

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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:

☐ 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

☐ 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 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

☐ ANY PETS? ☐ Yes ☐ No Describe: _____

☐ HOUSEHOLD SIZE AND COMPOSITION
 ☐ ANNUAL INCOME
 ☐ DOCUMENTED DISABILITY?

☐ 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 MAILING ADDRESS)

Address Line 1		Apt # or "care of" name:	
City	State	Zip	

☐ PREFERRED MAILING ADDRESS

Address Line 1		Apt # or "care of" name:	
City	State	Zip	

☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? *(some programs may grant you 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 complete for those who will occupy the apartment (Applicant - co-applicant - children - other)

1.

Last_____

First_____

M.I._____

Gender_____

DOB_____

Age_____

Relationship_____

SSN_____

2.

Same info for all rows_

3.

4.

5.

6.

7.

8.

9.

10.

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? ☐ MRVP Voucher ☐ AHVP VASH Voucher

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

<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

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 _____