



Application For Occupancy

Loring Towers Apartments
 1000 Loring Avenue
 Salem, MA 01970
 Ph: 978-745-2055 Fax: 978-744-9735 TTY: 711

For Related Management Company
 Office Use Only:

Date Received: _____
 Application #: _____

Loring Towers Apartments is a Smoke-Free Community

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: () -	Secondary Phone: () -	Email Address:
Check which size units you would like to be considered for: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: () -
Current Managing Agent Name/Address:		Managing Agent Phone: () -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	How long have you lived at this address? ___ Years ___ Months	
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address:		Previous Landlord Phone: () -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you have previously resided:		

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.). Applicants and tenants must disclose SSNs for all household members, except those who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Please list all household members who have served in the **U.S. military**.

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of / /
Name/Address of Bank		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of / /
Name/Address of Bank		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of / /
Name/Address of Bank		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of / /
Name/Address of Bank		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of / /
Name/Address of Bank		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ _____ as of / /
Name/Address of Bank		
Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date \$ _____ as of / /
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ When was it sold? _____ For how much? \$ _____	
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____	

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for childcare expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ () -	Estimate of monthly child care costs: \$	
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$	Amount of monthly Medicare premium: \$	Amount of other medical insurance monthly costs: \$

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
How did you hear about our development?	Why are you applying to our development?
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is any member of your household subject to a state sex offender lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date

Signature of Applicant Over Age 18

Date

Signature of Applicant Over Age 18

Date

Demographic Data

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Loring Tower Apartments is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 410 Tenth Avenue, New York, NY 10001 • (212) 319-1200, NY TTY 1-800-662-1220.



Application Revised 1/1/2015