

TOWN OF WESTON



BROOK SCHOOL APARTMENTS

44 School Street
WESTON, MA 02493-2556
(781) 786-5190 FAX (781) 786-5199

Market Rental Preliminary Application

For office use only: Date & Time Rcvd _____ Type: Mkt

Inc Lvl: M Size: 1BR 2BR Pref: ACC W

PLEASE PRINT CLEARLY

Race (optional) Caucasian African American Latino Asian Native American Other _____

Applying for: Market Apt One Bdrm Two Bdrm* or Both

* Only one two-bedroom unit

Earliest Move In Date: _____

Name: _____ Birthdate: _____

Social Security # _____ - _____ - _____

Phone #s: Home (_____) _____ Cell (_____) _____

Email Address: _____

Current Address: Street _____

City _____ State _____ Zip _____

II. List all persons who will occupy the apartment with the applicant:

<u>Name</u>	<u>Date of Birth</u>	<u>Soc. Sec #</u>	<u>Relation to Applicant</u>
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1. _____

2. _____

III. Do you own your own home? Yes No (If no, skip to section IV) If yes, complete below:

How long have you lived there? _____ Monthly Mortgage/Condo Payments \$ _____

Utilities \$ _____ Assessed Value \$ _____ Taxes \$ _____

IV. Do you rent? Yes No (If no, skip to section V) If yes, complete below:

Current Landlord

Name: _____

Address _____ City _____ State _____ Zip _____

Contact Name: _____ Tel. # (_____) _____

Dates you have lived at present address? From: _____ To: PRESENT

Monthly Rent \$ _____ Utilities \$ _____

Previous Rental History

(this information must be completed if your current address is less than 5 years)

1. Address _____ City _____ State _____ Zip _____

Contact Name: _____ Tel. # (_____) _____

Dates you lived there? From: _____ To: _____ Monthly Rent \$ _____

2. Address _____ City _____ State _____ Zip _____

Contact Name: _____ Tel. # (_____) _____

Dates you lived there? From: _____ To: _____ Monthly Rent \$ _____

V. Have you/we ever been evicted or considered for eviction proceedings? No Yes if yes, when and please explain _____

VI. Do you have any pets? No Yes if yes, type/description _____

VII. Preferences:

a. (ACC) Several apartments are designed for the mobility impaired for example a wheelchair, etc. If you are in need of these features and would like to be given preference for one of these apartments, please check this box .

b. Do you currently hold a Mobile Section 8 Certificate? Yes No If yes,

Amount Allowed for Rent \$ _____

VIII. Income Information (for you and any other person occupying the apartment):

USE MONTHLY AMOUNTS ONLY

	<u>You</u>	<u>Other Applicant</u>
Social Security (gross)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
S.S.I. (Disability Payments)	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Other (Alimony, etc.)	\$ _____	\$ _____
Salary	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

If employed? (employer name, address, telephone)

Name: _____ Telephone: (_____) _____

Address: _____

Assets

a. Bank Accounts

<u>Bank Name</u>	<u>Address (City & State)</u>	<u>Current Balance</u>
Checking _____	_____	\$ _____
Savings _____	_____	\$ _____
CD(s) _____	_____	\$ _____
IRA(s) _____	_____	\$ _____

b. Securities

<u>Name</u>	<u>Address (City & State)</u>	<u>Current Market Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

c. Real Estate (other than address listed above in section III):

Most Recent Assessed Value \$ _____ Market Value \$ _____

Other Liens \$ _____

d. Life Insurance: Cash Value \$ _____ Term Whole Life

e. Disposed Assets: Have you disposed of any assets during the two years preceding this application?

No Yes If yes, the date you disposed of assets_____.

f. Regular Monetary Gifts: Do you receive regular monetary gifts(cash) or non-cash contributions (food, clothing, utilities, rent, etc.) from a family member or agency? No Yes* *If yes, please fill out below

<u>Type of Gift</u>	<u>Value</u>	<u>Dates Given</u>	<u>Duration Period</u>
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IX. Have you/we ever been convicted of a misdemeanor or a felony? No Yes * if yes, when and explain _____

X. Are you or any household member subject to a lifetime sex offender registration?

No Yes

XI. Please list all states and dates where you have lived? _____

XII. Are you a U.S.Citizen? Yes No **or** Non-citizen with immigration status? Yes No

XIII. Do you have a Weston affiliation? No Yes * if yes (check the appropriate box)

Current or former Weston resident

Current or former Town employee

Direct relative of a Weston resident

Former Metco parent or Metco student.

XIV. Why do you/we want to live at the Brook School Apartments and how did you hear about us. _____

THIS IS A PRELIMINARY APPLICATION. Additional information will be requested at a later date. Full background checks are done on each applicant, which include credit reports, references, C.O.R.I. and S.O.R.I. checks. Your signature gives consent to the management to verify any and all information contained in this application.

I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct. If any information is found to be false or incorrect, I understand it could be cause for rejection of my application.



I/We further understand that it is my/our responsibility to notify Brook School Apartments of any change of address which would prevent delivery of any correspondence from Brook School, including notice of apartment availability and Wait List updates.

1. Applicant's Signature _____ Date _____

2. Applicant's Signature _____ Date _____

****INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE REJECTED AND RETURNED****

****Return this application with copies of: most recent tax forms; birth certificate(s) or passport(s); and copy of driver's license(s) or other government photo identification****

MARKET APPLICATION