

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.

The BLAKELEY

467-479Essex Lawrence, Ma. 01840 c/o Cornu Management
95 Broadway Boston, MA 02116

PRELIMINARY RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY

Phone# 978-975-0718

Fax# 978-975-0721

DATE: _____

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
- Black(not of Hispanic origin)
- Asian or Pacific Islander
- Hispanic
- White(not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:

1BR 2BR (PBV only)

This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir. (Portuguese)
 Este es un aviso importante. Sirvase mandarlo traducir. (Spanish)
 ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG. (Vietnamese)
 XIN VUI LÒNG CHỌI DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire. (French)
 本通知很重要。请将它译成中文。 (Chinese)
 នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង (Cambodian)



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. _____

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
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	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 Previous Landlord/Official _____ Telephone _____
 Address _____

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 _____

Name of Character Reference _____ Telephone _____
 Address _____

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, 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 _____ (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 (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

