



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

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.



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 individual, have authorized Trinity Management LLC to verify the accuracy of the information which I have provided, from the following sources (specify):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby give you my permission to release this information to the Trinity Management LLC, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Trinity Management LLC Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date



TRINITY MANAGEMENT

CORI REQUEST FORM

Trinity Management LLC has been certified by the Criminal History System Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

Last Name

First Name

Middle Name

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 ADDRESSES:

Sex: _____ Height: ___ft ___In. Weight _____ Eye Color _____

State Drivers License Number (include state of issue): _____

REQUESTED BY: _____
Signature of CORI Authorized Employee