

Trinity Village  
 283 Grove Street  
 Brockton, MA 02302  
 Tel: (508) 587-1030



**Rental Application**

Date of Application \_\_\_\_\_

<b>Applicant</b>
Applicant Name _____
Applicant Address _____ _____
Applicant Social Security # _____
Applicant Date of Birth _____
Applicant Telephone # _____

<b>Co-Applicant</b>
Co-Applicant Name _____
Co-Applicant Address _____ _____
Co-Applicant Social Security # _____
Co-Applicant Date of Birth _____
Co-Applicant Telephone # _____

<b>Applicant Current Landlord Information</b>
Current Address _____ _____
Length of Time at Current Address _____
Current Landlord _____
Current Landlord Address _____ _____
Current Landlord Telephone _____

<b>Prior Landlord Information</b>
Prior Address _____ _____
Length of Time at Prior Address _____
Prior Landlord _____
Prior Landlord Address _____ _____
Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify  
 \_\_\_\_\_

<b>Employment</b>		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

<b>Sources of Other Income</b>		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

<b>Assets</b>		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Preferences</b>		
Do you qualify for the following MassHousing Preferences?		
a) 1 <sup>st</sup> Priority: Homelessness due to Displacement by Natural Forces	Yes _____	No _____
b) 2 <sup>nd</sup> Priority: Homelessness due to Displacement by Public Action (Urban Renewal)	Yes _____	No _____
c) 3 <sup>rd</sup> Priority: Homelessness due to Displacement by Public Action (Sanitary Code Violations)	Yes _____	No _____
d) 4 <sup>th</sup> Priority: Involuntary Displacement by Domestic Violence	Yes _____	No _____
<i>Before being granted a preference, you will be given the opportunity to show that you qualify for these preferences.</i>		

<b>Emergency Contact</b>	
Name _____	Relationship _____
Address _____ _____	Telephone _____

Rental Application

Questionnaire

How many people will be residing in the apartment? \_\_\_\_\_

What unit size do you require? \_\_\_\_\_

Have you or a member of your household ever been charged with a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any member of your household subject to a lifetime sexual offender registration? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your housing assistance in a subsidized housing program ever been terminated? Yes \_\_\_\_\_ No \_\_\_\_\_

List all the states that you and all the members of your household have ever lived in \_\_\_\_\_

The Department of Housing and Urban Development (HUD) requires **Weston Associates Management Co., Inc.** as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor **Weston Associates Management Co., Inc.'s** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

\_\_\_\_\_ White/Non-Minority \_\_\_\_\_ Native American/Alaskan Native  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islands  
\_\_\_\_\_ Black \_\_\_\_\_ I do not wish to furnish this information

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- < a physical or mental impairment that substantially limits one or more major life activities of such individual
- < a record of such an impairment or
- < being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here. \_\_\_Yes \_\_\_No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

\_\_\_\_\_  
Applicant's Signature/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature/Co-Head of Household

\_\_\_\_\_  
Date



# TRINITY VILLAGE

283 Grove Street  
Brockton, MA 02302  
Phone: 508-587-1030  
Fax: 508-584-8168

## APPLICATION REQUIRED DOCUMENTS

1. Proof of citizenship or eligible immigration status for ALL members of your household (birth certificate, green card, etc.)
2. Social Security cards for all members of your household.
3. Photo ID for everyone age 18 or older.

If you have/receive:	Please bring:
Social Security or SSI Benefits	A current benefits letter – this information can be obtained online and printed by going to <a href="http://www.ssa.gov">www.ssa.gov</a>
Employment wages	Six most recent, consecutive paystubs
Unemployment	Six most recent, consecutive unemployment stubs
Cash assistance through DTA	A benefit letter
Child Support	If court ordered: a printout for DOR showing all payments received over the last 12 months.  If not court ordered: A notarized statement from the person paying child support documenting the amount he/she pays you and the frequency.
Net Income from a Business	Your 2015 tax return, including Schedule C
Recurring gifts (monetary or otherwise) from someone who is not a family member	A notarized letter <i>from the person</i> providing the gift stating the amount & frequency of the gift.
Veterans Benefits	A benefit letter or your most recent stub
Pension	Your most recent pension statement or stub
Savings account and/or Certificates of Deposit	One recent bank statement
Checking account	Six most recent, consecutive bank statements
401K or Other Retirement Account	Your most recent quarterly statement



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