

Houghton Village

37 Hamlet Street, Newton Centre, Massachusetts 02459
Tel: 617-244-5196 • Fax: 617-928-1281 • TDD: 800-439-2370 • E-mail: houghtonvillage@ncdfinc.org

Rental Application for Market Rate Apartments

Please complete this application in its entirety to avoid processing delays.

Applicant Information

Name (First):			Middle Initial:		(Last):		
Address:			City:			State:	Zip:
Home Tel:	Cell:			Em	ail:		@
				•			
List all those who will oc	cupy the ap			.UDIN	G YC	OURSELF.	
Name	Relationship		Date of Birth	Sex	(Occupation	Social Security Number
	SELF						
Residence History							
How long have you lived at your present address? / / to present			Do you presently own or rent? own rent rent				
If own, what is your monthly mortgage? \$			If rent, what is your monthly rent? \$				
What is your mortgage balance? \$			Are you presently under a lease? Yes No				
Do you intend to sell your home? Yes No			If yes, when does your lease expire? / /				
If yes, what is the market value?			Reason for leaving?				



Please provide the full name, address and contact information for current landlord and previous residences in the last five years.

(use reverse side if necessary)

Present Landlord

Address:						
City:				State:		o:
Email:		Phone:				
Previous Landlord						
Name :						<u>, </u>
Address:			City:	:	State:	Zip:
oplicant's address:			City:	:	State:	Zip:
Length of tenancy: from	/ /	to /	/ A	mount of rent p	er month: \$	
Reason for leaving?						
Paranal Pafaranas	os (Plagga	liet three nen	rolated indiv	بامای مام)		
Personal Reference	Relation			Telephone	F	mail
	- Kolamoni	,			_	
1.						
1.						
2.						
2.						
2.						
2.						
2. 3. Employment Inform		each househ	old member)			
2. 3. Employment Inform Name of family member emplo		each househ	old member)			
2. 3. Employment Inform Name of family member employer: Current employer:		each househ				
2. 3. Employment Inform Name of family member employer: Current employer: Employer address:	oyed:		Dates of emp	oloyment: from	/ / to	current
2. 3. Employment Inform Name of family member employer: Current employer:				oloyment: from	/ / to	current
2. 3. Employment Inform Name of family member employer: Current employer: Employer address:	oyed:	te:	Dates of emp	oloyment: from		current



Name of family member employed:						
Current employer:						
Employer address:			Dates of employment:	from /	/ to / /	
City:	State:		Zip:			
Fax:	Email:		@			
Position:	Gross wages/so	alary \$	[] weekly [] bi-weekly [] annually			
Sources of Income, oth						
0 1 10 11	Per month	Name	Per mor	nth	Name	
Social Security	\$		\$			
Supplemental Security Income (SSI)	\$		\$			
Pension/Annuity/Trust	\$		\$			
Child support/Alimony	\$		\$			
Other income(please specify)	\$		\$			
IRA, money market acc Asset description	Source/bo	certificates	household (incl , stocks, bonds Amount of value			
Asset description		certificates	, stocks, bonds		al estate)	
_		certificates	, stocks, bonds		al estate)	
-		certificates	, stocks, bonds		al estate)	
-		certificates	, stocks, bonds		al estate)	
_		certificates	, stocks, bonds		al estate)	
Asset description		certificates	, stocks, bonds		al estate)	
Asset description Emergency Contact	Source/bo	certificates	, stocks, bonds		al estate)	
Asset description Emergency Contact	Source/bo	certificates	, stocks, bonds		al estate)	
Asset description Emergency Contact Name of a person not residing with you	Source/bo	certificates	, stocks, bonds Amount of value		al estate)	
Emergency Contact Name of a person not residing with your Address:	Source/bo	certificates ink name	, stocks, bonds Amount of value	and re	al estate) Account number	
Asset description Emergency Contact Name of a person not residing with your Address: City:	Source/bo	certificates ink name	e:	and re	al estate) Account number	
Asset description Emergency Contact Name of a person not residing with your Address: City: Email:	Source/bo	certificates ink name	e:	and re	al estate) Account number	
Asset description Emergency Contact Name of a person not residing with your Address: City: Email: Relationship:	Source/bo	State ase specify species,	e: Phor	ne:	al estate) Account number Zip:	



EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:

Signature: _

Applicant

Newton Community Development Foundation, Inc. does not discriminate on the basis of age, gender, pregnancy, disability, perceived disability, sexual orientation, race, national origin, citizenship, religion, color, marital status, veteran's status, genetic background, familial status, gender identity and other class of individuals protected from discrimination under the state or federal law.

The following information will be required by the Federal Government to monitor owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the

information supplied below whether or not the informati	on is furnished.	
(Optional) ETHNIC CATEGORIES Hispanic or Latino Non-Hispanic	panic or Latino	
RACE CATEGORIES		
☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Other
$\ \square$ I do not wish to furnish the above information		
RIGHT TO	A REASONABLE ACCOMO	DATION
Newton Community Development Foundation, qualified applicants with disabilities when an access to the development, its amenities, servichanges to the building, grounds, or an indi-	accommodation is ne rices and programs. Re	cessary, not just desirable, to ensure equal easonable accommodations may include
If you require a reasonable accommodation Coordinator, Marissa Wheeler at 617-467-3052 of		
and belief and hereby acknowledge the unde tenant(s) at Houghton Village. It does not constitu	rstanding that this appli ute a lease or a promise	ue and complete to the best of my knowledge cation constitutes a request for consideration as a by the owner or management agent that an nation may be requested to complete processing of
report and criminal and lifetime sex offender screen or telephone interviews with supplied references.	credit bureau service to ening, whereby informat . This inquiry may includ and that I have the righ	make any consumer report, investigative consumer ion is obtained through public records, personal e information as to character, credit worthiness, at to make a written request within a reasonable
I understand that a false statement or misreprese residence; and, in the event that I take occupan basis for termination of tenancy.		
Finally, I understand and grant permission that in consumer credit agency, criminal checks, and/c during and after my tenancy period.		
Signed under the pains and penalty of perjury (Mu apartment):	st be signed by anybod	y over the age of 18 who will occupy the
Signature:Applicant	Date:_	
Signature:Applicant	Date:_	

Houghton Village is professionally managed by Newton Community Development Foundation, Inc., an Equal Opportunity Employer at 425 Watertown Street, Suite 205, Newton, MA 02458 617-244-4035.

Date:___

