

Mail this application to:

The name of the waitlist I’m applying for is: \_\_\_\_\_

Some waitlists are closed: *Before sending this application*, check <http://www.housingworks.net/> to see what is open

You must answer every question on this application: respond to questions that are not applicable by writing “N/A”.  
**Incomplete applications may be returned or discarded.**

Your Name: \_\_\_\_\_

Long-Term Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

Phone(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If “Yes” you must provide it above.*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother’s last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family’s **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you **have a rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a “no-steps” unit)?

☐ YES ☐ NO Do you need **reasonable accommodations due to a disability**, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



WINGATE MANAGEMENT  
78 PETERBOROUGH ST. 11  
BOSTON, MA 02215

Wingate Management Company, Inc.

Development (Project)

DATE (FECHA)

NO. BEDROOM NEEDED  
(NO. DE DORMITORIOS QUE NECESITA)

PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY.  
(FAVOR DE LLENAR TODOS LOS ESPACIOS. ESCRIBA EN FORMA IMPRESA.)

NAME  
( NOMBRE)

DATE & PLACE OF BIRTH

ADDRESS:

(DIRECCION)

HOME PHONE  
(TELEFONO CASA)

WORK PHONE  
(TELEFONO TRABAJO)

PRESENT APARTMENT SIZE  
(TAMANO DEL ARRENDATARIO DONDE VIVE)

NUMBER OF OCCUPANTS  
(NUMERO DE OCUPANTES)

PRESENT LANDLORD  
(NOMBRE DEL ARRENDATARIO)

PHONE NUMBER  
(TELEFONO)

LANDLORD’S ADDRESS

(DIRECCION DEL ARRENDATARIO)

LENGTH OF RESIDENCY  
(TIEMPO VIVIENDO AQUI)

RENT \$  
(RENTA)

UTILITIES \$  
(UTILIDADES)

PREVIOUS ADDRESS

(DIRECCION ANTERIOR)

PREVIOUS LANDLORD  
(ARRENDATARIO ANTERIOR)

PHONE #  
(TELEFONO)

LENGTH OF RESIDENCY  
(TIEMPO VIVIENDO ANTERIOR)

RENT \$  
(RENTA)

UTILITIES \$  
(UTILIDADES)

MINORITY (INFORMATION WILL BE USED ONLY FOR FAIR HOUSING AS REQUIRED BY FEDERAL AND STATE LAWS.)  
MINORIAS (ESTA INFORMACION SERA USADA PARA VIVIENDA JUSTA (FAIR HOUSING) SOLAMENTE COMO LO REQUIRE LA LEY FEDERAL Y ESTATAL)

( ) WHITE ( ) BLACK ( ) ASIAN ( ) AMERICAN INDIAN  
BLANCO NEGRO ASIATICO INDIO AMERICANO

ETHNICITY ( GRUPO ETNICO  
( ) HISPANIC (HISPANO) ( ) NON-HISPANIC (NO HISPANO)

INFORMATION ABOUT EVERYONE WHO WILL OCCUPY APARTMENT.  
(INFORMACION ACERCA DE CUALQUIERA QUE VA HA OCCUPAR EL APARTAMENTO.)

NAME SEX DATE & PLACE OF BIRTH S.S.# RELATION






Wingate Management Company, Inc.

FAMILY INCOME - PLEASE LIST ALL INCOME FOR EACH FAMILY MEMBER. (EX. SOCIAL SECURITY)  
(ENTRADA FAMILIAR MENCIONE TODAS LAS ENTRADAS DE CADA MIEMBRO DE SU FAMILIA.  
(EJEMPLO: SEGURO SOCIAL)

NAME (NOMBRE)	INCOME SOURCE (MEDIO DE ENTRADA)	GROSS AMOUNT (CANTIDAD BRUTA)	ADDRESS OF OFFICE (DIRECCION)
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IF ANYONE EMPLOYED, NAME AND ADDRESS OF EMPLOYER. \_\_\_\_\_  
\_\_\_\_\_  
PHONE # \_\_\_\_\_  
(SI ALGUNO ESTA EMPLEADO, NOMBRE Y DIRECCION DEL TRABAJO Y TELEFONO).

DO YOU OWN ANY PROPERTY? \_\_\_\_\_ ADDRESS \_\_\_\_\_  
POSEE ALGUNA PROPIEDAD ?) (DIRECCION)

ASSETS (ENTRADAS)	NAME & ADDRESS (NOMBRE Y DIRECCION)	ACCOUNT # (CUENTA)	VALUE/DIVIDEND (VALOR/DIVIDENO)
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SAVINGS \_\_\_\_\_  
(AHORROS)

CHECKING \_\_\_\_\_  
(CHEQUES)

STOCKS/BONDS \_\_\_\_\_  
(BONOS/INVERSIONES)

CREDIT (CREDITOS)	NAME(NOMBRE)	ADDRESS (DIRECCION)	ACCOUNT # (CUENTAS)
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MEDICAL INSURANCE (SEGURO MEDICO)	NAME OF COMPANY & ADDRESS (NOMBRE DE LA COMPANIA Y DIRECCION)	PREMIUM (PRIMA)
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WHO DO WE CONTACT IN CASE OF AN EMERGENCY? (A QUIEN NOS COMUNICAMOS EN DE EMERGENCIA)

ARE YOU OR YOUR FAMILY: (PLEASE ANSWER YES OR NO):  
(ESTA USTED O ALGUNO DE SU FAMILIA: CONTESTE SI NO NO)

DISPLACED BY NATURAL DISASTER SUCH AS FIRE/FLOOD/ETC.?  
(DESALOJADO POR CAUSA DE UN DESASTRE NATURAL COMO FUEGO, INUNDACION) \_\_\_\_\_

DISPLACED BY PUBLIC ACTION, URBAN RENEWAL OR CONDEMNED HOUSING?  
(DESALOJADO POR ACCION PUBLICA,RENOVACION URBANA O VIVIENDA CONDENADA) \_\_\_\_\_

LIVING IN SUBSTANDARD HOUSING? (VIVENDO BAJO LO NORMAL) \_\_\_\_\_

LIVING IN OVERCROWDED HOUSING? (VIVENDO EN CONDICIONES SUPER POBLADA) \_\_\_\_\_

PAYING HOUSING COSTS IN EXCESS OF 50% OF YOUR INCOME?  
(PAGANDO VIVIENDA SOBRE EL 50% DE SU ENTRADA) \_\_\_\_\_

DISABLED OR HANDICAPPED (INCAPACITADO) \_\_\_\_\_

(USING A WHEELCHAIR (ALGUNO EN SU CASA USA SILLA DE RUEDAS) \_\_\_\_\_

LIVING IN A HOUSEHOLD WHERE ACTUAL OR THREATENED VIOLENCE OCCURS? \_\_\_\_\_





Wingate Management Company, Inc.

PLEASE LIST ANY HOBBIES YOU MIGHT WANT TO SHARE WITH OTHER RESIDENTS.  
(FAVOR MENCIONAR SUS PASATIEMPOS QUE USTED LE GUSTARIA COM PARTIR CON LOS DEMAS INQUILINOS.)

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PLEASE ADD ANY INFORMATION THAT MAY HELP US TO UNDERSTAND YOUR PRESENT SITUATION.  
(POR FAVOR ANADA CUALQUIER INFORMACION QUE NOS AYUDE A ENTENDE MEJOR SU CONDICION ACTUAL.)

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PLEASE NOTE THAT WE DO NOT INSURE PERSONAL PROPERTY NOR DO WE ALLOW PETS.  
(POR FAVOR NOTE QUE NOSOTROS NO ASEGURAMOS PROPIEDADES PERSONALES Y NO ACEPTAMOS ANIMALES.)

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS.  
ADDITIONAL INFORMATION MAY BE REQUIRED AT A LATER DATE TO COMPLETE THE PROCESSING OF  
YOUR RENTAL APPLICATION. YOUR SIGNATURE BELOW GIVES CONSENT TO THE MANAGEMENT TO  
VERIFY INFORMATION CONTAINED IN THIS APPLICATION. IT IS A CRIMINAL OFFENSE TO MAKE A  
FALSE STATEMENT OR MISREPRESENTATION ON THIS RENTAL APPLICATION.

FAVOR NOTAR QUE ESTA ES UNA APLICACION PRELIMINAR Y NO OFRECE CONTRATO O DERECHOS DE  
RENTA. INFORMACION ADICIONAL TAL VEZ SEA NECESARIA PARA EL PROCESO DE SU APLICACION DE  
RENTA. SU FIRMA MAS ABAJO NOS DA EL CONSENTIMIENTO PARA VERIFICAR LA INFORMACION ANTES  
CONTENIDA. ES UNA OFENSA CRIMINAL DAR INFORMACION FALSA O MALA INTERPRETACION EN ESTA  
APLICACION PARA RENTA.)

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SIGNATURE (FIRMA)

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DATE (FECHA)

# Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor’s website in each town (or by calling the Tax Assessor’s phone number in most towns:** To determine if there is an online Tax Assessor page for a town search the web like this: “Tax Assessor, Boston MA” or “Property Assessment, Dallas TX”.

## CURRENT RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## PRIOR RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A