquent? If yes, please describe.

4. Were you or any adult member of your household ever convicted of a felony? If yes, when? Explain circumstances briefly.

5. Has anyone in your household been convicted of violating any drug related laws?

Program Information

How did you hear about the development?

Why are you applying to our development?

Racial Group Identification (Provided by the applicant on a voluntary basis. Used for statistical purposes only.)

THIS INFORMATION WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.

Please describe the head-of-household both by ethnicity **AND** by race (example: Hispanic ethnicity and Black race)

1. **Ethnicity:** Hispanic or Latino **AND** Non-Hispanic or Latino
2. **Race:** American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Signature:

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

X

Signature of Head of Household:

Date:

SINCE SO MANY HOUSEHOLDS NEED HOUSING THIS DEVELOPMENT WILL NOT BE ABLE TO ACCOMMODATE ALL WHO ARE ELIGIBLE. THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER HOUSEHOLD. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS MAY BE DISQUALIFIED.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR HOUSING.

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE.

ATTENTION: NO MAJOR APPLIANCES OR WATERBEDS ALLOWED. WE DO NOT INSURE PERSONALPROPERTY. WE ENCOURAGE OUR RESIDENTS TO PURCHASE PERSONAL PROPERTY INSURANCE.

THE INFORMATION PROVIDED IN THIS DOCUMENT IS INTENDED FOR **CONFIDENTIAL PURPOSES** USED ONLY FOR INTERNAL VERIFICATION AND CONFIRMATION AND IS EXEMPT FROM PUBLIC DISCLOSURE TO THE FULLEST EXTENT PERMITTED BY LAW.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN SEEKING HOUSING, YOU SHOULD CONTACT THE BOSTON FAIR HOUSING COMMISSION AT 617-635-2500 OR THE MASS COMMISSION AGAINST DISCRIMINATION AT 617-727-3990.

