



**Management use only**  
 Date and Time stamp:  
 Control Number:

**One-Bedroom Rental Pre-Application for The John W. Weeks House**

*The John W. Weeks House is owned and professionally managed by Newton Community Development Foundation, Inc.*

<b>The John W. Weeks House</b> <b>7 Hereward Road</b> <b>Newton Centre, MA 02459</b>	<b>TEL:</b> 617-964-8644 <b>FAX:</b> 617-964-0553 <b>TDD:</b> 800-439-2370 <b>EMAIL:</b> weekshouse@ncdfinc.org
--	--



*The John W. Weeks House is a non-smoking community.*

**1-bedroom: Head of Household must be 62 or older or in need of a fully accessible apartment.**  
**All sections of this pre-application must be completed entirely; failure to do so will result in processing delays or rejection of the application.**

**IF YOU REQUIRE TRANSLATION SERVICES, PLEASE CONTACT THE MANAGEMENT OFFICE DIRECTLY.**

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

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

Mailing Address (if different): \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

How did you hear about The John W. Weeks House? \_\_\_\_\_

**ACCESSIBILITY INFORMATION AND UNIT TYPE:**

**Unit adapted for Wheelchair Accessibility:** YES  NO

**Unit adapted for Hearing/Visual Impairment:** YES  NO

**FAMILY COMPOSITION:**

Please list all those who will occupy the apartment, INCLUDING YOURSELF.

NAME	RELATIONSHIP	DATE OF BIRTH	GENDER	OCCUPATION	FULL TIME STUDENT	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
	HEAD OF HOUSEHOLD				Yes or No	
					Yes or No	

Are you currently receiving Federal (HUD) or State housing assistance?  YES  NO If YES, please check the type of assistance being received:



- Section 8 Housing Choice Voucher Program (HCVP)     Massachusetts Rental Voucher Program (MRVP)
- Alternative Housing Voucher Program (AHVP)     State Aided Subsidized Public Housing
- Federally Aided Subsidized Public Housing     Other \_\_\_\_\_

**EMPLOYMENT:** (for each household member aged 18 and older)

Name of Family Member Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Contact Person/Supervisor: \_\_\_\_\_ TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages/Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**EMPLOYMENT:** (for each household member aged 18 and older)

Name of Family Member Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Contact Person/Supervisor: \_\_\_\_\_ TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages/Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly



<b>OTHER SOURCES OF INCOME:</b> (for all Household Members)	<b>AMOUNT RECEIVED PER MONTH</b>	<b>HOUSEHOLD MEMBER</b>
Social Security/SSI	\$	
Pension/Annuity/Trust	\$	
Public assistance	\$	
Unemployment compensation	\$	
Disability compensation	\$	
Child support/Alimony	\$	
Income from rental property	\$	
Other Income (please specify)	\$	
	\$	

**INCOME FROM ASSETS:** List the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate holdings, Stocks, Bonds and Cash value of a life insurance policy)

<b>ASSET DESCRIPTION</b>	<b>SOURCE/BANK NAME</b>	<b>AMOUNT OF VALUE</b>	<b>ACCOUNT NUMBER</b>
		\$	
		\$	
		\$	
		\$	
		\$	

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home?  YES  NO If YES, please explain: \_\_\_\_\_

2. Does your present apartment contain health code violations?  YES  NO If YES, please describe: \_\_\_\_\_

3. Are you presently living in an overcrowded situation?  YES  NO If YES, please explain: \_\_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability?  YES  NO If YES, please describe: \_\_\_\_\_

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other



member of the household?  YES  NO If YES, please provide explain: \_\_\_\_\_

---

**ADDITIONAL INFORMATION:**

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?  YES  NO If YES, please list the name of person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): \_\_\_\_\_  
\_\_\_\_\_
2. Have you or any member of your household ever resided outside of Massachusetts?  YES  NO If yes, please list all other states of residence for each household member: \_\_\_\_\_  
\_\_\_\_\_

**EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:**

Newton Community Development Foundation, Inc. does not and will 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 any other class of individuals protected from discrimination under 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 information is furnished.

**RACE CATEGORIES** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> White (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander     | <input type="checkbox"/> Hispanic                       |   |

**RIGHT TO A REASONABLE ACCOMMODATION**

Newton Community Development Foundation, Inc. will consider a reasonable accommodation, upon request for qualified applicants with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

If you require a reasonable accommodation in completing this application, please contact NCDF's ADA/504 Coordinator at 617-467-6069 or email [residentservices@ncdfinc.org](mailto:residentservices@ncdfinc.org) or via TDD at 800-439-2370.



I/We hereby certify that the information furnished in this application is true and complete to the best of my/our knowledge and belief and hereby acknowledge the understanding that this application constitutes my/our request for consideration as a tenant(s) at The John W. Weeks House. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available. I/We understand that additional information may be requested to complete processing of this application.

I/We understand and grant permission for all of the information noted in the application to be verified by the owner/management agent. All information will be regarded as confidential in nature and I/we further understand and grant permission to authorize a credit bureau service to make any consumer report, investigative consumer report and criminal and lifetime sex offender screening, whereby information is obtained through public records, personal or telephone interviews with supplied references. This inquiry may include information as to my/our character, credit worthiness, credit standing, and credit capacity. I/We understand that I/we have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I/We understand that a false statement or misrepresentation of any information on this application is punishable under applicable State or Federal Law and will affect approval for residency. In the event that I/we take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I/we understand and grant permission that information regarding my/our tenancy can and will be made available to a consumer credit agency, criminal checks, and /or other inquiring about my tenancy with the owner/management agent during and after my/our tenancy period.

**Signed under the pains and penalty of perjury:**

Signature: \_\_\_\_\_  
(Head of household)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Co-applicant)

Date: \_\_\_\_\_

