

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

SITE NAME: <u>Hayward Landing</u>	PRELIMINARY RENTAL APPLICATION
	Equal Housing Opportunity
ADDRESS: <u>26 North Street</u>	Please print and fill in ALL Information.
CITY, STATE: <u>Douglas, MA 01516</u>	
Phone #: <u>(508) 476-3777</u>	
FAX #: <u>(508) 476-3187</u>	
TDD #: <u>(800)439-2370</u>	
	Date _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel _____

Present Address _____
street city state zip

Mailing Address _____
(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native
- Black(not of Hispanic origin)
- White(not of Hispanic origin)
- Asian or Pacific Islander
- Hispanic

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR 5BR 6BR

UNIT TYPE REQUESTED:

Market Rent
 Basic Rent
 Low Rent
 Wheelchair Adapted Unit
 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)
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1 _____	Head of Household	_____	_____	_____	Yes or No
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Birth date (for head of household only) : _____

2 _____	_____	_____	_____	_____	Yes or No
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3 _____	_____	_____	_____	_____	Yes or No
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4 _____	_____	_____	_____	_____	Yes or No
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5 _____	_____	_____	_____	_____	Yes or No
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6 _____	_____	_____	_____	_____	Yes or No
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7 _____	_____	_____	_____	_____	Yes or No
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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.

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

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.

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. _____

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

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 HUD assisted housing must include completed Form HUD-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for non-HUD 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).

Consent for Release of Information

Development: _____

Agent: _____

Name: _____

Phone: _____

Address: _____

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date

THIS CONSENT IS VALID FOR A PERIOD OF
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.