

**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.**

**Name of HoH:** \_\_\_\_\_

**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**

## Warren Apartments

*The information requested in this form is required by the gov't. agency regulating this project.*

### APPLICATION FOR HOUSING

**Low-Income Housing Tax Credit Property**

**And/or**

**HUD Subsidized Property**

*Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.*

**Please Print Clearly**

This is an application for housing at	Project: Warren Avenue
	Address: 25, 31, 33, 35, 37, 51 Warren Avenue Boston, MA 02116
Please complete this application and return to:	Name: Warren Apartments
	Address: c/o St. Helena's House 89 Union Park ST. Boston, MA 02118

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

**Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to your for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household, as well as the Head, Co-head, and Spouse, must report all income and sign all necessary forms. Thank you for your assistance.**

#### **A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in  
current unit: \_\_\_\_\_

Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? F23 ☐ Yes ☐ No

**Application**

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Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

Do you need an accessible unit? ☐ Yes ☐ No (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)

### B. HOUSEHOLD COMPOSITION

**List ALL persons who will live in the apartment. List the head of household first.**

Name	Relationship to Head	Birth Date		SS#	Full Time Student Y/N
Head:					
Co-T:					
3.					
4.					
5.					
6.					
7.					
8.					

Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, explain:</i></b>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? **F1** ☐ Yes ☐ No

<b>IF YES, ANSWER THE FOLLOWING QUESTIONS F1</b>		
Are any full-time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write *NA*.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	Pension <b>F13</b> (list source)	\$
	Pension <b>F13</b> (list source)	\$
	Pension <b>F13</b> (list source)	\$
	Veteran's Benefits <b>F8</b> (list claim #)	\$
	Veteran's Benefits <b>F8</b> (list claim #)	\$
	Unemployment Compensation <b>F11</b>	\$
	Unemployment Compensation <b>F11</b>	\$
	Worker's Compensation <b>F12</b>	\$
	Title IV/TANF <b>F9</b>	\$
	Title IV/TANF <b>F9</b>	\$
	Title IV/TANF <b>F9</b>	\$
	Full-Time Student Income (18 & Over Only) <b>F5</b>	\$
	Full-Time Student Income (18 & Over Only) <b>F5</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$
	Interest Income (source) <b>F19</b>	\$

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Household Member Name	Source of Income	Monthly Amount
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	<b>Alimony F15, F16</b>	
	Are you entitled by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Child Support F15, F16</b>	
	Are you entitled by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <b>entitled</b> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income (rental proerpty, lottery winnings, etc.)</b>	\$
	<b>Other Income (rental proerpty, lottery winnings, etc.)</b>	\$
	<b>Other Income (rental proerpty, lottery winnings, etc.)</b>	\$

<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts x 12)	\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>	\$
<b>Do you anticipate any changes in this income in the next 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

<b>D. ASSETS</b> If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.				
		Household Member Name		
<b>Checking Accounts F19</b>	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
<b>Savings Accounts F19</b>	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
<b>Trust Account F22</b>	#	Bank	Acct:	Balance \$
<b>Certificates of Deposit F19</b>	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
<b>Credit Union F19</b>	#	Bank	Acct:	Balance \$
	#	Bank	Acct:	Balance \$
<b>Savings Bonds</b>	#	Maturity Date		Value \$
	#	Maturity Date		Value \$
	#	Maturity Date		Value \$
<b>Life Insurance Policy F20</b>	#			Cash Value
<b>Life Insurance Policy F20</b>	#			Cash Value \$

<b>Mutual Funds F19</b>	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
<b>Stocks F19</b>	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:      Annual Interest or Dividend \$	Value \$
<b>Bonds F19</b>	Name:	#Shares:      Annual Interest or Dividend \$	Value \$
	Name:	#Shares:      Annual Interest or Dividend \$	Value \$
<b>Annuities, 401(K), IRA, Keogh F21</b>	Name: Source:		Value \$
<b>Investment Property F23</b>	Name: Source:		Appraised Value \$

Real Estate Property: <b><i>Does any household member own any property? F24,F25</i></b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Household Member:		Type of Property:
Location of property:		
Appraised Market Value :		\$
Mortgage or outstanding loans balance due:		\$
Amount of annual insurance premium:		\$
Amount of most recent tax bill:		\$
<b>Has any household member sold/disposed of any property in the last 2 years? F17</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Household Member:		Type of Property:
Market value when sold/disposed		\$
Amount sold/disposed for:		\$
Date of transaction:		
Has any household member disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts) <b>F17, F 22</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Household Member:		Describe Asset:
Date of disposition:		
Amount disposed:		\$
Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		

E. ADDITIONAL INFORMATION	
How were you referred to this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently receive, or do you anticipate receiving a Section 8 Voucher/certificate? <small>We do not discriminate based on Section 8 Voucher /Certificate holders. This question is asked for the sole purpose of determining suitability for housing, specifically, ability to pay rent.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your family currently using a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	



**F. REFERENCE INFORMATION**

**You must provide all full addresses resided at in the past five years, and the names, addresses, and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary.)**

<b>Current Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

Credit Reference #1:	
Address:	
Account #:	Phone #:

**Application**

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Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:

**G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pet(s)? Please inquire with management regarding the pet policy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult applicants, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

**SIGNATURE (S):**

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Attachments:      Application Cover Letter (specific to the property program (s))  
                              Application Addendum (specific to the property program(s))



Warren Avenue Apartments does not discriminate on the basis of disability status in the admission of, or access to, or treatment or employment in, its federally assisted programs and activities. Warren Avenue Apartments coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Any questions regarding 504 compliance, please call \*781) 943-0200- x 255, MA Relay (800) 439-2370 and ask for the 504 coordinator, Sue Stockard.

**Application**

## 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

## 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

## Housing History, Page 3

### 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