



Lexington Housing Assistance Board, Inc.  
**1620 Massachusetts Avenue Suite 4,**  
**Lexington MA 02420**  
Tenant Application or Renewal Form for Housing  
Management Office Phone: (781) 863-5362

## SECTION 1: INSTRUCTIONS FOR COMPLETING RENTAL APPLICATION

This is a initial application. Upon availability of an appropriate unit and when your place on the waiting list is next, you will be contacted and provided with a **NOTICE OF SCREENING** which will require you to provide further documentation for verification and eligibility screening purposes. Failure to provide requested documentation could result in the denial of your application.

Please read these instructions in full before completing your application.

1. Information for all adults 18 years of age and older and minors planning to reside in the property must be provided.
2. The total household income and assets must be provided:

**Sources of Income** of all household members 18 years of age and older includes but are not limited to gross income from employment, including overtime; bonuses and commissions; self-employment; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

**Include as assets:** The current value of all savings, checking; Direct Express debit cards and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (Do not include automobile(s) and other personal property.)

3. You must provide authorizations for credit, criminal background, and housing reference checks for all adults 18 years of age or older to complete the application.
4. Completed applications must be mailed or returned in person to the management office at 1620 Massachusetts Avenue, Suite 4, Lexington, MA 02420.
5. For more information, please call the LexHAB management office at (781) 863-5362 during business hours, Monday through Friday.

## FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

LexHAB does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

## VAWA (2013) VIOLENCE AGAINST WOMENS ACT REAUTHORIZATION

LexHAB and HUD provide protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat.



**SECTION 2: APPLICATION AND HOUSEHOLD INFORMATION**

Date Application submitted: \_\_\_\_\_

Applications expire three (3) years after the date of submittal.

I/we submit the following information to LexHab and ask to be considered for rental housing.

Name of Head of Household: \_\_\_\_\_

Name(s) of any additional household members: \_\_\_\_\_

How did you hear about LexHAB?: \_\_\_\_\_

Household Information: Complete the following information for each household member that will occupy the unit at the time of move-in and plans to make the rental their primary residence. Include Head of Household and all Co-applicants.

Name (Last, First, MI)	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Gender (M/F/No Comment)	Occupation and Employer	Fulltime Student (Yes/No)	Social Security or Tax I.D. Number

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

Primary Phone Number: \_\_\_\_\_ Cell/Mobile Phone Number: \_\_\_\_\_

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

**Lexington Affiliation**

Is any member of your household employed by the Town of Lexington?

If yes, name of department/supervisor: \_\_\_\_\_

\_\_\_\_\_



**REASONABLE ACCOMMODATIONS**

LexHAB will consider reasonable accommodation requests for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs.

Will you or anyone in your household require a live-in attendant?\*  Yes  No

If Yes, name of live-in attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

\*Please note that all household members including live-in attendants must complete a CORI/SORI.

LexHAB has a strict NO PET Policy. If you or any member of your household has a reasonable accommodation request for an Emotional Support or Assistance Animal, upon Notice of Screening you must complete an Emotional Support/Assistance Animal Request Form and provide required documentation.

If you have an additional reasonable accommodation request, please describe the requirement briefly and describe any special housing requirement(s) related to your request (for example, the inability to negotiate stairs, or a need for ADA Accessible bathroom fixtures). A doctor’s report confirming the requirement(s) must be made available upon receipt of Notice of Screening: \_\_\_\_\_

\_\_\_\_\_

**SECTION 3: HOUSING REFERENCES**

**PRESENT LANDLORD**

Landlord Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Is the apartment rented to you?  Yes  No If NO, explain: \_\_\_\_\_

Are you presently under a lease?  Yes  No If YES, when does the lease expire?: \_\_\_\_\_

What is your reason for leaving?: \_\_\_\_\_

Amount of rent per month: \$ \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Occupants: \_\_\_\_\_

Do you own a home?:  Yes  No

Are you receiving rental assistance?:  Yes  No If YES, what housing authority?: \_\_\_\_\_

Did you receive a notice of termination of tenancy?  Yes  No If YES, explain: \_\_\_\_\_

Reason for applying at this development: \_\_\_\_\_

**PREVIOUS LANDLORD (Five (5) year history required; use a separate page if needed to include 5 years)**

Landlord Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip

Applicant’s Address: \_\_\_\_\_  
Street Apt. # Town/City State Zip



Was the apartment rented to you?  Yes  No If NO, explain: \_\_\_\_\_

Amount of rent per month: \$ \_\_\_\_\_ # of Occupants: \_\_\_\_\_ Length of Tenancy: from \_\_\_\_\_ to \_\_\_\_\_

Were you under a lease?  Yes  No If YES, did you remain for the term?:  Yes  No

Did you receive a notice of termination of tenancy?  Yes  No If YES, explain: \_\_\_\_\_

What was your reason for leaving?: \_\_\_\_\_

Do you live in subsidized housing now or have you in the past?  Yes  No

If YES, what housing authority?: \_\_\_\_\_ Length of Tenancy: from \_\_\_\_\_ to \_\_\_\_\_

Were you evicted?  Yes  No If YES, explain: \_\_\_\_\_

Have you ever lived at any other property managed by LexHAB?  Yes  No

If YES, what was the address: \_\_\_\_\_

#### SECTION 4: EMPLOYMENT AND PRIMARY INCOME INFORMATION

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income (covered under Other Income) is required for all household members, including minors.

All GROSS income (before taxes and benefit deductions, but including tips, bonuses, commission, and payments made in cash) for each qualified household member is included. A minimum of one (1) year of employment history is required, if applicable, for each household member 18 years of age and older. Use a separate page if needed to include all jobs for the past year for all qualified household members. A percentage of fulltime students' income may be counted.

Upon receipt of Notice of Screening back up documentation for all employment must be provided for verification and eligibility. If self-employed, a Self-employment form will need to be completed.

Individual Employed: \_\_\_\_\_

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

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

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

Gross Wages/Salary: \$ \_\_\_\_\_  Yearly  Monthly  Weekly

Contact Person/Supervisor: \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax #/Email \_\_\_\_\_

Individual Employed: \_\_\_\_\_

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

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

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



Gross Wages/Salary: \$ \_\_\_\_\_  Yearly  Monthly  Weekly

Contact Person/Supervisor: \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax #/Email \_\_\_\_\_

Individual Employed: \_\_\_\_\_

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

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

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

Gross Wages/Salary: \$ \_\_\_\_\_  Yearly  Monthly  Weekly

Contact Person/Supervisor: \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax #/Email \_\_\_\_\_

**SECTION 5: INCOME AND ASSETS**

Upon receipt of Notice of Screening back-up documentation for all income, assets, benefits and other items must be provided upon request for verification and eligibility.

**OTHER SOURCES OF INCOME** Complete for all household members for the most recent 12 months; use a separate page if needed to record all sources of income for all household members.

Type of Income	Amount Received per Month	Person Receiving Income
Social Security (Retirement) Income	\$ _____	
	\$ _____	
Supplemental Security Income (SSI)	\$ _____	
	\$ _____	
Supplemental Disability Income (SSDI)	\$ _____	
	\$ _____	
Pension/Annuity/Trust Income*	\$ _____	
	\$ _____	
Insurance Settlements	\$ _____	
	\$ _____	
Public Assistance (TANF, AFDC, EAFDC, GR)	\$ _____	
	\$ _____	
Unemployment Compensation/Severance	\$ _____	
	\$ _____	

Worker's Compensation	\$	
	\$	
Child Support/Alimony	\$	
	\$	
Student Financial Assistance	\$	
	\$	
Gifts/Lottery Winnings/Crowd-sourcing Income (such as GoFundMe)	\$	
	\$	
Veterans' Benefits	\$	
	\$	
Other Income (please specify)	\$	
	\$	
	\$	

\*For Trust income, please note if the Trust is irrevocable.

**ASSETS** Please list all financial assets now owned or disposed of within the last two years of anyone living in your household. You must include all accounts including checking, savings, retirement (IRA, 401k, 403b, etc.), money market, term certificates (CDs), real estate, investments (stocks, bonds, mutual funds, etc.), Direct Express (benefit) debit cards, family support, and cash on hand after savings. Use a separate page if needed to record all assets for all household members.\*

Name(s) of Asset Owner	Type and Source Name (ex.: Checking, Eastern Bank)	Total Asset Value	Last 4 digits of Acct. Number
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

\*Please note that some LexHAB units have a total household asset limit of \$75,000.

Do you or anyone in your household own real estate (such as house, condominium, or vacant land)?  Yes  No

If YES, what is the address?: \_\_\_\_\_

Describe the real estate and provide an estimated value: \_\_\_\_\_

Does the real estate provide income?  Yes  No

Do you or anyone in your household own a vehicle?  Yes  No

How many vehicles will be parked at the premises?: \_\_\_\_\_ (Copies of registrations must be provided.)

**ZERO INCOME VERIFICATION**

Are you or any adult member of your household claiming that you receive zero income?  Yes  No

If YES, who?: \_\_\_\_\_

**SECTION 6: FRAUD, BANKRUPTCY, CRIMINAL HISTORY**

Have you or any household member ever committed fraud?  Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you or any household members ever had a tenancy terminated by a landlord?  Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever filed or are currently filing for bankruptcy?  Yes  No

If YES, give reason: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Have you or any member of your household ever been convicted of, pled guilty to, been placed on probation for any crime, or had a criminal charge continued without a finding?  Yes  No

If YES, what was the nature of the crime: \_\_\_\_\_

Date(s): \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

Are any of the above convictions felonies?  Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you or any member of your household subject to a registration requirement under a sex offender registration program?

Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending against you or any member of your household?  Yes  No

If YES, please explain: \_\_\_\_\_

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## SECTION 7: APPLICANT CERTIFICATIONS

By completing and submitting this application you are certifying that:

1. You and all co-applicants intend to reside in the development as your primary and sole residence.
2. The total household income and assets is within the required limits.
3. You have not committed any fraud in connection with any federal or state housing assistance program, and you do not owe rent or other amounts in connection with housing assistance.
4. If you are disabled and require an accessible unit, special equipment, require a Personal Care Attendant, or need a reasonable accommodation, you will provide a letter from your primary health care provider or other documentation explaining such special requirements upon receipt of Notice of Screening.

## SECTION 8: EQUAL OPPORTUNITY & FAIR HOUSING, RACE/EHTNICITY, SIGNATURES

All information provided on this application will be treated as confidential but will be verified through an appropriate third-party source. It will be your responsibility to provide LexHAB with all necessary supporting documentation to properly process your application and verify your eligibility. This may include, but is not limited to, names, addresses, phone and fax numbers, email addresses, account numbers, and any other information required to expedite this process. By signing this application, you agree that LexHAB may collect any information necessary to make a decision concerning your qualification and eligibility for housing with LexHAB.

Upon Notice of Screening back up documentation for all income, assets, employment, benefits and other items upon request must be provided for verification and eligibility.

### Prospective Tenant Qualification

To be eligible for a rental unit, in addition to the asset limit described above, the total **gross income** of your household must be less than 80% of the current median income for your size household as determined for the Boston-Cambridge-Quincy, MA-NH area by the Federal Department of Housing and Urban Development (HUD). *Please note, income requirements for units range from 50% to 100 % AMI (Area Median Income).* The current schedule is available at LexHAB's office.

### Proof of Identity

You must provide the following documents:

- A valid Government photo identification for each household member over 18,
- Birth certificates for all household members,
- Proof of Social Security Numbers for all household members.

LexHAB does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment of its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this 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.



**PREFERRED HOUSEHOLD LANGUAGE**

What is your preferred household language? \_\_\_\_\_

**ETHNIC CATEGORIES**

- Hispanic or Latino
- Non-Hispanic or Latino

**RACE CATEGORIES**

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- I do not wish to furnish the above information
- Asian
- White
- Black or African American
- Other

**SIGNATURE CLAUSE**

I/we hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my/our request for consideration for LexHAB housing. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me/us. I understand that additional information may be requested to complete processing of this application. I/we will provide all necessary information and expedite this process in any way possible.

I/we hereby grant LexHAB the right to process this application for the purpose of obtaining a Rental/Lease Agreement. Additionally, I/we authorize all corporations, companies, credit bureaus, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I/we understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application may include but is not limited to making any inquiries deemed necessary to verify the accuracy of the information provided, and that all information is regarded as confidential in nature. Inquiries may include information as to my/our character, credit-worthiness, credit standing, and credit capacity including a consumer credit report, Criminal Offenders Record Information (CORI), and Sex Offender Registry (SORI) report. I/we understand that I 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.

Signed under the pains and penalties of perjury. Tenant represents that this application and all documents submitted to LexHAB are true, accurate, and complete. Failure to provide true, accurate and complete information may affect your eligibility for housing, renewal of your lease or result in termination of your lease, in addition to liability for rent that should have been paid on accurate household income.

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

Signature: \_\_\_\_\_

Signatures and proof of identification will be required for all those who sign lease.

**LEXHAB RULES AND REGULATIONS**

A copy of the LexHAB Rules and regulations is available for your review upon request.

**PLEASE PRINT, COMPLETE AND SIGN THIS APPLICATION, AND RETURN BY MAIL TO LEXHAB MANAGEMENT OFFICE AT THE ADDRESS AT THE TOP OF PAGE 1.**

**EMERGENCY APPLICATION REQUEST**

**\*\* Please check here if an EMERGENCY APPLICATION STATUS IS BEING REQUESTED:**  Yes  No

Please include with your LexHAB application a brief statement that addresses why you meet each of the requirements of the definition of "Homeless Applicant" (including the date on which you became, or will become, displaced from your primary residence) as well as the information required for the Priority Category as listed in the Emergency Application Information Sheet provided upon request.

