# Kimball Towers WAITING LIST APPLICATION

Name	ame Home Tel. #			
Address		_ Work Tel. #		
City	State	_ Zip		
Email Address			_	
Unit size(s) for w	hich you are applying (ple	ease circle):		
	Studio	1-Bedroom	2-Bedroom	
HOUSEHOLD Please list ALL	household members wh	o will occupy the a	offordable apartment:	
<u>Housel</u>	hold Members	Relation	ship to HOH	Date of Birth
Full Nam	ne (first and last)	(Spouse, Child, Live-In Aid, Etc.)		
Do your housel	hold receive any housin	ig assistance (i.e. S	ection 8, VASH, MRV	/ <u>P)</u> (please circle):
	Ye	S	No	
<u>INCOME</u>				
, , ,	roximate total yearly incoints from friends/family, ur		, .	5

# **PREFERENCE INFORMATION**

Are you, or any member of your household, in need of a physical or mental disability that meet standards estable Development and state laws for disabled housing.  Yes  No	*					
REASONABLE ACCOMODATION						
Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?  Yes No						
If yes, please explain in the space provided here:						
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):						
<ul> <li>□ Alaskan Native and Native American</li> <li>□ Black or African American (not of Hispanic origin)</li> <li>□ Hispanic or Latino</li> <li>□ White (not of Hispanic origin)</li> </ul>	☐ Asian ☐ Native Hawaiian or Pacific Islander ☐Other (please specify)					
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Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:				
Signature of Applicant	 Date			
Signature of Co-Applicant	 Date			

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

#### Please remember to maintain all records of income, assets and taxes!!!

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Submit completed application to:

### **Mail:**

Maloney Properties, Inc Attn: Kimball Towers 27 Mica Lane Wellesley, MA 02481

## Email:

kimballtowers@maloneyproperties.com