

Documents Required With Application

Provide ONLY Documents that are Applicable to You

Personal

Social Security Card
Driver license/MA State ID
US Passport/Green Card
Birth certificate

Income

Social Security/SSI/SSP Income Letter
Most Recent Tax Return
ATM Card and statement if you receive your income and/or benefits on the ATM card
Employment Offer Letter (if you are starting or recently started a new job)
Pay Stubs – six (6) most current consecutive payments (for every job)
Unemployment – six (6) most current consecutive payments
Pension Income (other than Social Security)
Annuities Income
Child support/Alimony
Regularly occurring gifts
Any other regular income sources

Assets

Checking Account(s) – 6 most current consecutive month for every account
Saving Account(s) – 1 most current month for every account
Venmo, CashApp, Apple Cash or similar - 1 most current month for every account
401(k), 403(b) accounts most recent statements
Mutual Funds (if held outside of your 401(k), 403(b) accounts)
Brokerage statements (if held outside of your 401(k), 403(b) accounts)
IRA(s), Roth IRA
Annuities
Real Estate owned
Life insurance
Any other assets

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.

35@EightSixty

PRELIMINARY RENTAL APPLICATION

Check which community you are applying for. If you are interested in both communities, please check off both

_____ 860 Harrison Avenue _____ 35 Northampton Street

Boston MA 02118

Phone #: (617) 398-2610 TDD: (800) 545-1833 FAX #: (617) 516-8395

Date _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel _____

Present Address _____
street city state zip

Email Address _____

List all the states where all household members have lived:

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native Asian or Pacific Islander
- Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:

- Studio One Bedroom Two Bedroom Three Bedroom

Do you have a mobile voucher? Yes No If Yes, with what housing authority? _____

Accessible Unit Required? Yes No

This is an important notice. Please have it translated.	(Portuguese)
Este é um aviso importante. Quem mandá-lo traduzir.	(Spanish)
Este es un aviso importante. Sírvase mandarlo traducir.	(Vietnamese)
ĐÂY LÀ MỘT BẠN THÔNG CÁO QUAN TRỌNG	(French)
XIN VUI LÒNG CHỌI DỊCH LẠI THÔNG CÁO ẤY	(Chinese)
Ceci est important. Veuillez faire traduire.	(Cambodian)
本通知很重要。請將其譯成中文。	
នេះគឺជាជំពាក់សំខាន់ ត្រូវប្រើប្រាស់ប្រយោជន៍	



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. _____

Present Housing Cost Per Month \$ _____ Including Utilities? []Yes []No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment -

INCLUDE YOURSELF *Not providing a Social Security number for the Preliminary Application will not preclude you from being put on the waitlist.

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>FULL TIME STUDENT</u>
1. _____	Head of Household	_____	_____	_____	Yes or No
2. _____	_____	_____	_____	_____	Yes or No
3. _____	_____	_____	_____	_____	Yes or No
4. _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone _____
Address _____ Email _____

Name of Previous Landlord/Official _____ Telephone _____
Address _____ Email _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character/Advocate Reference _____ Telephone _____
Email Address _____

Name of Character/Advocate Reference _____ Telephone _____
Email Address _____



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:

Member # 1
 Name of Present Employer [REDACTED] Telephone [REDACTED]
 Address [REDACTED]
 Years Employed Position Current Salary \$
 [] weekly [] bi-weekly [] monthly

Member #
 Name of Present Employer Telephone
 Address
 Years Employed Position Current Salary \$
 [] weekly [] bi-weekly [] monthly

Member #
 Name of Present Employer Telephone
 Address
 Years Employed Position Current Salary \$
 [] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u> </u> per <u> </u>
<u> </u>	<u> </u>	<u> </u> per <u> </u>
<u> </u>	<u> </u>	<u> </u> per <u> </u> (week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>



OTHER INFORMATION:

Are you currently homeless? Yes No

(Example- if in Boston see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? Yes No

If yes, describe: _____

Have you ever been evicted or served with a Notice to Quit? Yes No

If yes, describe reason(s): _____

Are you currently under eviction or have you been evicted? Yes No

If yes, describe:

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? Yes No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense? Yes No

Is any member of your household currently engaging in illegal use of drugs? Yes No

Do you have a registration requirement under a state sex offender registration program? Yes No If yes, in what state? _____

If yes, is the registration a lifetime requirement? Yes No

Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

Do you own a pet? Yes No If yes, please list below:

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant Date _____
Co-Applicant Date

Trinity Management LLC does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.