

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

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:*

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ **This particular waitlist is closed: The only open waitlists we have at present are:**
- _____
- ☐ **This is not the correct application. The correct application is available by/from:**
- _____
- ☐ **Any other info you wish to tell HousingWorks?**
- _____

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



	Head of Household’s FIRST Name
	Head of Household’s MIDDLE Name
	Head of Household’s LAST Name

HoH’s SOCIAL SECURITY NUMBER		GENDER	HoH’s DATE OF BIRTH

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!

YOUR MOTHER’S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
YOUR EMAIL ADDRESS	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:

SECOND CONTACT ADDRESS
This is:

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
			.00

INCOME SOURCES

MOBILE RENTAL ASSISTANCE, if any

REQUESTED ACCOMMODATIONS

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE



PERSONAL:

Date_____

Please complete for those who will occupy the apartment (Applicant- co-applicant- children- other)

1.

Relationship

2.

Relationship

3.

Relationship

4.

Relationship

5.

Relationship

6.

Relationship

7.

Relationship

8.

Relationship

9.

Relationship

10.

Relationship

Last

First

M.I.

D.O.B.

Relationship

SS#

Present Address

Street

City

State

Zip Code

Former Address

Street

City

State

Zip Code

Present Phone Residence

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? (e.g. - unit for mobility impaired- unit for visually impaired- unit for hearing impaired- grab bars)

Check One: ☐ YES ☐ NO If yes - you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY & EMPLOYMENT:

☐ Own: Date of Current Occupancy

From:_____

to: _____

\$ _____

Monthly Mortgage Payments

☐ Rent: Date of Current Occupancy

Year

\$ _____

Monthly Rental Payments

Address

Present Landlord Name

Address

Phone

Address

Former Landlord Name

Address

Phone

Currently employed by

Occupation

Address

Length of Employment

Supervisor

Phone

Annual Gross Salary

Other (Comm/Bonus)

Other Source of Income (i.e.- social security- retirement fund- disability- workman'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

BANKING INFORMATION

Bank- Checking Account

Branch Address

Checking Acct. No.

Bank- Savings Account

Branch Address

Savings Acct. No.

Bank- Cert of Dep.

Branch Address

C.D. Acct. No.

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy on (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.

The 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

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

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/or other agencies, both public and private that have relevant information on my credit and criminal history. I am aware that information received by Winn Management through this credit and criminal check will be used, in part, in determining 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 name(s) and telephone numbers/addresses of any and all agencies supplying such information together with a summary of my rights under the Federal Fair Credit Reporting Act.

Applicant Signature _____ Date _____

Name (printed) _____ Date of Birth _____

Social Security Number _____