



**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.**

**SITE NAME - NHA Properties Inc.  
P.O. Box 3149, 15 Teasdale Circle  
Nantucket, MA 02554  
Phone # - 508-228-4422  
FAX # - 508-228-4915**

Date \_\_\_\_\_

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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)

**SIZE OF APARTMENT NEEDED:**

OBR 1BR 2BR 3BR 4BR 5BR 6BR

**UNIT TYPE REQUESTED:**

Market Rent

Wheelchair Adapted Unit

Basic Rent

Yes  No

Low Rent

Hearing/Visual Adapted Unit

Yes  No

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 Housing Cost Per Month \$\_\_\_\_\_ Including Utilities?  Yes  No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

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 on the first page.

**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, Income from Rental Property, Military Pay, Scholarships, and/or grants.

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

**INCOME FROM ASSETS:**

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

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

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:**

1. Have you been displaced from your home? If so, please explain.

---

2. Does your present apartment contain health code violations? If so, please describe:

---

3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

---

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 form 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 15 Teasdale Circle. Incomplete Forms will not be accepted.**



## **REQUIREMENTS *for your application to be considered:***

### **Income Verification:**

- Tax forms:** copies of the past two (2) years Federal Income Tax Returns with W2s, 1099s, and all schedules attached
- Pay Stubs:** Eight (8) most recent pay stubs
- Employer Verification:** all employers listed will be contacted and will be asked to provide a verification of income
- Bank and/or Asset Accounts:** Two (2) most recent statements for all accounts (checking, savings, other assets)
- Other Income:** For any other listed income, verification of that income stream for the two (2) most recent months
- Credit Check:** 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 your 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 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. 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.*

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

*PREVIOUS RENTALS:*

<hr/> move-in date	<hr/> move out date	<hr/> rental address
		<hr/> landlord's name
		<hr/> landlord's address
		<hr/> 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. They must have known you for one (1) year or more and 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