



**HOUSING NANTUCKET
READY TO RENT LIST
PRELIMINARY RENTAL APPLICATION
EQUAL HOUSING OPPORTUNITY**

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT IF NECESSARY. PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE OR OTHER ALTERNATE FORMATS.

Return application to:

Housing Nantucket

P.O. Box 3149, 75 Old South Road

Nantucket, MA 02554

Phone # - 508-228-4422

FAX # - 508-228-4915

Email: info@housingnantucket.org

Date _____

Note: Please fill in all sections completely. Please contact Housing Nantucket if you need help completing this application.

Name: _____ Phone: _____

Address: _____

Email Address: _____

Race: *(Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)*

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ White (not of Hispanic origin)

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Present Mortgage/Rental Cost Per Month \$_____ Including Utilities? ☐ Yes ☐ No

How Long Have You Lived at Present Address? _____ Months/Years (Circle One)

What are the reasons for moving? _____

FAMILY COMPOSITION - List **ALL** those who will occupy the apartment - **INCLUDE YOURSELF**

Name	Relation to Head of Household	Social Security Number	Age	Sex	Full time Student?
1.	Head of Household				Y / N
2.					Y / N
3.					Y / N
4.					Y / N
5.					Y / N
6.					Y / N

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number listed above.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**Member #** _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly**Member #** _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly**Member #** _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

ASSETS:

List all assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate and Cash Value of a Life Insurance Policy.

Household Member	Name of Institution / Type of Asset	Balance/ Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

NHA Properties Inc. will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. See NHA Properties Tenant Selection Plan for more information.

You must complete the application, read and provide the documents requested, and sign this form. If you have questions please call 508-228-4422. Return this form to the Housing Nantucket, P.O. Box 3149 or return to 75 Old South Road. Incomplete forms will not be processed.



REQUIREMENTS *for your application to be considered:*

❖ Income Verification:

- ☐ Tax forms: copies of the past three (3) years Federal Income Tax Returns with W2s, 1099s, and all schedules attached
- ☐ Pay Stubs: Five (5) most recent pay stubs
- ☐ Bank Statements: Two (2) most recent bank statements, all accounts
- ☐ Employer Verification: all employers listed will be contacted and will be asked to provide a verification of income
- ☐ Other Income: For any other listed income, verification of that income stream for the two (2) most recent months
- ☐ Credit Check: Once you are selected for housing, The NHA Properties Inc. will perform a credit check on all adult household members; explanations will be required for any issues raised, and a poor or questionable credit rating will be grounds for disqualification.

❖ Self-employed (if applicable):

- ☐ Schedule C from Previous Year's Tax Return:

Note: If you are self-employed we MUST accept the figure from your previous year's Schedule C "Net Profit" line as your income from self-employment. We cannot accept estimations of current income from self-employment.

❖ Release of Information Form(s) for income verification, credit report, residency verification and landlord references

❖ Current and Previous Landlord References for all rentals in the previous five (5) years (the Housing Office will provide forms); poor or questionable references will be grounds for disqualification.

❖ Personal Interview with NHA Properties Inc. (includes review of income/assets and other relevant rental questions)

NHA Properties Inc.
General Authorization for Release of Information

Name: _____

Address _____

Address _____

Social Security Number: _____

Date of Birth: _____

Name: _____

Address _____

Address _____

Social Security Number: _____

Date of Birth: _____

I/we, the above named individual(s), authorize the NHA Properties Inc. to verify the accuracy of the information which I/we have provided or to secure information from the following sources:

Employer	Banks and Credit Bureaus
Social Security	Retirement & Pensions Systems
Department of Public Welfare	Department of Employment Security
Veteran's Administration	Payor of Child Support
Trust Administrators	Insurance Companies
Other: _____	

I/we hereby give permission to release this information to the NHA Properties Inc. subject to the condition that it be kept confidential. I/we would appreciate your prompt attention in supplying the information requested on the attached page to the NHA Properties Inc. within five (5) days of receipt of this request.

I/we understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below.

Thank you for your assistance and cooperation in this matter.

Applicant Signature

Date

Applicant Signature

Date

NHA Properties Inc.
Verification of Employment

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____

Applicant Address: _____

Phone: _____ SSN: _____

Signature: _____

PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer _____

Address of Employer _____

Phone: _____

PART III. EMPLOYMENT INFORMATION (To be completed by your Employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ _____ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ _____.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes _____ No _____
If yes: Revised Rate \$ _____ Effective Date: _____
7. Number of hours employee typically works per week: _____ Weeks per year: _____
8. Do you anticipate any change in the number of hours the employee works? Yes _____ No _____
If yes, please explain _____
9. Anticipated average amount of overtime per week _____
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ _____
11. Does the employee receive tips, bonuses, overtime, commissions? Yes _____ No _____
Please indicate annual amount: Tips \$ _____ Bonuses: \$ _____ Overtime \$ _____ Commissions \$ _____
12. If the employee's work is seasonal or sporadic, indicate lay-off periods _____
13. Additional Comments: _____

Completed By (signature): _____ Date: _____

Name and Title: _____

NHA Properties Inc.
Verification of Employment

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____

Applicant Address: _____

Phone: _____ SSN: _____

Signature: _____

PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer _____

Address of Employer _____

Phone: _____

PART III. EMPLOYMENT INFORMATION (To be completed by Employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ _____ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ _____.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes _____ No _____
If yes: Revised Rate \$ _____ Effective Date: _____
7. Number of hours employee typically works per week: _____ Weeks per year: _____
8. Do you anticipate any change in the number of hours the employee works? Yes _____ No _____
If yes, please explain _____
9. Anticipated average amount of overtime per week _____
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ _____
11. Does the employee receive tips, bonuses, overtime, commissions? Yes _____ No _____
Please indicate annual amount: Tips \$ _____ Bonuses: \$ _____ Overtime \$ _____ Commissions \$ _____
12. If the employee's work is seasonal or sporadic, indicate lay-off periods _____
13. Additional Comments: _____

Completed By (signature): _____ Date: _____

Name and Title: _____

NHA PROPERTIES INC. RENTAL PROGRAM

TENANCY HISTORY

Please submit this form with your application. Please fill out the following tenancy information, starting with your most recent rental and covering five years' worth of rental history. If there are household members with different tenancy histories, please indicate in margin which household member the entry covers.

Please list all household members covered by this tenancy history:

_____	_____
_____	_____

CURRENT RENTAL: We will not contact your current landlord until we have finished as many other verifications/references/checks as possible.

_____	_____	_____
move-in date	move out date	CURRENT rental address
<input type="checkbox"/>	Please do not contact my current landlord	_____
		CURRENT landlord's name

		CURRENT landlord's address

		CURRENT landlord's address

		CURRENT landlord's phone

PREVIOUS RENTALS:

_____	_____	_____
move-in date	move out date	rental address

		landlord's name

		landlord's address

		landlord's phone

_____	_____	_____
move-in date	move out date	rental address

		landlord's name

		landlord's address

		landlord's phone

_____	_____	_____
move-in date	move out date	rental address

		landlord's name

		landlord's address

		landlord's phone

_____	_____	_____
move-in date	move out date	rental address

		landlord's name

		landlord's address

		landlord's phone

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. References must have known you for one (1) year or more and shall not be related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____

_____	_____
Principal Applicant	Date
_____	_____
Co-Applicant (If Applicable)	Date