

South Cove Plaza
 230 Stuart Street
 Boston, MA 02116
 Tel: (617) 423-9797

WESTON ASSOCIATES

Rental Application

Date of Application _____

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

Co-Applciant
Co-Applciant Name _____
Co-Applciant Address _____ _____
Co-Applciant Social Security # _____
Co-Applciant Date of Birth _____
Co-Applciant 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-Applciant 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 _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.