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, emailed, faxed 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 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 will consider a reasonable accommodation, upon request for qualified persons with disabilities when an accommodation is necessary to ensure equal access to the housing community, 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.

RIGHT TO LANGUAGE INTERPRETER

All tenants, applicants, and potential applicants who may need a language interpreter have a right to a language interpreter in accordance with the Peabody Properties Language Access Plan.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties 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 REAUTHORIZATION ACT OF 2022

The Violence Against Women Act (2022) provides housing protections for survivors of domestic violence, dating violence, sexual assault, and/or stalking (collectively. Despite the name of the law, VAWA's protections apply regardless of sex, sexual orientation, or gender identity.

PEABODY PROPERTIES

EQUAL HOUSING OPPORTUNITY

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

Property Name: _____

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

Applicant #1: _____ (First Name) ____ (MI) _____ (Last Name)

Marital Status: ☐ Single *(never have been married)* ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

_____ (Social Security Number) _____ (Phone (Home, Mobile, or Other)) _____ (Email)

_____ (Address: Street and Apartment #) _____ (Town/City) _____ (State) _____ (Zip)

Resided Since _____ (Month/Year) to Current

Applicant #2: _____ (First Name) ____ (MI) _____ (Last Name)

Marital Status: ☐ Single *(never have been married)* ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

_____ (Social Security Number) _____ (Phone (Home, Mobile, or Other)) _____ (Email)

_____ (Address: Street and Apartment #) _____ (Town/City) _____ (State) _____ (Zip)

Resided Since _____ (Month/Year) to Current

How did you hear about this property? _____

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: _____

PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

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: _____

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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**

*Gender is optional and used for demographic purposes only (Male, Female, Non-Binary or Choose Not To Share). **Disclosure of SSNs for all members of the applicant's household is needed, except those household members who do not contend eligible immigration status.

EMPLOYMENT (A minimum of 1 years' worth of employment history, if applicable, for each household member 18 years of age and older. Use a separate sheet of paper if necessary to include all jobs for past year):

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 *all* 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 *(please specify)*	$	

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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:

Do you currently have a household pet? YES ☐ NO ☐; if YES, what type? _____

Do you currently have an assistance animal? YES ☐ NO ☐

How many cars will be parked at the premises? _____ (Copies of registration must be provided.)

Year: _____ Registration #: _____ Make/Model: _____

Year: _____ Registration #: _____ Make/Model: _____

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

If yes, please list name of member and the state(s): _____

Have you or any household member ever committed any fraud in connection with any State or Federal Housing Assistance program? YES ☐ NO ☐; if YES, *please explain and note if the assistance was terminated*:

_____

Have you or any household member ever been evicted or otherwise involuntarily removed from rental housing due to fraud, failure to cooperate with the recertification process or cause? *MA residents: An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.* YES ☐ NO ☐; if YES*please explain* :

_____

As of January 31, 2010, were you 62 years or age or older and receiving HUD rental assistance at another property location? YES ☐ NO ☐; if YES, *please provide property location in order to verify whether you qualify for exemption.*

_____

Have you or any household members been convicted of, pled guilty or no contest to a felony, drug related activity, criminal or sexual offense? 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*:

_____

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NOTE: Some properties, not all have certain preference criteria in place or housing programs whereby certain deductions or considerations may apply. You have the option of requesting and receiving a copy of the property specific Tenant Selection Plan which describes the occupancy requirements, resident selectin criteria including but not limited to eligibility, screening requirements and any preferences.

Listed below are some optional questions that would be asked for these properties, they are:

Are you homeless and without permanent housing? YES ☐ NO ☐; if YES, *please describe*:

Are you about to be homeless? YES ☐ NO ☐; if YES, *please describe*:

Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? YES ☐ NO ☐

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

Are you or a member of your household handicapped and/or disabled? YES ☐ NO ☐

Does any member of your household require an apartment with accessible features? YES ☐ NO ☐;
If YES, *please indicate type of feature:* Wheelchair ☐ Hearing Adapted ☐ Sensor Adapted ☐

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 LANGUAGE

What is your preferred household language? _____

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.

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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.

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