

Rental Application

Date of Application _____

Applicant
Applicant Name _____
Applicant Address _____ _____
Applicant Social Security # _____
Applicant Date of Birth _____
Applicant Telephone # _____

Co-Applicant
Co-Applicant Name _____
Co-Applicant Address _____ _____
Co-Applicant Social Security # _____
Co-Applicant Date of Birth _____
Co-Applicant Telephone # _____

Applicant Current Landlord Information
Current Address _____ _____
Length of Time at Current Address _____
Current Landlord _____
Current Landlord Address _____ _____
Current Landlord Telephone _____

Prior Landlord Information
Prior Address _____ _____
Length of Time at Prior Address _____
Prior Landlord _____
Prior Landlord Address _____ _____
Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

Employment		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Sources of Other Income		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Assets		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferences		
Do you qualify for the following MassHousing Preferences?		
a) 1 st Priority: Homelessness due to Displacement by Natural Forces	Yes	No
b) 2 nd Priority: Homelessness due to Displacement by Public Action (Urban Renewal)	Yes	No
c) 3 rd Priority: Homelessness due to Displacement by Public Action (Sanitary Code Violations)	Yes	No
d) 4 th Priority: Involuntary Displacement by Domestic Violence	Yes	No
<i>Before being granted a preference, you will be given the opportunity to show that you qualify for these preferences.</i>		

Emergency Contact	
Name _____	Relationship _____
Address _____ _____	Telephone _____

