

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

DO NOT LEAVE ANYTHING BLANK ON THIS PAGE!

- ☐ 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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- ☐ **Fully Accessible Wheelchair** Unit ☐ **Blind Accessible** Unit ☐ Need an **Interpreter**
- ☐ **No-Steps unit** (elevator to any floor) ☐ **Deaf Accessible** Unit ☐ **Domestic Violence Victim**
- ☐ **First-Floor unit only** ☐ Unit designed for **Environmental Allergies**

- ☐ 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence
- ☐ Rent-burdened ☐ Displaced by: _____ ☐ Other

PERSONAL:

Date _____

Please list every name who will occupy the apartment (first line is you as the Head of Household)

1.	_____	Head of Household	_____
2.	_____	Relationship	_____
	Last		
3.	_____	Relationship	_____
	Last		
4.	_____	Relationship	_____
	Last		
5.	_____	Relationship	_____
	Last		
6.	_____	Relationship	_____
	Last		
7.	_____	Relationship	_____
	Last		
8.	_____	Relationship	_____
	Last		
9.	_____	Relationship	_____
	Last		
10.	_____	Relationship	_____
	Last		

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 2 _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?.

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired
☐ unit for hearing impaired ☐ grab bars

RESIDENCY & EMPLOYMENT:

Present Address _____
 Street City State Zip Code

Present Phone _____ **Second Phone (if any)** _____

☐ Own: Dates of Current Occupancy From: _____ to: **the present time** \$ _____
 Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy From: _____ to: _____ \$ _____
 Monthly Rental Payments

If Rents _____
 Present Landlord Name Address Landlord Phone

Previous Address _____
 Street City State Zip Code

☐ Dates of Previous Occupancy From: _____ to: _____ \$ _____
 Month Year Month Year Monthly Rental Payments

If Rents _____
 Former Landlord Name Address Landlord Phone

Currently employed by _____ **Occupation** _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____ - _____ - _____

Annual Gross Salary \$ _____ per year **Other Income (Comm/Bonus)** _____ \$ _____

RESIDENCY & EMPLOYMENT (continued):

Other Source of Income (i.e.- social security - retirement fund – disability - workmen's compensation – pension - alimony/child support – investments - etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

FINANCIAL INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

Have you sold or given away any real property or other assets in the past two years? ☐ Yes ☐ NoIf yes, did you receive Fair Market Value for the Asset? ☐ Yes ☐ No**CORI INFORMATION**Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ No

If yes, you must indicate the nature of the crime and the date of conviction _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy beginning (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



**RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing? ☐ Yes ☐ No
2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If **Yes**, list where and when: _____

3. Are you or any member of your household currently engaging in the use of illegal drugs? ☐ Yes ☐ No
4. Have you or any member of your household ever been convicted of a felony? ☐ Yes ☐ No

If **Yes**, please explain: _____

5. Are you or any member of your household currently abusing alcohol? ☐ Yes ☐ No
6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? ☐ Yes ☐ No

If **Yes**, please explain: _____

7. Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender** registration program in any state? ☐ Yes ☐ No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

All household members 18 and older must sign below:

The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize (Academy Homes I) to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.

Applicant _____	Date _____
Co-Applicant _____	Date _____
Other Adult _____	Date _____
Other Adult _____	Date _____



1. Do you have a Section 8 Certificate?

☐ Yes

☐ No

If yes, who issued the Certificate? _____

2. Please list the name, birthdate and social security # of each child in the Household:

Name

Birth Date

Social Security #

3. Number of bedrooms needed? _____

4. Have you, or has any member of your household, ever been convicted of a crime?

☐ Yes

☐ No

If yes, please indicate the nature and date of conviction

5. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. – unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars?)

☐ Yes

☐ No

If yes, you will be asked to complete a *Request for Reasonable Accommodation*.

6. Have you sold or given away any real property or other assets in the past two years?

☐ Yes

☐ No

If yes, did you receive Fair Market value for the Asset?

☐ Yes

☐ No

If no, you may be requested to provide additional information.

7. *Statistical Purposes Only*

Race of Head of Household

☐ White

☐ Black

☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander

☐ Do not wish to answer

Ethnicity of Head of Household

☐ Hispanic

☐ Non-Hispanic

Signature of Head of Household

_____/_____/_____
Date mm/dd/yyyy



Winn Residential

Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Today's Date _____
mm / dd / yyyy

Applicant **Signature** _____

Print your name, like this (**J o h n**): _____

Date of Birth: _____
mm / dd / yyyy

Social Security Number: _____