



# INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

**Please read these instructions in full before completing your application.**

1. You must fill out the application and required attachments completely. Please Identify the **Community Name**. If there is information that doesn't apply, please write "N/A" in the blank.
2. Information provided on this Application will be treated as confidential.
3. You intend to reside in the development as your primary and sole residence.
4. You may apply for more than one unit type, however, your household size and composition must be appropriate for the unit size.
5. Information for all adults 18 years of age and older planning to reside in the apartment must be provided.
6. All information provided will be verified. If you have intentionally falsified or omitted information, your application will be rejected.
7. Your total household income and assets must be within the required limits:

**Include as income:** income of all household members 18 years of age and older, includes but is not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

**Include as assets:** the current value of all savings, checking; express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)

8. Divestment of assets within two years of application for greater than \$1,000 for less than fair market value will be counted for imputation of income at full and fair value.
9. You must have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or have assets equal to at least two years of rent or a 2-year history of paying more than 40%.
10. Credit/Criminal background checks and rental references will be obtained for all adult household members 18 years of age and older.
11. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
12. Applications will be reviewed as quickly as possible to determine preliminary eligibility.
13. Priority for the accessible units will be for families which require physical accommodations.
14. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
15. Completed applications may be mailed or returned in person to the management office at the property.
16. For more information, please call the management office.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono a continuación o venga a nuestras oficinas y le brindaremos servicios de interpretación gratuitos.

這是重要的文件。如果您需要口譯服務，請撥打以下電話或致電我們的辦公室，我們將提供免費的口譯服務。

Isso é um documento importante. Se necessitar de interpretação, por favor ligue para o número de telefone abaixo ou venha aos nossos escritórios e iremos fornecer serviços de interpretação gratuitos.

Это важный документ. Если вам требуется устный перевод, позвоните по указанному ниже номеру телефона или приходите в наши офисы, и мы предоставим бесплатные услуги устного перевода.

Đây là một tài liệu quan trọng. Nếu bạn yêu cầu phiên dịch, vui lòng gọi số điện thoại bên dưới hoặc đến văn phòng của chúng tôi, chúng tôi sẽ cung cấp dịch vụ phiên dịch miễn phí.

นี่เป็นเอกสารสำคัญ

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่สำนักงานของเราและเราจะให้บริการล่ามฟรี

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba a oswa vini nan biwo nou yo epi n ap bay sèvis entèpretasyon gratis.

Kani waa dukumenti muhiim ah. Haddii aad u baahan tahay tarjumaad, fadlan wac lambarka taleefanka ee hoos ku yaal ama kaalay xafiisyadayada waxaan ku siin doonnaa adeegyo tarjumaad lacag la'aan ah.

هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية، فيرجى الاتصال برقم الهاتف أدناه أو الحضور إلى مكاتبنا وسنوفر خدمات الترجمة الفورية مجاناً

Telephone:  
781.794.1000

MA - TTY 711 or 1.800.439.2370  
RI - TTY 711 or 1.800.745.5555  
FL - TTY 711 or 1.800.955.8771  
NJ - TTY 711 or 1.800.852.7899

## RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

## RIGHT TO ASL INTERPRETER

All tenants, applicants, and potential applicants who are deaf or hard of hearing have a right to an appropriate, certified interpreter paid for by Peabody Properties.

## VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

Peabody Properties and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.





You must fill out the application and required attachments completely. If there is information that doesn't apply, please write "N/A" in the blank. Also, please make sure you list a Community Name.

**MANAGEMENT USE ONLY**

Date/Time Application Received:

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

**RENTAL APPLICATION**

Community Name: \_\_\_\_\_

Bedroom size(s) applying for: \_\_\_\_\_ ( Note if accessibility features are requested:  Mobility  Vision  Hearing )

Applicant #1: \_\_\_\_\_ What is your gender identity or expression?  
 First Name MI Last Name  Male  Female  Non-Binary  Choose not to share

\_\_\_\_\_  
 Social Security Number Phone (Home, Mobile, or Other) Email  
 Address: Street and Apartment # Town/City State Zip Resided Since \_\_\_\_\_ to Current  
 Month/Year

Applicant #2: \_\_\_\_\_ What is your gender identity or expression?  
 First Name MI Last Name  Male  Female  Non-Binary  Choose not to share

\_\_\_\_\_  
 Social Security Number Phone (Home, Mobile, or Other) Email  
 Address: Street and Apartment # Town/City State Zip Resided Since \_\_\_\_\_ to Current  
 Month/Year

How did you hear about this development? \_\_\_\_\_

**PRESENT LANDLORD**

Landlord Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
 Street Apt. # Town/City State Zip

Is apartment rented to you? YES  NO  If NO, explain: \_\_\_\_\_

Are you presently under lease? YES  NO  If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Amount of rent per month \$ \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Occupants: \_\_\_\_\_ Do you own a home? YES  NO

Are you receiving rental assistance? YES  NO  If Yes, what housing authority? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES  NO  If YES, explain: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_

**PREVIOUS LANDLORD (Five (5) Year History Required)**

Landlord Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
 Street Apt. # Town/City State Zip

Applicant's Address: \_\_\_\_\_  
 Street Apt. # Town/City State Zip

Was apartment rented to you? YES  NO  If NO, explain: \_\_\_\_\_

# of people residing at premise: \_\_\_\_\_ Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES  NO  If YES, did you remain for its term? YES  NO

Did you receive any notice of termination of tenancy? YES  NO  If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_



Please provide list of all states in which any household member has resided: \_\_\_\_\_

Please list all previous apartment address if above are less than five (5) years: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES  NO  If yes, please explain: \_\_\_\_\_

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY or TAX I.D. NUMBER

\*The information provided for gender is for demographic purposes and is optional.

**EMPLOYMENT** (A minimum of 1 years' worth of employment history, if applicable, for each household member 18 years of age and older):

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ Yearly  Monthly  Weekly  Tel. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ Fax #: \_\_\_\_\_

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ Yearly  Monthly  Weekly  Tel. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ Fax #: \_\_\_\_\_

**OTHER SOURCES OF INCOME** (for *a//* Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Pension / Annuity / Trust	\$	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Child Support / Alimony	\$	
Student Financial Assistance	\$	
Gift Contributions	\$	
Other Income ( <i>please specify</i> )	\$	



**PERSONS TO NOTIFY** (Who is assisting you in completing this application and has permission to speak with us):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

**ASSETS** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate, Stocks, Bonds, Certificates, Express Debit Card, and Cash on Hand After Savings.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**ADDITIONAL INFORMATION:**

Are you or any member of the household subject to lifetime sex offender registration requirement in any state? YES  NO

Do you currently have a household pet? YES  NO ; if YES, what type? \_\_\_\_\_

How many cars will be parked at the premises? \_\_\_\_\_ (copies of registration must be provided)

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?

YES  NO ; if YES, *please explain*: \_\_\_\_\_

Have you or any household members on Federal Assistance ever been terminated for fraud?

YES  NO ; if YES, *please explain*: \_\_\_\_\_



## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

**Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.**

### ETHNIC CATEGORIES

- Hispanic or Latino                       Not-Hispanic or Latino

### RACE CATEGORIES

- American Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White                       Other  
 I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner/agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

**I understand that a false statement, misrepresentation or omission of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.**

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and/or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signatures and proof of identification will be required of all those who sign lease.

**Print application and mail to the community address.**



# RENTAL APPLICATION ATTACHMENT

(for all affordable housing programs)

This community may have certain preference criteria in place or a housing programs whereby certain deductions or considerations may apply. Upon request to management, you may receive a copy of the Tenant Selection Plan which describes the occupancy requirements, the application process and resident selection criteria including eligibility and screening requirements for residency at the property.

If you would like to be considered for a preference, deduction or special consideration should they apply to the property for which you are submitting this application, please respond to the following questions. Documentation will be required to verify eligibility for a preference, deduction, or other special consideration.

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1. Are you homeless due to displacement by natural forces such as fire, earthquake, flood, natural cause or declared disaster? YES  NO   
If yes, please describe:

\_\_\_\_\_

2. Are you or are you about to be homeless due to displacement by Urban Renewal? YES  NO   
If yes, please describe:

\_\_\_\_\_

3. Are you or are you about to be homeless due to overcrowding in housing that is too small for your family? YES  NO

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? If yes, household member will be requested to complete form HUD-5382 YES  NO

5. Are you displaced as a result of government action or a presidentially declared disaster? YES  NO   
If yes, please describe:

\_\_\_\_\_

6. Are you or any member of your household a veteran? YES  NO

7. Are you currently seeking housing through CBH or DMH? YES  NO

8. Are you or any member of your household a person with a disability? YES  NO   
If yes, please provide name(s) of the household members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does any member of your household require an apartment with accessible features? YES  NO   
If yes, please indicate type: Wheelchair Adapted  Hearing/Visually Adapted

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THE RESIDENCES AT  
**LINCOLN PARK**

## **CBH Screening**

In order to qualify for one of the Community Based Housing (CBH) units, an applicant must provide the Management Agent with a certificate from the Massachusetts Rehabilitation Commission (MRC) or its designee(s) which reliably establishes that a member of the applicant's household:

1. Has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency; **and**
2. Is institutionalized or is at risk of institutionalization in a nursing facility, hospital, or long term rehabilitation; **and**
3. Is **not** currently a client of DMH or DMR who is eligible for the Facilities Consolidation Fund.

A sample of the certification form that MRC or its designee(s) will use is attached. The Management Agent will provide a blank form to any potentially eligible applicant along with the contact list for MRC and other designees. The contact list is updated regularly and can be found on DHCD's web site at:

<http://mass.gov/dhcd/components/housdev/want/CBH.htm>.





THE RESIDENCES AT  
**LINCOLN PARK**

## Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

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Applicant's Name: \_\_\_\_\_

Yes  No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

Yes  No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

Yes  No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

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

I certify that the foregoing information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

Phone: \_\_\_\_\_

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

# DHCD Program Applicant Conflict Of Interest Statement (Attachment to Application)

Pursuant to DHCD Regulations “No Owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) may occupy a DHCD –assisted unit affordable housing unit in a project.”

I am applying for a unit in this development assisted with DHCD funds – I certify that I am not an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) OR

I am applying for a unit in this development assisted with DHCD funds – I certify that I am an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) but claim the following exemptions and request the following factors to be considered :

### Factors to be considered for exceptions:

In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements of the above threshold, HUD will consider the cumulative effect of the following factors, where applicable:

- The exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- I am a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity and the exception will permit me to receive generally the same interests or benefits as are being made available or provided to the group or class;
- I have withdrawn from functions or responsibilities or the decisionmaking process with respect to the specific assisted activity in question;
- The interest or benefit was present before I was in a position as described in 24 CFR Part 92.356 (c);
- Undue hardship will result either to the participating jurisdiction or the applicant when weighed against the public interest served by avoiding the prohibited conflict; and
- Any other relevant considerations

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Signature

Date

