

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.

**American Woolen Mills  
Lawrence, MA 01840**

**RENTAL APPLICATION  
Equal Housing Opportunity**

**Return Application To:**  
**Cornu Mgt.**  
**473 Essex Street**  
**Lawrence, MA**  
Phone #: 617-542-9185  
FAX #: 617-542-2213  
TDD #: 1-800-439-2370

Please **PRINT** and fill in **ALL** Information.

**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

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

**SIZE OF APARTMENT NEEDED:**

2BR 3BR

**UNIT TYPE REQUESTED:**

Wheelchair Adapted Unit  
 Hearing/Visual Adapted Unit

**DO YOU HAVE A MOBILE SECTION 8 VOUCHER**  Yes  No



**EQUAL HOUSING  
OPPORTUNITY**

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? \_\_\_\_\_

### 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 (circle one)
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

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).

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 a relative.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

Please indicate the GROSS income (before taxes) 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 \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_  
**Current Salary \$** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_ [ ] 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 (pre-tax)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

**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 (pre-tax)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

**OTHER INFORMATION:**

Have you, or any adults listed on the application, ever been convicted of a felony?  Yes  No  
If yes, describe: \_\_\_\_\_

Have you, or any adults listed on the application, ever been evicted or served with a Notice to Quit?  Yes  No  
If yes, describe: \_\_\_\_\_

Do you own a pet?  Yes  No  
Describe: \_\_\_\_\_

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 names of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required.) \_\_\_\_\_.

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 form 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      \_\_\_\_\_      Date  
Co-Applicant

The Management Company 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**

Cornu Management Company Inc.

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized the Cornu Management Agent 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 the Cornu Management Agent, 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 Cornu 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

