

# The Elm at Island Creek Village

24 Post Road ■ Duxbury, MA 02332 ■ Tel (781) 934 - 6714 ■ Fax (781) 846- 5818 ■ TTY: 711  
 E-Mail: IslandCreekInfo@BeaconCommunitiesLLC.com

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. \* If something below does not apply to you, please write "N/A".

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Bedroom Size Requested:  1 Bdrm  2 Bdrm  3 Bdrm  Handicap Accessible

List ALL persons who will occupy the apartment. Please fill in all requested information.

|              | Name | Birthdate | SS# | Gender | Relationship | Annual Wage |
|--------------|------|-----------|-----|--------|--------------|-------------|
| Applicant    |      |           |     |        |              |             |
| Co-Applicant |      |           |     |        |              |             |
| (3)          |      |           |     |        |              |             |
| (4)          |      |           |     |        |              |             |
| (5)          |      |           |     |        |              |             |
| (6)          |      |           |     |        |              |             |

Will a pet be part of your family?  Yes  No Type of pet \_\_\_\_\_

How did you hear about this *Beacon Community*? \_\_\_\_\_

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, etc.)?  Yes  No

If yes, please describe: \_\_\_\_\_

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 above)

**Present Housing:** Do you  Own  Rent  Other

If "other", what is your relationship to the current landlord? \_\_\_\_\_

Name of **Present** Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Name of **Previous** Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

**Current Employment – Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Current Employment - Co-Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Verification Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Other Income**

**Monthly Amount**

Social Security : \_\_\_\_\_ \$ \_\_\_\_\_

Suppl. Soc. Income (SSI): \_\_\_\_\_ \$ \_\_\_\_\_

Veteran's Assistance: \_\_\_\_\_ \$ \_\_\_\_\_

Pensions: \_\_\_\_\_ \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Bank References**

Name                      Bank Address                      Type of Account                      Account No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit References**

Name                      Type of Account                      Account No.

\_\_\_\_\_  
\_\_\_\_\_

**Assets**

Stocks \_\_\_\_\_ Bonds \_\_\_\_\_  
Real Estate \_\_\_\_\_ 401(k)/Retirement Fund \_\_\_\_\_  
Other \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (Optional)**

These are optional questions, but are important for fair housing purposes.  
Please indicate appropriate category.  
If you choose not to answer, please write N/A in the space provided. Thank you.

**Race of Head of Household # \_\_\_\_\_**

- |                                      |                     |              |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander         | 4. Hispanic         | 6. Other     |

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

**I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.**

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, 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.

The above statements are made under the penalties of perjury and all must be verified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leasing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant:

Community Name:     ***The Elm at Island Creek Village***  
                              24 Post Road  
Address:               Duxbury, MA 02332  
Phone:                 (781) 934.6714

As managing agents for The Elm at Island Creek Village, we are required to verify the eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address above at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
Property Manager

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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***Release by Applicants/Residents***

I hereby authorize you to furnish all requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**ADDENDUM TO THE RENTAL APPLICATION**

Beacon Residential Management prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

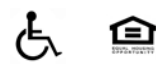
- Do you have a registration requirement under a state sex offender registration program? \_\_\_\_\_
- If so, in what state? \_\_\_\_\_
- Is the registration requirement a lifetime requirement?     Yes     No

**CERTIFICATION**

I/We certify that all information on this addendum 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 this Addendum to the Rental Application.

SIGNATURE(S):

|  |      |
|--|------|
| (Signature of Applicant)                 | Date |
| (Signature of Co-Applicant)              | Date |
| (Signature of Co-Applicant)              | Date |
| (Signature of Management Representative) | Date |



## Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange **and** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a **Reasonable Accommodation Request Form** or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.



\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date