

Abbott House
 Mail Application to:
 Saint Alfio's Villa
 35 Common Street
 Lawrence, MA 01840
 Tel: (978) 689-0252

WESTON

A S S O C I A T E S

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 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Emergency Contact | |
|--------------------------|--------------------|
| Name _____ | Relationship _____ |
| Address _____ | Telephone _____ |
| _____ | _____ |



Rental Application

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Questionnaire

How many people will be residing in the apartment? _____

What unit size do you require? _____

Have you or a member of your household ever been charged with a crime? Yes _____ No _____

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes _____ No _____

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes _____ No _____

Are you, or any member of your household, subject to a State lifetime sex offender registration in any state? Yes _____ No _____

Has your housing assistance in a subsidized housing program ever been terminated? Yes _____ No _____

List all the states that you and all the members of your household have ever lived in _____

The Department of Housing and Urban Development (HUD) requires **Weston Associates Management Co., Inc.** as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor **Weston Associates Management Co., Inc.'s** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

- _____ White/Non-Minority
- _____ Hispanic
- _____ Black
- _____ Native American/Alaskan Native
- _____ Asian/Pacific Islands
- _____ I do not wish to furnish this information

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here. ___ Yes ___ No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

Applicant's Signature/Head of Household

Date

Co-Applicant's Signature/Co-Head of Household

Date

