



Rental Application

Property Name _____ Address _____ City/State/Zip _____ Phone/Fax _____	FOR OFFICE USE ONLY <i>Circle one: Original Update</i>
	Date Received _____
	Time Received _____
	Received By _____
	Apt. Size Requested _____

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.
Please complete and attach a separate Rental Application - Member Information form for each household member.

First Name	MI	Last Name	Relationship to Head of Household <small>Options: Spouse Co-Head Dependent Live-in Aide Foster Child/Adult Other Family Member</small>	Are you enrolled as student at an institute of higher education?	Sex*
			Head of Household		

How did you hear about us? _____ *Options for sex are (M)-Male, (F)-Female or choose to (ND)-Not Disclose.
 Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? Yes No

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions/inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be mailed to: Strategic Housing Partnership Coordinator- MRC, 600 Washington Street, Boston, MA 02111.

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY Approved <input type="checkbox"/> Rejected <input type="checkbox"/> By _____ on ____ / ____ / ____

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



Rental Application – Member Information



DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Member Name _____ Head of Household Name _____

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

Date of Birth _____ SSN _____
 Check here you were 62 or older as of January 31, 2010.

<input type="checkbox"/> Check here if member address is the same as Head of Household	Email _____	<input type="checkbox"/> N/A
Street Address _____	Home Phone _____	<input type="checkbox"/> N/A
City _____	Work Phone _____	<input type="checkbox"/> N/A
State _____ Zip _____	Cell Phone _____	<input type="checkbox"/> N/A

List all states you have ever resided in (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No If Yes, which state? _____

Are you temporarily displaced due to a disaster? Yes No

Do you require an accessible unit due to a disability? Yes No

Are you a U.S. military veteran? Yes No

Race* (Choose all that apply)

- American Indian
- Alaska Native
- Asian
- African American
- Native Hawaiian
- Pacific Islander
- White
- Other

Ethnicity* Hispanic or Latino Not Hispanic or Latino

**This information is gathered for statistical purposes only*

BACKGROUND AND CRIMINAL HISTORY

Is member 18 years of age or older? Yes No **If No, skip this section**

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred.

Sexual misconduct? Yes No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? Yes No

Are you currently engaged in illegal drug use? Yes No

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Rental Application – Member Information



Member Name _____ Head of Household Name _____

RENTAL HISTORY

Is member 18 years of age or older? Yes No **If No, skip this section**

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

Check here if member address is the same as Head of Household

Current Landlord Name _____ Rent Per Month _____

Apartment Complex Name _____ N/A Move In Date _____

Street Address _____

City, State, Zip _____

Phone Number _____

Do you live in subsidized housing? Yes No If Yes, are you currently receiving assistance? Yes No

Check here if member address is the same as Head of Household

Previous Landlord Name _____ Rent Per Month _____

Street Address _____

City, State, Zip _____

Phone Number _____

Move in date _____ Move Out Date _____

Are you homeless or lacking a fixed nighttime residence? Yes No



Rental Application – Member Information

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Member Name _____

Head of Household _____

ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Savings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
CD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Balance _____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
EFT Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance _____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance _____

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand	<input type="radio"/> Yes <input type="radio"/> No	Amount _____
Do you own real estate (home, land, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	Estimated Market Value _____
Do you own a collection held as an investment?	<input type="radio"/> Yes <input type="radio"/> No	Estimated Market Value _____
Do you have any other assets not listed above?	<input type="radio"/> Yes <input type="radio"/> No	_____

Have you disposed of any assets for less than fair market value within the last two years? Yes No

If Yes, provide date of disposal _____ Amount Received _____ Estimated Market Value _____

EXPENSES

Medical/Disability

Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? Yes No **If No, go to the next section**

If you answered Yes, only list out-of-pocket expenses **the member completing this form** pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part D) _____

Monthly prescription copay costs _____ Monthly Medical Insurance _____

Other medical/disability expenses _____ Installment Payments on Doctor Bills _____

Hospital bill installment payments paid in the last 12 months _____

Childcare Is the member completing this form paying expenses for the care of a child under age 13? Yes No **If No, go to the next section**

Does this care allow you to Work Seek Employment or Further your academic or vocational education?

Child's Name _____ Child's Name _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor _____

Date _____