Management Use Only:

MANAGEMENT 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.

## **Orchard Gardens Estates**

25 Ambrose Street Roxbury, MA 02119

• /				
PRELIMINARY RENTAL APPLICATION				
Phone #: (617) 445-7881 TDD: (800) 541-1833 Ext.945 FAX #: (617) 4	45-3554			
DATE:				
APPLICATION FOR ADMISSION				
Note: Please fill in all sections completely. Failure to do so will result in pro rejection of your application. Should you need help in completing this applicant the Rental Office.				
<b>Applicant:</b> Home Tel				
Present Address				
street city state  List all the states where all household members have lived:	zip			
Race: (Optional Section: Information will be used for fair housing programs only, as required by Sta	ate and Federal Laws.)			
[ ] American Indian/Alaskan Native [ ] Asian or Pacific Islander				
[ ] Black (not of Hispanic origin) [ ] Hispanic [ ] White (not of Hispanic	nic origin)			
CHOOSE ONLY ONE SIZE OF APARTMENT: [ ] One Bedroom [ ] Two Bedroom [ ] Three Bedroom [ ] Four Bedroom				
Do you have a mobile voucher? $\square$ Yes $\square$ No If Yes, with what housing a	authority?			
Accessible Unit Required? ☐ Yes ☐ No				
This is an important notice. Please have it translated. Este é um aviso importante. Queira mandá-lo traduzir. Este es un aviso importante. Sirvase mandarlo traducir. DÂY LÀ MỘT BẬN THÔNG CÁO QUAN TRONG XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ÂY Ceci est important. Veuillez faire traduire.  本通知很重要。请将之译成中式。(Cambodian)				





Does any member of the hor changes in a unit or dev please explain.	velopment or alternate wa	ys we need t	o communio		
Present Housing Cost Per How Long Have You Live What are the reasons for M	ed at Present Address?	Years	S.		
FAMILY COMPOSITION INCLUDE YOURSELF Application will not preclude	*Not providing a Social Se	curity number			
FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF <u>BIRTH</u>	<u>SEX</u>	SOCIAL SECURITY <u>NUMBER</u>	FULL TIME STUDENT
1	Head of Household				Yes or No
2					Yes or No
3					Yes or No
4					_ Yes or No
<b>REFERENCES</b> - Full na over the last five years, su		ords or Offici	als at other	places you have l	ived
Name of Present Landlord Address			_		
Name of Previous Landlor Address	rd/Official		_ Telephone	e	
<b>NOTE:</b> If you are unable character references. The you.		_			to
Name of Character ReferenceAddress					
Name of Character Reference		Telephone			





Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the second page.

## **EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

<b>Member</b> #		
		Telephone
Address		
Years Employed	Position	Current Salary \$
		[]weekly[]bi-weekly[]monthly
Member #		
		Telephone
Address		
Years Employed	Position	Current Salary \$
		[]weekly[]bi-weekly[]monthly
Member #		
		Telephone
Address		Current Salary \$
Years Employed	Position	Current Salary \$
		[]weekly[]bi-weekly[]monthly
from Rental Property  Household Member	, Military Pay, Scholarship <u>Type of Income</u>	s, and/or grants.  Gross Earnings (Before Taxes)
		per
		per
		per (week,month,year)
INCOME FROM A	SSETS:	
		counts, Term Certificates, Money Markets,
Stocks, Bonds, Real	Estate holdings and Cash V	alue of a Life Insurance Policy.
<b>Household Member</b>	Type of Asset	<u>Cash Value</u>



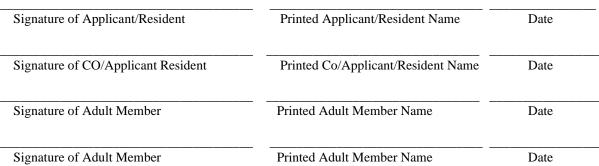


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AUTHORIZA	TION TO RELEASE INFO	RMATION	
Re: Applicant/Tenant			
Property Name:			
Address:			
/We, the undersigned below hereby authorion regarding employment, incompental application. I/We authorize release community listed on the attached verification provider.	ne and/or assets for purposes of verify of information without liability to the	ying information or e owner/manager o	n my/our apartment of the apartment
INFORMATION COVERED			
We understand that previous or current in hat may be requested include, but are not noome assets, etc. This also includes med authorization cannot be used to obtain information participation as a Qualified Tensor that the continued participation as a Qualified Tensor.	limited to: personal identity, student dical or child care allowances/expension formation about me/us that is not perti-	status, employmer ses. I/We understa	nt, other income, and that this
GROUPS OR INDIVIDUALS THAT M	IAY BE ASKED		
The groups or individuals that may be aske	ed to release the above information i	nclude, but are not	limited to:
Past and Present Employers Support and Alimony Providers State Unemployment Agencies Banks and other Financial Institutions	Welfare Agencies Educational Institutions Social Security Administration Previous Landlords (including Public Housing Agencies)	Veterans Admin Retirement Syste Medical and Chi Providers	ems
CONDITIONS			
We agree that a photocopy of this authornathorization is on file and will be valid foolder must sign this form.			
SIGNATURES			
Signature of Applicant/Resident	Printed Applicant/Residen	nt Name	Date



**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY



