

PRELIMINARY RENTAL APPLICATION

Silas Nutting Grove Apartments
Ayer Housing Authority
18 Pond Street, Ayer MA.01432
978-772-2771

Date _____

Please print and fill in ALL Information.
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

Mailing Address _____
(if different) 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)

Local resident

Veteran – a copy of the veteran’s Department of Defense form DD214 must be submitted with the application. Please list service dates _____ type of service _____
 Domestic violence

SIZE OF APARTMENT NEEDED: _____ UNIT TYPE REQUESTED: _____
1BR Wheelchair Hearing/Visual

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?
 Yes No If yes, please explain. _____

Present housing cost per month \$_____ Including utilities? Yes No
How long have you lived at present address? _____ years.
What are your reasons for moving? _____

List address for last 5 years:

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Address _____ Date from: _____ To: _____

City _____ State _____ Zip code _____

Landlords Name _____ Telephone # _____

Landlords address _____ Telephone # _____

Did the landlord take any court action against you? Yes _____ NO _____

Did the landlord return your security deposit? Yes _____ NO _____

Address _____ Date from: _____ To: _____

City _____ State _____ Zip code _____

Landlords Name _____ Telephone # _____

Landlords address _____ Telephone # _____

Did the landlord take any court action against you? Yes _____ NO _____

Did the landlord return your security deposit? Yes _____ NO _____

Address _____ Date from: _____ To: _____

City _____ State _____ Zip code _____

Landlords Name _____ Telephone # _____

Landlords address _____ Telephone # _____

Did the landlord take any court action against you? Yes _____ NO _____

Did the landlord return your security deposit? Yes _____ NO _____

How did you hear about this housing development? _____

FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>AGE</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>
1 _____	Head of Household _____	_____	_____	_____

Birth date : _____ FULL TIME STUDENT(circle one) Yes or No

2 _____

Birth date : _____ FULL TIME STUDENT(circle one) Yes or No

Applicants over 62 years of age, may be exempt from disclosing their Social Security number.

NOTE: 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 _____

Name of Character Reference _____ Telephone _____
 Address _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

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.

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

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 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, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings(Before Taxes)</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
		(week, month, year)

INCOME FROM ASSETS

Assets include 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	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR HOUSING:

1. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____
If so, please describe: _____

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Are you or any member of your household been convicted of a crime? _____

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

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 or other criminal background check 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 Ayer Housing Authority 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

The Ayer Housing Authority 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 the Development, its employment, or in its programs, activities, functions or services.

Equal Housing Opportunity