

**OFFICE USE ONLY**

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 Language: \_\_\_\_\_



the resource inc.

Community & Economic Development

## PRELIMINARY RENTAL APPLICATION for Affordable Housing

### APPLICANT INFORMATION

<b>HEAD OF HOUSEHOLD:</b>		<b>CO-APPLICANT NAME:</b>		
<b>Current Residence Address:</b>	<b>Apt No:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Current Mailing Address:</b>	<b>Apt No:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>		
<b>Current Landlord Name</b>	<b>Phone:</b>	<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married
			<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated

### HOUSEHOLD MEMBERS

Start with Head of Household. List the legal names, birth dates, and relationship to head of household of each person who will reside in the unit. No one, other than the names listed below, will be permitted to live in the apartment.

Name	DOB	Relationship to Applicant	Gender (M or F)

### HOUSING REQUIREMENTS

<b>Property Name you are applying for:</b>	<b>Do you need a wheelchair or handicap accessible unit?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Property Location:</b>	<b>Do you have any special needs due to a disability or need a reasonable accommodation, such as a first floor unit for medical reasons?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Number of Bedrooms needed:</b> <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR	



## HOUSEHOLD INCOME

**Income Before Deductions:** Estimate the Gross Income for ALL household members from all sources on a monthly basis. Specify all sources.

Household Member Name	Name & Address of Employer/Income Source*	Employer Telephone	Gross Income per Month
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		<b>TOTAL HOUSEHOLD GROSS INCOME (per month):</b>	\$

\*Source of Income may include, but are not limited to: Salaries, Wages (including overtime/tips), Net Income from Business or Profession, Trust Income, Interest & Dividends, Unemployment or Disability Compensation, Pensions & Annuities, Social Security Benefits and / or SSI, VA Disability Income, TAFDC or Public Assistance, Alimony Support Payments, Other Income.

I/We confirm that all the information I/we have supplied is true and correct. I/we understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/we hereby authorized the verification of all above information by TRI including a credit report. This application does not constitute a contract, lease or agreement for space.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
Head of Household

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
Co-Applicant

Please return this application via email to [propertymanager@theresource.org](mailto:propertymanager@theresource.org), by FAX at (508) 444-8712 or mail to TRI, 200 Palmer Avenue, Falmouth, MA 02540.

