

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.

Bloomfield Gardens

An Lộc

455-475 Geneva Avenue
Dorchester, MA 02122

PRELIMINARY RENTAL APPLICATION

**EQUAL HOUSING
OPPORTUNITY**

Phone #: (617) 506-0876 TDD: 1-800-439-2370

Fax#: (617) 506-1557

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

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)

CHOOSE ONLY ONE SIZE OF APARTMENT:

Studio

1BR

2BR

3BR

This is an important notice. Please have it translated.

Este é um aviso importante. Queira mandá-lo traduzir. (Portuguese)

Este es un aviso importante. Sirvase mandarlo traducir. (Spanish)

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG (Vietnamese)

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Ceci est important. Veuillez faire traduire. (French)

本通知很重要。请将它译成中文。 (Chinese)

នេះគឺជាជំពាក់ដ៏សំខាន់ ព្រមទាំងសូមមេត្តាបកប្រែជូនផង (Cambodian)

Accessible Unit Required? Yes No

Do you have a mobile voucher? Yes No



MANAGED BY: TRINITY MANAGEMENT, LLC.



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? If yes, please explain. _____

Present Housing Cost Per Month \$ _____ Including Utilities? []Yes []No

How Long Have You Lived at Present Address? _____ Years.

What are the 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
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

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as 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 related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____



MANAGED BY: TRINITY MANAGEMENT, LLC.



Please indicate the income received and assets held by each member of your household.
List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Salary \$ _____
 [] weekly [] bi-weekly [] monthly

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Salary \$ _____
 [] weekly [] bi-weekly [] monthly

Member # _____
 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, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ 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 _____ (week, month, year)



OTHER INFORMATION:

Are you currently homeless? Yes No

Are you a Boston Resident*? Yes No

*Boston Resident shall mean a household that, at the time of application for an affordable housing unit is a documented full time resident of the City of Boston. In addition, the following non-residents will be granted residency status for the purposes of this policy:

- 1) in recognition of the fact that market conditions that necessitate this policy have been in existence since early 1999, any former Boston resident that can show that they were documented full-time resident of the city on or after January 1, 1999 will also be granted Boston resident status;
- 2) any non-resident tenant that can document that they were displaced from an apartment in the city as a result of the end of rent control in 1995-96 will also be granted Boston resident status;
- 3) any non-resident employee of the City of Boston wishing to become a resident of the city will also be assigned Boston resident status;

*Proof of Boston Residency will be required. Attach documentation to this application, such as recent copies of utility bills, and/or copies of leases.

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

Have you ever been evicted or served with a Notice to Quit? Yes No
If yes, describe reason(s): _____

Do you own a pet? Yes No

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

Co-Applicant

Date

Trinity Management LLC 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.



MANAGED BY: TRINITY MANAGEMENT, LLC .



Consent for Release of Information
(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____
Address: _____

I, the above named individual, have authorized the Trinity Management LLC 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 Trinity Management LLC, 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 Trinity 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

