### AVENU AT NATICK WAITING LIST APPLICATION

| Name                      |                       | Home Te      | l. #      |  |
|---------------------------|-----------------------|--------------|-----------|--|
| Address                   |                       | Work Tel. #  |           |  |
| City                      | State                 | Zip          |           |  |
| Email Address             |                       |              | _         |  |
| Unit size(s) for which ye | ou are applying (plea | ase circle): |           |  |
|                           | Studio                | 1-Bedroom    | 2-Bedroom |  |

### **HOUSEHOLD MEMBERS:**

Please list **ALL** household members who will occupy the apartment:

#### Household Information:

| Household Members<br>Full Name (first and last) | <b><u>Relationship to HOH</u></b><br>(Spouse, Child, Live-In Aid, Etc.) | Date of Birth |
|---|---|---------------|
|   |   |               |
|   |   |               |
|   |   |               |
|   |   |               |

Do your household receive any housing assistance (i.e. Section 8, VASH, MRVP) (please circle):

Yes

No

#### **INCOME**

Estimated yearly gross income (before taxes). Sources of income include W2 & 1099 employment, self employments, alimony, child support, Social Security, unemployment, income from assets, pensions







#### **REASONABLE ACCOMODATION**

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing, we can't satisfy your needs.

1.Do you need a fully accessible unit for someone with a mobility impairment?

□Yes □No

**Note**: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit?

 $\Box Yes \ \Box No$ 

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

 $\Box Yes \ \Box No$ 

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

□Yes □No

If yes, please explain: \_\_\_\_\_





#### RACE (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

| Alaskan Native and Native American                 |        | Asian                               |
|--|--------|-------------------------------------|
| Black or African American (not of Hispanic origin) |        | Native Hawaiian or Pacific Islander |
| Hispanic or Latino                                 |        |                                     |
| White (not of Hispanic origin)                     | $\Box$ | Other (please specify)              |
|  |        | · · · ·                             |

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent and sole residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

Signed under the pains and penalties of perjury:

Signature of Applicant

Date

Signature of Co-Applicant

Date

Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.

# Submit completed application to: **Mail:** Maloney Properties, Inc Attn: Avenu 27 Mica Lane Wellesley, MA 02481

## Email: Avenu@maloneyproperties.com