



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 **Property 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

หากคุณต้องการล่ามกรุณาโทรไปที่หมายเลขโทรศัพท์ด้านล่างหรือมาที่ สำนักงานของเราและเราจะให้บริการล่ามฟรี

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 waxaanan 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 مجانًا

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.

FAIR HOUSING/EQUAL OPPORTUNITY 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.

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 Property Name.

MANAGEMENT USE ONLY
Date/Time Application Received:

RENTAL APPLICATION

AAAA	
Housing Corporation	of Arlington

Property Name:	nousing Co	rporation of	Ariington			
Bedroom size(s) applying for:	(Note if acce	ssibility fe	eatures are rec	quested: 🗆 Mob	ility 🗆 Visior	n □ Hearing)
Applicant #1: First Name MI			Marital Statu	s: 🗆 Single <i>(nev</i>	er have been mar	ried)
First Name MI	Last Name		☐ Married	□ Separated	☐ Divorced	☐ Widowed
Social Security Number	Phone (Home, Mobile, or Other)			Email Resided Sin	ce	to Current
Address: Street and Apartment #	Town/City	State	Zip		Month/Y	
Applicant #2: First Name MI			Marital Statu	s: Single (nev	er have been mar	ried)
First Name MI	Last Name		☐ Married	☐ Separated	☐ Divorced	□ Widowed
Social Security Number	Phone (Home, Mobile	, or Other)			Email	
				Resided Since	Month/Y	to Current
Address: Street and Apartment #	Town/City		Zip			ear
How did you hear about this development?						
PRESENT LANDLORD						
Landlord Name:	Tel.#:			Fax #:		
Landlord Address: Street						
					Zip	
Is apartment rented to you? YES □ NO □ Are you presently under lease? YES □ NO □						-
Reason for leaving:	ii 1123, when doe	s lease ex	.pire:			
Amount of rent per month \$ # of	Bedrooms:	# of O	ccupants:	Do vou	own a home	YES TO NO TO
Are you receiving rental assistance? YES \(\Pi\) NO						
Did you receive any notice of termination of ten						
Reason for applying at this development?						
		ASSESS INCOME.	Complete Income			
PREVIOUS LANDLORD (Five (5) Year	History Required	d) Use a s	eparate sheet	of paper if nec	essary to inclu	de all 5-years.
Landlord Name:	Tel. #:			Fax #:		
Landlord Address: Street			T (C':			
Applicant's Address:	Apt	. #	Town/City	State	Zip	
Street	Apt	. #	Town/City	State	Zip	
Was apartment rented to you? YES \Box NO \Box	If NO, explain:					
# of people residing at premise: L	ength of tenancy:	rom	to	Amoun	t of rent per n	nonth \$
Were you then under a lease? YES \Box NO \Box	If YES, did you ren	nain for its	s term? YES	□ NO □		
Did you receive any notice of termination of ten	ancy? YES 🗖 NO 🛭	Ī If YES	S, explain:			
The reason for your leaving:						

Please provide list of all sta							
Please list all previous apar							
Landlord Name:			Landlord A	Address:			
Why did you leave this apa							
Did you ever receive any no	otices of terminat	ion of tenancy wh	ile at this apa	artment? YES □ N	VO□ If	yes, please e	explain:
Complete the following info	rmetien for each	mambar of your f	أمسناير أسماييط	ing valvealf who w	مط الفر	upuing the ar	aartmont:
Complete the following into	I attornor each	member or your r	T T	ing yoursen, who w		.T. STUDENT	SOCIAL SECURITY or
NAME	RELATIONSHIP	DATE OF BIRTH	GENDER*	OCCUPATION	I *	YES / NO	TAX I.D. NUMBER
*The information provided for	gender is for demo	graphic purposes ar	 nd is optional (i	Male, Female, Non-B	l Binary or Cl	 noose Not To S	ihare).
•	•				•		
EMPLOYMENT (A mini	mum of 1 years'	worth of employm	ent history, if	f applicable, for each	ch housel	nold member	18 years of age and
older. Use a separate sheet	of paper if neces	sary to include all	jobs for past	: year):			
Individual Employed:	<u> </u>						· <u> </u>
Employer Name:				<u>.</u>			
Address:							
Dates of Employment:	from		to				
Gross Wages / Salary	\$	Yearly	☐ Monthly (□ Weekly □	Tel. #: _		
Contact Person / Superviso					Fax #:		
·					_		
Individual Employed:							
Employer Name:							
Address:							
Dates of Employment:	from		to				
Gross Wages / Salary	\$	Yearly	☐ Monthly I	□ Weekly □	Tel. #:		
Contact Person / Superviso						.,	
Contact Leison / Superviso	·				Ιαλ π		
OTHER COURCES OF	INICOME #		· · · · · · · · · · · · · · · · · · ·				
OTHER SOURCES OF	INCOME (10)	Γ					
Social Security		AN	MOUNT RECE	IVED PER MONTH	PE	RSON RECEIV	ING SUCH INCOME
Supplemental Security Inco	ma (SSI)	\$					·
Pension / Annuity / Trust		\$			+		
Public Assistance (TANF / A	AFDC / EAFDC /				-		
Unemployment Compensa		\$			1		
Worker's Compensation		\$					
Child Support / Alimony		\$					
Student Financial Assistanc	ce	\$					
Gift Contributions		\$					
Other Income (please spec	cify)	\$					

PERSONS TO NOTIFY IN CASE OF EMERGENCY OR ASSISTANCE (Who is assisting you in completing this application or who 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 life	etime sex offender registration requirement in any state? YES 🗆 NO 🗆	
Do you current	ly have a household pet? YES □ NO	□; if YES, what type?	_
How many cars	s will be parked at the premises?	(Copies of registration must be provided.)	
Year:	Registration #:	Make/Model:	
Year:	Registration #:	Make/Model:	
	ny household member ever committed an ; if YES, <i>please explain</i> :	ny fraud in connection with any Federal Housing Assistance program?	
	ny household members on Federal Assist ; if YES, <i>please explain</i> :	ance ever been terminated for fraud?	

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.

PREFERRED HOUSEHOLD LANGU				
What is your preferred househo ETHNIC CATEGORIES	id language?			
☐ Hispanic or Latino	∏ Not-Hisi	oanic or Latino		
RACE CATEGORIES	2 1100 1110			
☐ American Indian or Alaska Na	tivo	☐ Asian	☐ Black or African American	
☐ Native Hawaiian or Other Pac		☐ White	☐ Other	
☐ I do not wish to furnish the ab		- Willie		
acknowledge the understanding that the does not constitute a lease or a promise that additional information may be required understand and grant permission for permission to authorize a credit bureau obtained through public records, perso inquiry may include information as to m to make a written request within a reas made. I understand that a false statement, residence; and, in the event that I to termination of tenancy.	nis application co by the owner or lested to complet all of the above a service to make nal or telephonic y character, credit onable period of misrepresentations ake occupancy, in	nstitutes my request for management agent the processing of my apprint information to be verification and consumer report interviews with my neign worthiness, credit startime to receive information of any to shall be considered.	rified by the owner/agent. I further understand and g and investigative consumer report, whereby information ghbors, friends, or others with whom I am acquainted. Inding, and credit capacity. I understand that I have the relation about the nature and scope of any such report the province of the constant of the consta	nt. It tand grant on is This right at is
			ancy can and will be made available to a consumer cr ment complex during and after my tenancy period.	redit
accommodation is necessary, not just Reasonable accommodations may in procedures; and mitigating circumsta Please check here if you work with a Request for a Reasonable According to the second secon	er a reasonable ast desirable, to en clude changes to nces. uld like to make a commodation Forn	nsure equal access to the building, grounds, a request for a reasona a (RA-1) and complete	MMODATION request for qualified people with disabilities when a the development, its amenities, services and program or an individual unit; changes to policies, practices, an able accommodation. Management will then provide yo a Referral Form (RA-2) to the property's Resident Services sonable Accommodation Policies and Procedures.	is. nd
Date:		Signature:		
		Signature:		
Signatures ar	d proof of ident		ired of all those who sign lease.	

Print application and mail to the community address.