



RENTAL APPLICATION
(Affordable Programs)

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 Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, including sections which do not apply to you. For instance, if a section asks for Social Security Income and you do not have Social Security Income, you may write "None" or "N/A" (not applicable). 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. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Rental Application. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
3. As long as your application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
5. Filling out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.

THIS IS A SMOKE-FREE COMMUNITY effective as of 9/1/2015. SMOKING WILL NOT BE ALLOWED ANYWHERE ON THE PROPERTY, INCLUDING BUT NOT LIMITED TO, APARTMENT HOMES, COMMON AREAS, PARKING LOTS, AND LANDSCAPED AREAS. THIS POLICY MEANS "NO SMOKING", NOT "NO SMOKERS". EVERYONE IS WELCOME TO APPLY FOR AN APARTMENT AT A BEACON COMMUNITY.

This is an important document, if you require 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
ប្អូនអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

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: 508-823-5346

A BEACON
rental community | **Rental Application**
Name of Community Desired Pine Grove Apartments

Date/Time Stamp

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

1. Name and address of head of household (HOH) Last Name _____ First Name _____ Middle Initial _____ Mailing Address _____ Apt. # _____ City _____ State _____ ZIP _____ () -- <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Area Code Telephone Number _____ Email _____	2. How many bedrooms does the household request? _____	5. List all the states where all household members have lived _____
	3. How many children under 18 in your household? _____	6a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense? <input type="checkbox"/> Yes <input type="checkbox"/> No 6b. Are you or any household member required to register as a Sex Offender for any duration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for which states: _____
	4. Is a pet a member of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Breed: _____	

7. Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Make: _____ Model: _____ Color: _____	8. Does the HOH have a Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: _____	9. Disability Do you need any specific features or unit designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
---	---	---

10. List others who will live with you. Include unborn children and live-in-aides.

#	Relation	Last Name	First Name + Middle Initial	Social Security Number	Birthdate (mm / dd / yyyy)	Disabled? (Y/N)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Self							
2								
3								
4								
5								
6								
7								
8								

Do you anticipate a change in your household composition in the next 12 months? Yes No If yes, please explain: _____

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 and all locations of this community. _____ (Initial here)



11. List the Gender, Ethnicity, and Race of household members	12. Income and assets Provide gross (not net) amounts for all questions.																
	12a. Total monthly income Include income from all family members. You may estimate. \$ _____	12b. Value of household assets Assets include bank accounts, investments, and real estate of all household members. \$ _____															
	12c. Income Source(s) Check all that apply. <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Wages</td> <td><input type="checkbox"/> SSA</td> <td><input type="checkbox"/> SSI – Federal</td> </tr> <tr> <td><input type="checkbox"/> SSI – State</td> <td><input type="checkbox"/> Child support</td> <td><input type="checkbox"/> Pension</td> </tr> <tr> <td><input type="checkbox"/> Unemployment</td> <td><input type="checkbox"/> Public Assistance</td> <td><input type="checkbox"/> Interest/annuity income</td> </tr> <tr> <td><input type="checkbox"/> Worker's compensation</td> <td colspan="2"><input type="checkbox"/> Other income: _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Someone pays my bills/gives me money: \$ _____/month</td> </tr> </table>		<input type="checkbox"/> Wages	<input type="checkbox"/> SSA	<input type="checkbox"/> SSI – Federal	<input type="checkbox"/> SSI – State	<input type="checkbox"/> Child support	<input type="checkbox"/> Pension	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest/annuity income	<input type="checkbox"/> Worker's compensation	<input type="checkbox"/> Other income: _____		<input type="checkbox"/> Someone pays my bills/gives me money: \$ _____/month		
	<input type="checkbox"/> Wages	<input type="checkbox"/> SSA	<input type="checkbox"/> SSI – Federal														
	<input type="checkbox"/> SSI – State	<input type="checkbox"/> Child support	<input type="checkbox"/> Pension														
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest/annuity income															
<input type="checkbox"/> Worker's compensation	<input type="checkbox"/> Other income: _____																
<input type="checkbox"/> Someone pays my bills/gives me money: \$ _____/month																	
Do you anticipate a change in your household income in the next 12 months? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If yes, please explain:																	
13. Violence Against Women Act Are you a victim of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No																	

14. How did you hear about us?

Advertising:

Website:

Social Media:

Friend:

Other:

15. Landlord history of past 5 years

Current Landlord		Prior Landlord	
Address		Address	
Phone Number		Phone Number	
Duration		Duration	

If you need additional space, please check this box and use a blank sheet of paper.

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 sign 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 any and 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, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

<u>X</u> _____ Signature of head of household Date	<u>X</u> _____ Signature of spouse or co-head of household Date
<u>X</u> _____ Signature of co-head of household Date	<u>X</u> _____ Signature of co-head of household Date

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).



OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR PRIORITY/PREFERENCE STATUS - PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION

1st Priority: Are you “**Homelessness Due to Displacement by Natural Forces**”? An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) Fire not due to the negligence or intentional act of applicant or a household member;
- (ii) Earthquake, flood, or other natural cause; or
- (iii) A disaster declared or otherwise formally recognized under disaster relief laws.

Yes _____ No _____

2nd Priority: Are you “**Homelessness Due to Displacement by Public Action (Urban Renewal)**”? An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application by:

- (i) Any low rent housing project as defined in M.G.L. c. 1218 § 1; or
- (ii) A public slum clearance or urban renewal project indicated after January 1, 1947; or
- (iii) Other public improvement.

Yes _____ No _____

3rd Priority: Are you “**Homelessness Due to Displacement by Public Action (Sanitary Code Violations)**”? An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Yes _____ No _____

4th Priority: Are you “**Involuntary Displaced by Domestic Violence**”? “**Domestic Violence**” as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or
- (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

Yes _____ No _____

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature. Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.