

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.

Applying for:

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](mailto: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

If yes, name the agency providing the voucher:

- ☐ 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 \_\_\_\_\_

## PERSONAL:

Date \_\_\_\_\_

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

1.	Name	Gender	D.O.B.	Applicant	SS#
2.	Name	Gender	D.O.B.	Relationship	SS#
3.	Name	Gender	D.O.B.	Relationship	SS#
4.	Name	Gender	D.O.B.	Relationship	SS#
5.	Name	Gender	D.O.B.	Relationship	SS#
6.	Name	Gender	D.O.B.	Relationship	SS#
7.	Name	Gender	D.O.B.	Relationship	SS#
8.	Name	Gender	D.O.B.	Relationship	SS#
9.	Name	Gender	D.O.B.	Relationship	SS#
10.	Name	Gender	D.O.B.	Relationship	SS#

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? ☐ 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 Winn Residential 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? \_\_\_\_ An MRVP voucher? \_\_\_\_ AHVP voucher? \_\_\_\_ VASH Voucher? \_\_\_\_ I have no Voucher \_\_\_\_

If yes, who issued the Certificate? \_\_\_\_\_

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

Name	Relationship	Birth Date	Social Security #
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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***

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Do not wish to answer	

***Ethnicity of Head of Household***

☐ Hispanic ☐ Non-Hispanic

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 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*.

Head of Household's Signature \_\_\_\_\_

Print the Head of Household's name:

Date you completed this application:

mm    dd    yyyy

Head of Household's Date of Birth:

mm    dd    yyyy

Head of Household's Social Security Number: \_\_\_\_\_