



# METRO MANAGEMENT

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**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 \_\_\_\_\_

<b>SITES:</b> <b>Senior Housing: 62 + Older</b> <input type="checkbox"/> Barnes School (Non-smoking) <input type="checkbox"/> Lewis Mall (Non-smoking) <input type="checkbox"/> Cheverus School (Non-smoking) <input type="checkbox"/> Villa Michelangelo (Non-smoking) <input type="checkbox"/> Dalrymple School (Non-smoking)  <b>Elderly / Disabled:</b> <input type="checkbox"/> Lyman School (Non-smoking) <input type="checkbox"/> Woodbury (Non-smoking) <input type="checkbox"/> Landfall (Non-smoking)	<b>SIZE OF APARTMENT NEEDED:</b> 0BD 1BD 2BD 3BD 4BD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>UNIT TYPE REQUESTED</b>  Wheelchair Adapted Unit <input type="checkbox"/> Yes <input type="checkbox"/> No  Hearing/ Visual Adapted Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>L.C.A. II / Scattered Sites/Greenway/Paris Village/ East Boston AOP( Please circle)</b> <input type="checkbox"/> Market Rent <input type="checkbox"/> Basic Rent <input type="checkbox"/> Low Rent	

## 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:** \_\_\_\_\_





**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

Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

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