

Pilot Grove Apartments
11 Warren Road-Management Office
Stow, MA 01775

The Community Builders, Inc.
95 Berkeley Street
Boston, Ma 02116

Date Received: _____
Reviewed by _____
Market _____ # Bedrooms _____

Financed by the Massachusetts Housing Finance Agency

Applicant _____ Date of Birth _____
Present Address _____ City _____
State _____ Zip Code _____ Social Security _____
Home Phone _____ Work Phone _____
Marital Status _____ Do You Have Any Pets _____

THIS QUESTION IS OPTIONAL, THE INFORMATION WOULD BE MOST HELPFUL TO US IN CONFIRMING WITH OUR AFFIRMATIVE FIAR MARKETING PLAN. PLEASE SPECIFY RACE.

____ American Indian ____ Black ____ Hispanic ____ Asian ____ White ____ Other _____

Name OF You Present Landlord _____
Landlord's Address _____ City _____
State _____ Zip Code _____ Telephone Number _____
Your Current Monthly Rent \$ _____ Utility Cost \$ _____
How Long Have You Lived There? _____ Number Of Bedrooms _____

THIS QUESTION IS OPTIONAL. IF THE APPLICANT HAS NOT BEEN LIVING AT PRESENT ADDRESS MORE THAN 5 YEARS. PLEASE FILL OUT REFERENCE BELOW.

Previous Address _____ City _____ State _____
Zip Code _____ Previous Landlord's Name _____
Landlord's Address _____ City _____ State _____
Telephone Number _____ Your Rent \$ _____ Utility Costs \$ _____
What Date Did You Occupy And Vacate: From: _____ To: _____

Please Use The Back Of This Form If Necessary To List All Places You Have Lived The Past Five (5) Years.

List All Persons Who Will Occupy The apartment (Including The Applicant) _____

Name	Relationship	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information

Please Include All Income Of Anyone 18 Years OF Age Or Older Who Will Occupy This Apartment.

Place Of Employment _____ Address _____
City _____ State _____ Zip Code _____ Telephone Number _____
Current Salary \$ _____ Month/Year Date Of Hire _____

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Any Other Type Of Income In Household _____ Amount \$ _____
Who Is The Recipient _____

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Assets - List all Bank Account, Stocks, Bonds, Investments Etc.

Type	Bank Or Agency	Acct#	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal References, Name, Address and Telephone Number:

1. _____
2. _____
3. _____

Has Anyone Listed As Occupant Been Convicted Of A Felony? _____

If Yes, Which Person? _____

Has Anyone Listed As Occupant Ever Been Evicted At Any Time? _____

If Yes, Please Explain In Detail Why? _____

If Anyone Listed As Occupant Has Been Designated As Handicapped Or Disabled and Will Require special Accommodations, Please Explain: _____

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. YOUR SIGNATURE GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

WARNING: SECTION 1001 OF TITLE 1B OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I/WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HERIN SUBMITTED BY MUSELF/US IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____