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: **617-536-8516**

HOUSINGWORKS
For Everyone

	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 **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!
○		○	

○	YOUR MOTHER'S MAIDEN NAME

	YOUR HOME TELEPHONE		SECOND TELEPHONE
○			
	YOUR EMAIL ADDRESS		
○			

CURRENT ADDRESS OR 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?	
○		# Adults		# Children		Total #	○		○		.00

	INCOME SOURCES
○	

	MOBILE RENTAL ASSISTANCE, if any
○	

	REQUESTED ACCOMMODATIONS
○	

	SPECIAL CIRCUMSTANCES THAT SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○	

RENTAL APPLICATION

Winn Residential

PERSONAL:

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

1. _____ HoH
   Relationship
2. _____
   Relationship
3. _____
   Relationship
4. _____
   Relationship
5. _____
   Relationship
6. _____
   Relationship
7. _____
   Relationship
8. _____
   Relationship
9. _____
   Relationship
10. _____
    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: **Present Time** $_____ 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.

WinnResidential

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 _____