

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.

Maverick Landing Apartments

31 Liverpool Street
East Boston, MA 02128

PRELIMINARY RENTAL APPLICATION

Phone #: (617) 569-7455 FAX #: (617) 569-7456

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

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 Four 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 es un aviso importante. Quiera mandarlo traducir.	(Spanish)
Este es un aviso importante. Si vous mandez le traduire.	(Vietnamese)
ĐÂY LÀ MỘT BẢN THÔNG BÁO QUAN TRỌNG	
XIN VUI LÒNG CHỌI DỊCH LẠI THÔNG BÁO NÀY	
Ceci est important. Veuillez faire traduire.	(French)
本通知很重要。請將其譯成中文。	(Chinese)
ទំនាក់ទំនងសំខាន់ៗ ត្រូវប្រើប្រាស់ប្រយោជន៍	(Cambodian)



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 _____

Name of Previous Landlord/Official _____ Telephone _____
Address _____

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 Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
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 # _____
 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

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>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (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>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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 _____ Date
Co-Applicant

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.



AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant _____

Property Name: _____

Address: _____

I/We, the undersigned below hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, other income, income assets, etc. This also includes medical or child care allowances/expenses. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, 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 Administrations
Retirement Systems
Medical and Child Care
Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years or older must sign this form.

SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member 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



MANAGED BY: Trinity Management LLC 1.1.2021 (Page 5)

