

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!

support@housingworks.net

HousingWorks

P.O. Box 231104

Boston, MA 02123

617-536-8561 fax

☐ This waitlist is closed. The only waitlists open at present are:

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



WINGATE

APPLICATION FOR RENTAL

EQUAL HOUSING
OPPORTUNITY**Tell Us About Yourself (use additional sheets if necessary)****PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID**

FIRST NAME MIDDLE NAME LAST NAME

SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID # DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID # TYPE OF ID STATE OR GOVERNMENT THAT ISSUED THE ID

DATE OF BIRTH OTHER NAMES USED IN LAST 10 YEARS EMAIL ADDRESS (Required)*

PRESENT ADDRESS COUNTY WORK TELEPHONE #

CITY STATE ZIP HOME TELEPHONE # MOBILE TELEPHONE #

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME DATE OF BIRTH NAME DATE OF BIRTH NAME DATE OF BIRTH NAME DATE OF BIRTH

PRESENT ADDRESS IS (Check one): ☐ OWNED HOME ☐ RENTED HOME ☐ RENTED APARTMENT ☐ PARENTS' HOME ☐ STUDENT HOUSING ☐ OTHER:

IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY STATE ZIP TELEPHONE #

HOW LONG? MONTHLY PAYMENT ANTICIPATED MOVE-OUT DATE: REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY STATE ZIP TELEPHONE #

PREVIOUS ADDRESS IS (Check one): ☐ OWNED HOME ☐ RENTED HOME ☐ RENTED APARTMENT ☐ PARENTS' HOME ☐ STUDENT HOUSING ☐ OTHER:

IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

COUNTY WHERE RESIDENCE LOCATED

CITY STATE ZIP TELEPHONE #

HOW LONG? MONTHLY PAYMENT MOVE-OUT DATE: REASON FOR LEAVING:

HAVE YOU LIVED IN AN WINGATE COMMUNITY BEFORE? ☐ YES ☐ NO IF YES, WHICH ONE (Include city and/or state)? FROM: TO:**Employment**

EMPLOYER (COMPANY NAME) HOW LONG? MONTHLY GROSS INCOME

ADDRESS CITY STATE ZIP

JOB TITLE SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #

OTHER SOURCE(S) OF VERIFIABLE INCOME WHEN RECEIVED AMOUNT MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB) HOW LONG?

ADDRESS CITY STATE ZIP

JOB TITLE SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL YEAR COLOR LICENSE PLATE # STATE

1.

2.

3.

Animals (animals require our consent)

TYPE BREED WEIGHT NAME LICENSE/TAG #

1.

2.

Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises)

NAME RELATIONSHIP PRIMARY TELEPHONE # ALTERNATE TELEPHONE #

ADDRESS CITY STATE ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? ☐ Yes ☐ No

If so, identify the person and the type of special assistance required:



WINGATE

APPLICATION FOR RENTAL

EQUAL HOUSING
OPPORTUNITY**Criminal Background Information**

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:		

How did you hear about our community?

<input type="checkbox"/> Internet (which site?) _____	<input type="checkbox"/> Resident (name?) _____
<input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____	<input type="checkbox"/> Rental Agency (Which One?) _____
<input type="checkbox"/> Locator Service (Which One?) _____	<input type="checkbox"/> Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above 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. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

I have read and agree to the provisions as stated.

Applicant Signature _____

Date _____

Non-Refundable Application Processing Fee
required with each Application: \$ _____

Total Holding Deposit*** (Per Apartment, if any): \$ _____

Holding Deposit amount paid by this applicant: \$ _____

Address of Apartment/Premises being held: _____

OFFICE USE ONLY

Apartment Number _____
 Apartment Size/Description _____
 Anticipated Move-in Date _____
 Lease Start Date _____
 Lease End Date _____
 Quoted Monthly Apartment Rent _____

Property Staff Initials _____

* **Email Address & Electronic Signatures.** Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link to your lease. You can review the lease on your own time and sign it, electronically, anytime prior to your move-in date. Your electronic signature should match the name that is displayed in your lease. After all residents have signed the lease, it will be stored on our secure resident website, My.EquityApartments.com, for you to access at any time. An electronic signature is enforceable and replaces traditional pen and paper signatures. If you will not be able to use this method of signature because you do not have an email address or access to internet, please let us know so we can prepare a paper lease for signature in the office.

** **Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

*** **Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.