

Management Use Only: Date and Time Rec'vd

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE: _____ Franklin Hill Apts
1 Shandon Road
Dorchester, MA 02124
PRELIMINARY RENTAL APPLICATION
Phone #: (617) 288-4700 FAX #: (617) 288-4711

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel: _____

Present Address: _____
Street City State Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- [] American Indian/Alaskan Native [] Asian or Pacific Islander
[] Black(not of Hispanic origin) [] Hispanic [] White(not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:

One Bedroom [] Two Bedroom [] Three Bedroom [] Four Bedroom []

Do you have a mobile voucher? [] Yes [] No

If Yes, Housing Authority? _____

Accessible Unit Required? [] Yes [] No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

HOUSING NEED PRIORITIES
Your answers to the following questions will help determine where your application is placed on our waiting list. Please read each question carefully and check all that apply to you and your household.
[] Court-Ordered No-Fault Eviction
[] Condemnation of House/Apartment
[] Displacement - Domestic Violence
[] Displacement - Government Action
[] Displacement - Natural Disaster
[] Displacement - Public Action/Urban Renewal
[] Victim of Hate Crime
[] Homeless
[] Current housing is inaccessible
[] Disabled Veteran
[] Avoidance of Reprisal/Witness Protection
PREFERENCE CATEGORIES
[] Disabled, non-elderly household
[] Families of Disabled Veterans
[] Families of Deceased Veterans
[] All Other Veterans
[] Boston - Area residency
Documentation for the above preferences will be required at the time of screening

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。请将之译成中文。
នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង



Present Housing Cost Per Month \$ _____

Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF:

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last **five years**, such as shelters.

Name of Present Landlord/Official: _____ Telephone: _____
Address: _____

Name of Former Landlord/Official: _____ Telephone: _____
Address: _____

What are the reasons for Moving? _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one **(1) year or more** and not be related to you.

Name of Character Reference: _____ Telephone: _____
Address: _____
How long have you known this person? _____

Name of Character Reference: _____ Telephone: _____
Address: _____
How long have you known this person? _____



Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
 Name of Present Employer: _____ Telephone: _____
 Address: _____
 Years Employed: _____ Position: _____ Current Salary: \$ _____
 [] weekly [] bi-weekly [] monthly

Member # _____
 Name of Present Employer: _____ Telephone: _____
 Address: _____
 Years Employed: _____ Position: _____ Current Salary: \$ _____
 [] weekly [] bi-weekly [] monthly

Member # _____
 Name of Present Employer: _____ Telephone: _____
 Address: _____
 Years Employed: _____ Position: _____ Current Salary: \$ _____
 [] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Asset Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		week, month, year)

INCOME FROM ASSETS:

Assets include but not limited to Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



OTHER INFORMATION:

Are you currently homeless? Yes No

(see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you, or any adults listed on the application, ever been convicted of a felony? Yes No

If yes, describe: _____

Have you ever been evicted or served with a Notice to Quit? Yes No

If yes, describe reason(s): _____

Do you own a pet? Yes No

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult (over the age of 18)	Date	Other Adult (over the age of 18)	Date
_____	_____	_____	_____
Other Adult (over the age of 18)	Date	Other Adult (over the age of 18)	Date
_____	_____	_____	_____
Other Adult (over the age of 18)	Date	Other Adult (over the age of 18)	Date

Trinity Management LLC does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



Consent for Release of Information

(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Phone: _____

Address: _____

I, the above named individual, have authorized Trinity Management LLC to verify the accuracy of the information which I have provided, from the following sources (specify):

I hereby give you my permission to release this information to Trinity Management Company, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Trinity Management Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

