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**252 Massachusetts Avenue, Arlington, MA 02474**

**781.859.5294**

**www.housingcorparlington.org**

**Application for Affordable Rental Housing**

**Personal Information:**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently live, work, or have children who attend school in Arlington? \_\_\_\_\_\_\_

If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

Household size (total number of people expected to live in unit) \_\_\_\_\_\_\_\_\_\_\_

Total adults: \_\_\_\_ Total children: \_\_\_\_

Number of bedrooms required: \_\_\_\_\_\_\_\_\_

Special accommodation requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list *all* household members, their ages, and relationship to applicant.

**Name: Date of Birth: Relationship to Applicant: Veteran (Y or N):**

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**Housing Situation:**

Do you have a section 8 housing voucher? Yes\_\_\_ No\_\_\_

Current monthly rent: \_\_\_\_\_\_\_\_ Current lease expires: \_\_\_\_\_\_\_\_\_\_

Explain need for housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Annual Income:**

Estimate the **gross household income** from all household members over the age of 18 for the next 12 months. List **all sources**, including but not limited to: salaries, alimony or child support payments, interest income, and government assistance.

**Household Source of Income: Gross Income**

# **Member: (name and address) for 12 months:**

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

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***ATTACH PROOF OF INCOME: W-2s, IRS form 1040, pay stubs, proof of public assistance, etc.***

**Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a misdemeanor or felony in the last five years? Yes\_\_\_\_ No\_\_\_\_

If there is a criminal record, please explain:

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

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**Applicant’s Certification:**

I understand that this application is not an offer of housing. I authorize the Housing Corporation of Arlington or its agent to make inquiries to verify the information I have provided in this application. I do hereby certify that all information within this application is true and correct. I understand that any false statement or misrepresentation may result in cancellation of this application. I hereby authorize Housing Corporation of Arlington and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated.

## SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All adult household members (18 years of age and older) in addition to signing the application must also sign the following (if applicable to the program for which you are applying):

* All release forms required for third party verification
* Any other documents required as a condition of program participation

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**Residential History:**

Please give residential history for the *past five years*. Please list most recent first.

Dates of Residency Address Landlord Name Phone

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

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**Personal and Employer References:**

Please list the names and phone numbers of two personal references. **One reference should be an employer.**

Reference Name Phone Relationship

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

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**Permission to Request Credit Report:**

*Applicant*

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*Co-Applicant*

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I hereby authorize the Housing Corporation of Arlington or its agent to obtain personal credit information pertaining to me and my family from any Credit Bureau and other sources.

APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Corporation of Arlington does not discriminate in the selection of applications on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability.

Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

**Please return application to:**

**Housing Corporation of Arlington or Fax: 781-859-5294**

**252 Massachusetts Avenue, Office**

**Arlington, MA 02474**