



METRO MANAGEMENT

201 Sumner Street, East Boston, Ma. 02128
Tel: (617)-567-7755 Fax: (617)-567-1842

METRO 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.

Application Received Date _____

SITES: Senior Housing: 62 + Older <input type="checkbox"/> Barnes School <input type="checkbox"/> Lewis Mall <input type="checkbox"/> Cheverus School <input type="checkbox"/> Villa Michelangelo Elderly / Disabled: <input type="checkbox"/> Lyman School <input type="checkbox"/> Woodbury <input type="checkbox"/> Landfall E. B. C. A. / Scattered Sites <input type="checkbox"/> Market Rent <input type="checkbox"/> Basic Rent <input type="checkbox"/> Low Rent	SIZE OF APARTMENT NEEDED: 0BD 1BD 2BD 3BD 4BD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNIT TYPE REQUESTED Wheelchair Adapted Unit <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing/ Visual Adapted Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Metro Management office.

Applicant: _____
LAST MIDDLE FIRST

Present Address: _____
STREET APT. CITY STATE ZIP

Mailing Address: _____
(if different) STREET APT. CITY STATE ZIP

Home Telephone: _____ Business Telephone: _____

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/ Alaskan Native Asian or Pacific Islander
- Black (not of Hispanic origin) Hispanic
- White (not of Hispanic origin)

PRESENT LANDLORD

Name: _____ Telephone: _____

Address: _____
 STREET APT. CITY STATE ZIP

Is your current residency rented to you Yes No

If No, explain: _____

Are you currently under lease Yes No

If Yes, when does this lease expire: _____

Present housing cost per month \$ _____ Including utilities? Yes No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

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 provide a landlord or other housing reference, please provide other references that have known you for one year or more and are not related to you.

Name of Reference _____ Telephone: _____

Address: _____

Name of Reference _____ Telephone: _____

Address: _____

FAMILY COMPOSITION

Please complete the following information for each member of your family, including yourself, who will occupy the apartment.

Name	Relationship	Date of Birth	Sex	Occupation	Social Security Number	Full Time Student (circle one)
	Head					Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

Yes No If yes, please explain. _____

Do you currently have a household pet? Yes No

If Yes, what type? _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household.

1. Individual Employed: _____

Name of Present Employer _____ Telephone: _____

Address: _____

Years Employed: _____ Position: _____ Current Salary \$ _____
 weekly bi-weekly monthly

2. Individual Employed: _____

Name of Present Employer _____ Telephone: _____

Address: _____

Years Employed: _____ Position: _____ Current Salary \$ _____
 weekly bi-weekly monthly

3. Individual Employed: _____

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, Child Care, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	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 _____
_____	_____	per _____

(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe: _____
3. Is your present apartment too small for your family? Yes____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes____ No _____
If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

Additional Required Information

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

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

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 or other criminal background check 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 from the management company describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date

Metro Management 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 the Development, its employment, or in its programs, activities, functions or services.

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.