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 470 Main Street  
 Fitchburg, MA 01420  
 (978) 400-0164

<b>For Office Use Only</b>
Date Received
_____
Bedroom Size
_____

## RENTAL APPLICATION

**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.**

### A. GENERAL INFORMATION

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 Management Office. An applicant may be interviewed only after receipt of this tenant application.

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street                      Apt.                      City                      State                      Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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)

#### SIZE OF APARTMENT NEEDED

- 1BR**      **2BR**

#### UNIT TYPE REQUESTED

- Wheelchair Adapted Unit?**  
 Yes    No  
**Hearing/Visual Adapted Unit?**  
 Yes    No

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: \_\_\_\_\_

Briefly describe your reason for applying to this development? \_\_\_\_\_

How did you hear about the property: \_\_\_\_\_

### B. HOUSEHOLD INFORMATION

	Name	Relationship to HOH	Birth Date	Age (Optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						

Have there been any changes in your household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in the household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		

<b>C. INCOME</b>		
List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.		
Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment</b>	\$
	Employer:	
	Position Held:	
	How Long Employed?	
	<b>Employment</b>	
	Employer:	
	Position Held:	
	How Long Employed?	
	Social Security /SSI	
	Unemployment Compensation	
	Veteran's Benefits / Pension	
	Other Income	

<b>D. ASSETS</b>			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.			
Checking Accounts	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividends \$	Value \$
Stocks	Name:	#Shares:	Dividends Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividends \$	

**E. ADDITIONAL INFORMATION**

Have you or any member of your household ever been convicted of a felony?	Yes	No
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*If yes, describe:*

Have you or any member of your family ever been evicted from housing?	Yes	No
<b>If yes, describe</b>		

**F. REFERENCE INFORMATION**

Please provide landlords in the last five years, long term or short term residences, or from the last two successive landlords or places you have lived, whichever is more current. If you have no landlord references, you may use alternate references such as human service providers and employers under the Character Reference Section.

CURRENT LANDLORD	Name:	
	Address:	
	Home Phone #:	Bus. Phone #
	Dates Rented	# of BRs: Rent:
	Reason for Moving	
PREVIOUS LANDLORD	Name:	
	Address:	
	Home Phone #:	Bus Phone #
	Dates	# of BRs : Rent:
	Reason for Moving	

NOTE: If you are unable to furnish a landlord or other housing references, please furnish character references. They must have known you for one (1) year or more and not be related to you.

<b>CHARACTER REFERENCE # 1:</b>	
Name:	
Address:	
Relationship:	Phone #:
<b>CHARACTER REFERENCE # 2:</b>	
Name:	
Address:	
Relationship:	Phone #:

In case of emergency, whom should we notify?	
Name:	
Address:	
Relationship:	Phone#:

**PET INFORMATION** (if applicable)

Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		

Vehicle Information : Make / Model		
License Plate #	Color:	

***CERTIFICATION***

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 development's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand inquiries may be made to verify the statements herein. All information is regarded as confidential in nature and a consumer credit report will also be requested. I/We certify that I/We understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities which is attached to this application.

**This application is signed under the pains and penalties of perjury.**  
*(Application must be signed by all household members 18 years of age or older)*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

470 Main Street LLC, Owner, and Wingate Management Company, Managing Agent do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their programs or employment, or in its programs, activities, functions or services.



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## Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies in how we do things that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information.

You can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable, (defined as “not too expensive and/or too difficult to arrange”) we will try to make the change you request.

We will give you an answer within fifteen days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other way, we will help you.

For a REASONABLE ACCOMMODATION REQUEST FORM, please contact management at 978-400-0164

470 Main Street  
Wingate Management Company  
470 Main Street  
Fitchburg, MA

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, the above named individual, have authorized Wingate Management Company to verify the accuracy of the information which I have provided, from the following sources (specify):

Child Care Expense	Veteran's Benefits
Criminal Activity	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401K, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual Funds
Self Employment	Alimony, Child Support
Unemployment Compensation	Other income—regular gifts or allowances
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	

I hereby give you my permission to release this information to Wingate Management Company, 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 Wingate Management Company 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.

\_\_\_\_\_  
Head of Household                      Date                      Spouse/Co-Head                      Date

\_\_\_\_\_  
Other Adult Member                      Date                      Other Adult Member                      Date