Rental Application for Townsend Woods

70 Dudley Road Townsend, MA 01469 (978)-597-2540 / TTY: (978)-630-6754 Townsend Woods is 100% Smoke-Free Housing. Smoking is prohibited throughout the entire apartment complex, including, but not limited to, apartment units, common areas, entryways, patios, balconies, parking areas, walkways, adjoining grounds and building facilities.

If you have a disability and as a result of your disability you need a reasonable accommodation in order to participate in the application process, you have the right to request such an accommodation. Contact the Management Office above.

For Internal Use Only			
Date Received			
Time Received			

1) FAMILY COMPOSITION:

Complete the following information for each member of your family (including yourself) who will be occupying the apartment. (All household members must provide Birth Certificates and Social Security Cards prior to admission)

		T					
	Name	SS#	DOB	Gender	Marital Status	U.S. Military Veteran	Relation to Head
				☐ M ☐ F ☐ Decline		□ Yes □ No	HEAD
				☐ M ☐ F ☐ Decline		□ Yes □ No	
				□ M □ F □ Decline		□ Yes □ No	
2)	PRESENT ADDRESS:						
	STREET	CITY	STATE	Ξ		ZIP CODE	
	TELEPHONE NUMBER:						
3)	Do you or anyone in your househo YES NO If you						cap unit?
4)	Will ALL of the persons in the hou plan to be in the next calendar year faculty and students? YES	r at an educational in	stitution (other than	_			•
5)	Do you presently? (Check those	which apply)					
	Own your own home	Rent Liv	e with others	Who?_			
	Other living arrangements	Explain					
6)	Do you NOW or have you EVER li		•		NO		
	STREET		CITY		STA	TE	ZIP CODE
	WHEN: FROM	то				<u> </u>	
	REASON FOR MOVING						

7) APPLICANT HOUSING HISTORY: (Please attach separate sheet, if needed)

Fromto <u>Present</u>			
Address: Street	City	State	_Zip
Landlord Name:			
Address: Street	City	State	Zip
Phone: ()			
Fromto			
Address: Street	City	State	Zip
Landlord Name:			
Address: Street	City	State	Zip
Phone: ()			
From to			
Address: Street	City	State	7in
Landlord Name:	•		
Address: Street_		State	Zip
Phone: ()	•		
9) Have you ever been evicted? YES	NO If Yes, expla	n	
10) Have you ever been CONVICTED of a crime? YES	8 NO	f yes, explair	l
11) Are you or any member of your household subject to YESNO If YES, list household m	a lifetime sex offender registi ember(s)	ation require	ment in ANY state?
Please list ALL STATES in which any household me	mber listed in Question 1 has	resided:	
12) Are any family members temperarily abcent from the	homo? VES NO	If	Voc. ovnlain
12) Are any family members temporarily absent from the			•
13) Are you being forced to move from your home:		If Yes, ex	plain

	Does anyone listed in question #1 have paid employment? If yes, please specify:			? YES	NO	_		
	Applic	cant						
			OSITION	EMPLOYER NAM	EMPLOYER NAME			
				ADDRESS TELEPHONE NUMBER				
	Coon	unligant		ADDRESS		TELEPHONE	NUMBER	
	Со-ар	pplicant F	OSITION	EMPLOYER NAM	IE			
				ADDRESS		TELEPHONE	NUMBER	
	What	is the monthly gross a	mount received for:					
	Per M		mount roconvou for.	Applicant		Co-Applicant		
	A.	Social Security		''				
	B.	Supplemental Securit	y Income (SSI)					
	C.	State Supplemental P						
	D.							
	E.	Pension/Retirement						
	F. Veterans Benefits G. Unemployment H Workmen's Comp I. Military Pay							
	J.		: Assistance / EAEDC					
	K.	Child Cummont						
	L.	A1'						
	M.	Other (Specify:)					
	'''	per month						
			SALARIES OF ANYONE					
		18 YEARS OF AGE C						
15)			n #1 have BANK ACCOUNT		s <i>E-paymel</i> please list:	nt accounts, Dire	ect Express	
		wher of Account	Rank Nama	Account :	,	Account Type	Balance	
Owner of Account Bank Name			Dalik Nallie	ACCOUNT:	T	Account Type	Dalance	
	<u> </u>							
	1					!	1	

16) Does anyone listed in question #1 If YES on Stocks, please specify	YES	NO
Name of Company	 # of shares of stocl	k
Dividend Paid \$	Per	
If YES on Bonds, please specify Paying Company	Interest	
Earned	Value	

17)	Does anyone listed in question #1 have Whole Life I	Insurance?	YES	NO	
	Name on Policy	Policy #		Cash Value \$_	
	Name on Policy	Policy #_		Cash Value \$_	
	Name on Policy	Policy #_		Cash Value \$_	
18)	Does anyone listed in question #1 have any other as If YES, please specify:				
19)	Has anyone listed in question #1 disposed of any as YES NO	ssets during the	2 years precedi	ng the date of this	application?
	If YES, please specify: Type of Asset Dollar Amount Received	d \$	Date D Mar	isposed ket Value \$	
20)	Do you expect any change in your income or assets If yes, please explain	during the nex	t 12 months?	YES	
	Do you own any real estate? YESvalue of the asset:			specify and state	the approximate
22)	MEDICAL EXPENSES paid by you:				
	A. Do you pay for Medicare? YES B. Do you pay for additional medical insurance? If YES, please specify: Type C. Do you have excessive medical/medication experience explain:	enses? YES_	NO		
23)	Have you ever been declared disabled by the Vetera government agency? YES NO If yes, please specify the appropriate agency			-	or some other
24)	Do you own a pet? YES NO	If YES, describ	oe		
	Why do you want to move to this property?				
26)	In case of emergency, who should we call?				
	Name		Relati	onship	
	Address	City_		Sta	ate
	Telephone Number				

27) PI	ease give three (3) references (other	er than family or friends): Address		Phone
28) Ho	ow did you hear a	about our property	?		
29) B	edroom Size Re	quested:	One BR	e BR (Barrier free)	
30) *E	thnicity <i>(please</i> d	choose only one):	Hispanic or Latino	Non-Hispanic or L	₋atino □
31) *R	Race/national orig	gin <i>(please choose</i>	one or more):		
V	/hite \square	Black/Af	rican American 🛘	American	n Indian or Alaskan Native 🗆
Α	sian 🛘	Native H	lawaiian or Pacific Islander		Other \square
Fe ap fur	deral Government, a plicants on the basis	cting through the US D of race, color, national	origin, religion, sex, familial status	opment, that Federal Laws pr s, age, and handicap are com	requested in order to assure the rohibiting discrimination against tenan applied with. You are not required to plication or to discriminate against you
undert forego manag persor	taken to determing ing information was gement to verify in al references to o	e my/our rental hist vill be used to deter nformation on this a	gning this form, I/We unders tory and my/our ability to pa rmine my/our eligibility for a application. I/We request all ent information about me/us an apartment.	ay the rental amount. I/W in apartment. Therefore, I credit reporting service	Ve understand that the , I/we grant consent for es, employers, credit and
DATE		APPLICANT'S SIGN	IATURE		
DATE		CO-APPLICANT'S S	SIGNATURE		
			PROPERTY MANAGE		





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