Management Use	Only:
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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.

Washington Rocal Angutuants

	4560 Washington Street Roslindale, MA 02131					
PRELIMINARY RENTAL APPLICATION						
	Phone #: (617)477-8661 TDD: (1800) 545-1833 FAX #: (617) 477-8638					
	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					
	CHOOSE ONLY ONE SIZE OF APARTMENT: [] Studio [] One Bedroom [] Two Bedroom [] Three Bedroom [] Four Bedroom [] Five 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. 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 (Vietnamese) XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ÂY Cọci est important. Veuillez faire traduire. 本通知很重要,请将之译成中文。(Chinese) 185节日后们为识 公共5年月70万门设设8日为 (Cambodian)					



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



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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 Employ	yer	Telephone
Address		
Years Employed	Position	Current Salary \$
		[]weekly[]bi-weekly[]monthly
Member #		
Name of Present Employ	/er	Telephone
Address		
Years Employed	Position	Current Salary \$
		[]weekly[]bi-weekly[]monthly
Member #		
Name of Present Employ	er	Telephone
Address		TelephoneCurrent Salary \$[]weekly []bi-weekly []monthly
Years Employed	Position	Current Salary \$
		[]weekly []bi-weekly []monthly
List all other income sucl	INCOME BY HOUSE h as Welfare, Social Sect sation, Interest, Alimony	urity, SSI, Pensions, Disability Compensation,
List all other income sucl	h as Welfare, Social Secusation, Interest, Alimony	urity, SSI, Pensions, Disability Compensation, Child Support, Annuities, Dividends, Income
List all other income such Unemployment Compens from Rental Property, Mi	h as Welfare, Social Sect sation, Interest, Alimony litary Pay, Scholarships,	urity, SSI, Pensions, Disability Compensation, Child Support, Annuities, Dividends, Income and/or grants.
List all other income such Unemployment Compens from Rental Property, Mi	h as Welfare, Social Sect sation, Interest, Alimony litary Pay, Scholarships,	urity, SSI, Pensions, Disability Compensation, Child Support, Annuities, Dividends, Income and/or grants. <u>Gross Earnings (Before Taxes)</u>
List all other income such Unemployment Compens from Rental Property, Mi	h as Welfare, Social Sect sation, Interest, Alimony litary Pay, Scholarships,	urity, SSI, Pensions, Disability Compensation, , Child Support, Annuities, Dividends, Income and/or grants. Gross Earnings (Before Taxes)
List all other income such Unemployment Compens from Rental Property, Mi	h as Welfare, Social Sect sation, Interest, Alimony litary Pay, Scholarships,	urity, SSI, Pensions, Disability Compensation, , Child Support, Annuities, Dividends, Income and/or grants. <u>Gross Earnings (Before Taxes)</u>
List all other income such Unemployment Compens from Rental Property, Mi Household Member INCOME FROM ASSE Assets include Checking 2	h as Welfare, Social Sectoration, Interest, Alimony, Ilitary Pay, Scholarships, Type of Income TS: Accounts, Savings Accounts	urity, SSI, Pensions, Disability Compensation, , Child Support, Annuities, Dividends, Income and/or grants. Gross Earnings (Before Taxes)
List all other income such Unemployment Compens from Rental Property, Mi Household Member INCOME FROM ASSE Assets include Checking 2	h as Welfare, Social Sectoration, Interest, Alimony, Ilitary Pay, Scholarships, Type of Income TS: Accounts, Savings Accounts	urity, SSI, Pensions, Disability Compensation, Child Support, Annuities, Dividends, Income and/or grants. Gross Earnings (Before Taxes) per per (week,month,year) unts, Term Certificates, Money Markets,
List all other income such Unemployment Compens from Rental Property, Mi Household Member INCOME FROM ASSE Assets include Checking a Stocks, Bonds, Real Estatement of the Estatement of the Stocks and the Estatement of the Estat	h as Welfare, Social Section, Interest, Alimony, Ilitary Pay, Scholarships, Type of Income TS: Accounts, Savings Accounts and Cash Value an	urity, SSI, Pensions, Disability Compensation, Child Support, Annuities, Dividends, Income and/or grants. Gross Earnings (Before Taxes) per per per (week,month,year) unts, Term Certificates, Money Markets, ue of a Life Insurance Policy.



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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? \Box Yes \Box 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? \Box Yes \Box No If <i>yes</i> , describe:
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? \Box Yes \Box 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.



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Consent for Release of Information

(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name:	Phone:					
Address:						
I the above named individua	al, have authorized Trinity Management LLC to verify th					
of the information which I ha	ave provided, from the following sources (specify):					
subject to the condition that i	sion to release this information to the Trinity Management be kept confidential. I would appreciate your prompt a quested on the attached page to the Trinity Management of this request.	ttention in				
I understand that a photocopy of this authorization is as valid as the original.						
Thank you for your assistance	e and cooperation in this matter.					
Signed under the pains and p	penalties of perjury.					
Signature	Date					







CORI REQUEST FORM

me. The information below i	inal case information only and th f correct to the best of my knowl	edge.
	Applicant/Employee Signatur	re
Last Name	First Name	Middle Nam
Maiden Name	or Alias (if applicable)	Place of Birth
Date of Birth (Requested, not required)	Social Security Number	ID theft Index PIN* (if applicable)
	Mothers Maiden Name	
(CURRENT AND FORMER ADDRESS	ES:
ex: Height: _	ftIn. Weight	Eye Color
ate Drivers License Number (i	nclude state of issue):	
REQUESTED BY:	,	