



Housing Corporation of Arlington

20 Academy St., Arlington, MA 02476 □ p: 781.316.3606 □ f: 781.316.3614 □ www.housingcorporarlington.org



Application for Affordable Rental Housing

Personal Information:

Name of applicant: _____

Current Address: _____

Home phone: _____ Work phone: _____

Email: _____

Do you currently live, work, or have children who attend school in Arlington? _____

If yes, where: _____

Household Information:

Household size (total number of people expected to live in unit) _____

Total adults: _____ Total children: _____

Number of bedrooms required: _____

Please list *all* household members, their age, and relationship to applicant.

Name:	Age:	Relationship to Applicant:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Housing Situation:

Do you have a section 8 housing voucher? Yes___ No___

Current monthly rent: _____ Current lease expires: _____

Explain need for housing:

Annual Income

Estimate the **gross household income** from all household members over 18 for the next 12 months. List **all sources**, including but not limited to: salaries, alimony or child support payments, interest income, and government assistance.

Household Member:	Source of Income: (name and address)	Gross Income for 12 months:

ATTACH PROOF OF INCOME: W-2's, IRS form 1040, pay stubs, proof of public assistance, etc.

Criminal Record:

Have you or any member of your household who will live in the unit been convicted of a misdemeanor or felony in the last five years? Yes____ No____

If there is a criminal record, please explain:

Applicant's Certification:

I understand that this application is not an offer of housing. I authorize the Housing Corporation of Arlington or its agent to make inquiries to verify the information I have provided in this application. I do hereby certify that all information within this application is true and correct. I understand that any false statement or misrepresentation may result in cancellation of this application. I hereby authorize Housing Corporation of Arlington and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature: _____ Date: _____

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (if applicable to the program for which you are applying)

- All release forms required for third party verification
- Any other documents required as a condition of program participation

Residential History

Please give residential history for the *past 5 years*. Please list most recent first.

Dates of Residency	Address	Landlord Name	Phone

Personal and Employer References:

Please list the names and phone numbers of 2 personal references. **One reference should be an employer.**

Reference Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Permission to Request Credit Report

Applicant

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Co-Applicant

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

I hereby authorize the Housing Corporation of Arlington or its agent to obtain personal credit information pertaining to me and my family from any Credit Bureau and other sources.

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____

Housing Corporation of Arlington (HCA) maintains a policy of **NO SMOKING** in any of its units, common areas or any of its apartment structures. Any applicant, upon approval by HCA, in entering into and by signing any lease with HCA, shall be required (in the terms and provisions of any such lease) to agree not to smoke in the applicant's/tenant's unit(s), common areas or any apartment structure(s) owned by HCA.

Housing Corporation of Arlington (HCA) maintains a policy that **NO PETS** shall be kept in or upon any leased premises without its written consent, which consent may be revoked at any time. Any applicant, upon approval by HCA, in entering into and by signing any lease with HCA, shall be required (in the terms and provisions of any such lease) to agree not to keep any pets in or upon the leased premises unless the applicant/tenant has first obtained the written consent of HCA to keep a pet in or upon the leased premises.

Housing Corporation of Arlington does not discriminate in the selection of applications on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability.

Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Please return application to:

**Housing Corp of Arlington
20 Academy Street, Suite G-11
Arlington, MA 02476**

or

Fax: 781-316-3614