

Preliminary Application

Preliminary applications are to be completed by applicant(s) when an apartment cannot be assigned and the applicant(s) can be added to the community's waitlist. **Preliminary applications with missing information cannot be processed & applicants will not be placed on the waitlist until complete.** This preliminary application will contain a Reasonable Accommodation Acknowledgement, HUD-92006 Form and a list of preferences (if any) for this community. For full screening procedures, please contact the management agent at the contact info above.

APPLICANT INFORMATION							
LAST NAME		FIRST NAME		M.I.	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SSN	FULL TIME STUDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTH DATE	HOME PHONE ()		WORK PHONE ()		EMAIL		
STREET ADDRESS			APARTMENT #	CITY	STATE	ZIP	
TOTAL GROSS ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES/APPLICANTS		DESIRED MOVE IN DATE		DESIRED NUMBER OF BEDROOMS		DO YOU HAVE A HOUSING CHOICE VOUCHER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IS AN ACCESSIBLE UNIT NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY: HEARING <input type="checkbox"/> VISION <input type="checkbox"/> MOBILITY <input type="checkbox"/> OTHER <input type="checkbox"/>				HOW DID YOU HEAR ABOUT THIS COMMUNITY?		Housing Preference (Choose One): 400 Craig <input type="checkbox"/> 713-717 Stanley <input type="checkbox"/>	
WHAT IS YOUR PRIMARY LANGUAGE? ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/>		IF ENGLISH IS NOT YOUR PRIMARY LANGUAGE, CAN YOU SPEAK OR READ ENGLISH FLUENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU NEED AN INTERPRETER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, CHECK ONE OR BOTH: SPEAK <input type="checkbox"/> READ <input type="checkbox"/>			
PETS? YES <input type="checkbox"/> NO <input type="checkbox"/>	DESCRIBE WEIGHT, BREED AND AGE:			DO YOU MEET ANY PREFERENCES AT THIS COMMUNITY? IF YES, PLEASE LIST: ARE YOU HOMELESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ADDITIONAL APPLICANT INFORMATION							
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX M/F	SSN	FULL TIME STUDENT? Y/N
EMERGENCY CONTACT							
NAME		ADDRESS		PHONE ()	RELATIONSHIP		
BACKGROUND INFORMATION							
HAS ANY MEMBER OF THE HOUSEHOLD EVER:	Filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Willfully or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Been evicted from a tenancy or left owing money? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide Property Name, City, State, and Landlord Name.				
	Been convicted of a felony/misdemeanor (Answering "Yes" is not an absolute bar to residency)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide Type of Offense, County, and State:			
Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s):				If you answered "yes" to any of the questions, please specify the household member name(s):			
Please identify the racial or ethnic group of which you are a member (This is optional): <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____							

Applicant Certification

- I/We certify that the information given to The Community Builders Inc. on this preliminary application is correct and complete to the best of my/our knowledge.
- I/We understand that if this application is not filled out completely, it will not be accepted.
- I/We understand this is a preliminary application and the information provided does not guarantee housing.
- I/We understand additional information and verifications will be necessary to complete the application process.

Applicant Signature: _____ Date: _____

Management Signature: _____ Date: _____

FOR OFFICE USE
Date Received: _____
Time Received: _____

The Community Builders Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The following person 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): Chrissie Valencia, 185 Dartmouth Street, Boston, MA, 02116, (857) 221-8795.

