

# Chapman House

## MARKET APPLICATION

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.

### Instructions for Applicant:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g., "Whiteout").
2. All household members aged 18 or older, and guarantors/co-signers must complete, sign, and date their own Application. All information must be complete and correct. **False, incomplete, or misleading information will cause your household's application to be declined.**
3. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter. If your household appears to be eligible for an applicable apartment, you will be contacted by Management.
4. Filling out an application does not guarantee you are eligible for an apartment at our community.
5. Submit current proof of income (e.g., last two (2) consecutive paystubs, most recent tax returns, etc.) with your completed application.
6. Prices and special offers are for new residents only. Pricing and availability subject to change at any time. Prices and specials are not guaranteed.
7. Return completed application to the management office via email, fax, or in person.

[Continue to the next page]

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្រិត ចាំបាច់ត្រូវចង់បានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه، أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (617) 569-2934 or TTY 711

## Market Application for Chapman House

61 Eutaw Street, Boston, MA 02128

TEL: (617) 569-2934 TTY: 711

EMAIL: ChapmanHouse@BeaconCommunitiesLLC.com

*This form must be filled out in English. Please print neatly in ink. All fields are required.  
Read the instructions on the cover page before completing each item.*

### 1. Name and address of applicant

Check this box if you are applying as a household member (not HOH) or guarantor/co-signer

Last Name

First Name

Middle Initial

Mailing Address

Apartment Number

City

State

Zip Code

(       )       --

Home  Cell  Work

Area Code / Telephone Number

Email Address

**2. What bedroom size(s) are you requesting?**     1-BR     2-BR     3-BR     Accessible

**3. Are you applying with a Co-Applicant(s)?**     Yes     No

If yes, name of Co-Applicant(s): \_\_\_\_\_

### 4. Screening

Date of Birth

SSN #

Driver's License Number

State Issued

**Note: If your and/or your household member(s) criminal record is SEALED, you may answer "NO" to the applicable questions asked below.**

**4a. Have you or any household member been convicted of, found guilty, or pled guilty or no contest to a Felony, Drug-related criminal offense, or Sexual offense?**     Yes     No

**4b. Have you or any family member been convicted or found guilty of the manufacture of methamphetamines on the premises of a federally assisted unit?**     Yes     No

If "Yes", please explain: \_\_\_\_\_

4c. Are you or any member of your household a lifetime registered sex offender?  Yes  No

If "Yes", for which States: \_\_\_\_\_

**5. Rental History**

**Current Address**

Years at Current Address	Rental Amount	Landlord Name	Landlord Phone Number
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**Previous Address**

Years at Previous Address	Rental Amount	Landlord Name	Landlord Phone Number
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**Previous Address**

Years at Previous Address	Rental Amount	Landlord Name	Landlord Phone Number
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If you need additional space for your rental history, please check this box  and attach a blank sheet of paper.

**6. Employment Information**

Employment Status	Name of Employer
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Address of Employer

Monthly Income (Gross)	Supervisor Name	Supervisor Contact Number
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Employed From:	Employment To: (if still employed, write "current")	Position Title
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**7. Pet Information**

- Dog      Weight: \_\_\_\_\_      Breed: \_\_\_\_\_      Name: \_\_\_\_\_
- Cat      Weight: \_\_\_\_\_      Breed: \_\_\_\_\_      Name: \_\_\_\_\_
- Other      Specify: \_\_\_\_\_

**8. Smoke-Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas, and any of all locations of this community. \_\_\_\_\_ (initial here)

**9. How did you hear about this Beacon Community?** \_\_\_\_\_

**10. Reasonable Accommodation**

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, visual aids (Braille), etc.)?

If yes, please describe: \_\_\_\_\_

**Certification of applicant:** I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must complete an application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership or NDC Real Estate Management LLC, Agent for this community, does not discriminate based on any state, federal, or local protected class in the access or admission to its programs or employment, or in its programs, activities, functions, or services.

X \_\_\_\_\_  
Signature of Applicant Date

**If you are signing this application electronically, the Head of Household must check this box  and complete the statement below:**

I, \_\_\_\_\_, acknowledge and understand that by signing this rental application electronically, that all electronic signatures are the legal equivalent of your manual/handwritten signature, and I consent to be legally bound to this agreement.

**PENALTIES FOR MISUSING THIS CONSENT:** 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 of 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 for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).