

The information requested in this form is required by the government agency regulating this project.

# Packard Street Commons

Attn: Maloney Properties  
27 Mica Lane  
Wellesley, MA 02481

Website: [Packardstreetcommons.com](http://Packardstreetcommons.com)  
Tel: (617) 209-5460 MA Relay 711  
Email: [packardstreetcommons@maloneyproperties.com](mailto:packardstreetcommons@maloneyproperties.com)

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed-out information.

## PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

Preliminary applications are used to pre-qualify prospective applicants for the lottery as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon selection through the lottery or from the waiting list and may be interviewed for housing only after the receipt of the full application.

**Please complete all sections of this preliminary application and return to the address listed above. If a question is not applicable, write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion and will not be placed in the lottery or waiting list. Every family member aged 18 and over, as well as the Head, Co-head or Spouse must sign and date the application.**

Head of Household Name:					
Address:					
	<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
Daytime Phone:	Evening Phone:	Email Address:			

**Bedroom Size Requested:**    **One Bedroom**    **Two Bedroom**    **Three Bedroom**

**Preferences:** Verification of preferences will be requested during applicant screening process.

<p><b>Local Preference:</b> There are 17, 60% units set aside for this preference. Applicants must have at least one household member meeting one of the following criteria to qualify:  <b>1.</b> Currently a legal resident of the Town of Hudson, <b>2.</b> An employee of the Town of Hudson or employed at a company or organization located in the Town of Hudson, OR <b>3.</b> The household has a child enrolled in the Hudson Public Schools District. Check <b>yes</b> if you meet one of these qualifications.</p>	<input type="checkbox"/> Yes
<p><b>Homeless Household:</b> There are 4 units set aside for this preference: 3 two-bedroom units and 1 three-bedroom unit. Check yes if you are currently homeless as defined as living in a shelter that provides temporary living arrangements, living in a public or private place not meant as a regular sleeping place for human beings and/or on the street, without access to permanent housing or at immediate risk of becoming homeless? See the property website for more information.</p>	<input type="checkbox"/> Yes
<p><b>CBH (Community Based Housing) Program:</b> 3 one-bedroom units are modified and set aside for this program; do you meet the definition for program eligibility? To be eligible for a CBH unit, a person must have a physical or mental impairment of a permanent or long and continuous duration that substantially limits one or more major life activities. A medical professional must verify applicants meet CBH requirements. Priority will be given to individuals who are documented by a Massachusetts Rehabilitation Commission (MRC) Approved entity, secondly by individuals currently institutionalized or at risk of institutionalization and thirdly by any individual with a disability.</p>	<input type="checkbox"/> Yes

1. Do you or any member of your household need any specific features or apartment designs, such as wheelchair accessibility, visual aids (braille), or apparatus for hearing assistance?    Yes    No  
If Yes, please describe:

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Pam Moynagh coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

2. Does any member of your household have any accessibility or reasonable accommodation requests or alternative ways we need to communicate with you?

Yes  No If Yes, please explain: \_\_\_\_\_

3. Does your household have a Section 8, MRVP (Massachusetts Rental Voucher Program), or other Mobile Housing Voucher?  Yes  No

If Yes, please list the agency or housing authority who issued the voucher, agency contact name, and phone number: \_\_\_\_\_

**Demographic Information:** This information is collected for the sole purpose of tracking our affirmative fair housing marketing plan efforts.

**PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT INCLUDING THE HEAD OF HOUSEHOLD**

	Name	Relationship to Head of Household	Birth Date	Demographics (Circle All That Apply)  See Numerical Code Below	Student Status (Must Circle as Applicable to EACH Member)
1.		Head		1 2 3 4 5 6	Full-time / Part-time / Not Student
2.				1 2 3 4 5 6	Full-time / Part-time / Not Student
3.				1 2 3 4 5 6	Full-time / Part-time / Not Student
4.				1 2 3 4 5 6	Full-time / Part-time / Not Student
5.				1 2 3 4 5 6	Full-time / Part-time / Not Student
6.				1 2 3 4 5 6	Full-time / Part-time / Not Student

[1. White] [2. Black/ African American] [3. American Indian/ Alaska Native] [4. Asian]

[5. Native Hawaiian/ Pacific Islander] [6. Hispanic/ Latino (of any race)]

Will <b>all</b> the persons in the household be, or have been, full-time students during five calendar months of this year OR plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i><u>If you answered <b>yes</b> to the above question, please complete the following:</u></i>	
a. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are any student(s) enrolled in a job-training program receiving assistance under the Workforce Investment Act or similar federal, state or local program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are any full-time student(s) a Title IV or TANF/AFDC (Temporary Assistance for Needy Families/Aid to Families with Dependent Children) recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are any full-time student(s) a single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are any full-time student(s) student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Please list all sources of income for all household members anticipated over the next 12 months. **NOTE: "Income" includes but is not limited to all money received from Employment, Social Security Benefits, Supplemental Security Payments, Pensions, Veteran's Benefits, Unemployment Compensation, Public Assistance, Child Support, Alimony and interest earned from assets.** Please indicate the total annual income PRIOR to deductions (taxes, etc.):

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. **NOTE: "Assets" include but are not limited to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, brokerage accounts, investments, real estate, and investment properties.**

Household Member Name	Type of Asset	Balance/ Value

<b>Have you or any member of your household been: (A) convicted of a felony in the last 5 years; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, specify whether (A) and/or (B) above is applicable including member name(s) and description of convictions etc. including dates. Attach separate sheet if necessary:</b>	
<b>Provide a complete list of ALL States in which any applicant household member has ever resided:</b>	

**Certification:** I/We further certify that this will be my/our sole and permanent residence. I/We understand I/We must pay a \$500 security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's tenant selection plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household): _____	Date: _____
Signature (Co Head / Spouse): _____	Date: _____
Signature (Other Adult) _____	Date: _____
Signature (Other Adult): _____	Date: _____

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