

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



Winn Residential

HIGHLAND TERRACE APPLICATION FOR HOUSING

47 Gerrish Ave., Chelsea, MA 02150

Opening in Early 2013



Central A/C * Smoke Free * Heat and Hot Water Included

Thank you for your interest in Highland Terrace!
Please read the instructions below before completing an application:

- **Applications must be returned to 4 Gerrish Ave. Rear, in Chelsea, no later than Oct. 8, 2012 @ 3:00pm**
Applications received after this date will be put on a waitlist and will not be included in the lottery selection
- **Incomplete applications will not be accepted**
Translation services are available by request
- **Each household member over the age of 18 must complete a separate application**
- **Only the information provided in this packet should be returned**
Additional information, such as proof of income, birth certificates, etc, are not needed at this time
- **SELECTION WILL BE BY LOTTERY**
- *Applicants will be notified by mail of the date and time of lottery*

If translation or a reasonable accommodation is needed in filling out the application, please call the management office at (617) 884-0692. Highland Terrace and Winn Residential do not discriminate because of race, color, sex, sexual orientation, religion, age, handicap, disability, national origin, familial status, or marital status in the leasing, rental, sale or transfer of apartment units, buildings, or related facilities, including land that they own or control.



Winn Residential

HIGHLAND TERRACE RENTAL APPLICATION

(All Applicants 18 or older must file separate application)

MAIL OR DELIVER COMPLETED APPLICATION TO: *(Applications will not be accepted electronically)*
Winn Residential, 4 Gerrish Ave, Rear, Chelsea, MA 02150

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: _____

Phone: _____

E-Mail: _____

What is your date of birth? _____ What is your gender? _____

*Race (White, Black, Asian, etc.) _____ ☐ Hispanic or ☐ Non- Hispanic

☐ Yes ☐ No Do you have a Social Security Number? *If "Yes" you must provide the SSN on the line below.*

What is your social security number? ____ - ____ - ____

How many people will be living in the unit? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 6+ / people

What size bedroom are you seeking? ☐ 1 bed ☐ 2 bed ☐ 3 bed *(Check only one)*

List your household's income sources (Employment, Social Security, SSI, TAFDC etc.)

What is your households total **ANNUAL** Income? _____ (do NOT write hourly, monthly, weekly wages)

Do you have a Section 8 Certificate? ☐ YES ☐ NO

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

☐ YES ☐ NO Do you need any reasonable accommodations? If yes please describe what is needed:

Priority Status: At most of our buildings, we place applicants strictly by the date of application. But it is helpful for us to know of any circumstances that make your housing search urgent:

☐ YES ☐ NO Do you have a Section 8 Certificate or some other form of regular rental assistance?

If yes, who issued the Certificate? _____

2. Please list the name, birthdate and social security # of any household members under 18 years of age:

Name	Birth Date	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ 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 Have you, or has any member of your household, ever been convicted of a crime?

If yes, please indicate the nature and date of conviction:

☐ YES ☐ NO 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?)

If yes, you will be asked to complete a Request for Reasonable Accommodation.

Race of Head of Household - Statistical purposes only

☐ White ☐ Black ☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander ☐ Do not wish to answer

Ethnicity of Head of Household- Statistical purposes only

☐ Hispanic ☐ Non- Hispanic ☐ Do not wish to answer

Signature: _____ Date: _____



Winn Residential

Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Residential 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 public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit report and criminal record check will be used, in part, to determine 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 names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Applicant Signature _____ Today's Date ____/____/____

Print your name: _____ Date of Birth ____/____/____

Social Security Number ____-____-____

Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits Of SS#	Full time Student Yes/No	Birth Date mm/dd/yyyy

Head of Household only answer **Yes** or **No** to each of the following questions for the household:

YES NO

- | | | |
|--|--|---|
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship: _____
Explanation: _____</p> <p>2. Are all members of the household full time students?</p> <p>3. Does anyone in the household attend an institute of higher education?
If yes, do they receive financial assistance for tuition?
If yes, name of household member receiving financial assistance for tuition _____</p> <p>4. Do you or any member of your household have a Section 8 voucher?
If yes, name of Housing Authority _____</p> |
|--|--|---|

Income Information:

All household members 17 years and over must complete the following questions. Include all anticipated income for the next 12 months. Include the dollar (\$) amount in the space provided.

Do you receive or expect to receive income from: (Check either YES or NO)

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (if hourly rate provided, please list hours per week)	\$
		Social Security	\$
		SSI	\$
		Pension	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$
		Worker's Compensation	\$
		AFDC / TANF / Welfare Grant	\$
		Are you entitled to receive alimony?	
		Do you receive alimony? (enter amount)	\$
		Do you have at least 50% custody of your children?	
		Are you entitled to receive child support?	
		Do you receive child support? (enter amount)	\$
		Military Pay	\$
		Net income from a business	\$
		Contributions from friends or relatives	\$
		Does anyone else in the household have income?	
		Any income from assets?	\$
		Any income from sources not mentioned above?	\$
		Are there any anticipated changes to your income within the next 12 months?	



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Asset Information: Do you have any of the following assets, and if so, what is the value?

YES	NO	INCOME SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Stocks or Bonds	\$
		IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (<i>if Yes to Real Estate answer next question</i>)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

- Do you pay for child care which allows you or another family member to work or to go to school?

Yes ___ No ___

If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____

Elderly/Disabled Families Only

- Do you have disability assistance expenses which allow an adult household member to work?

Yes ___ No ___

If yes, list type, amount, and name of family member enabled to work _____

- Do you have Medicare? Yes ___ No ___

- Do you participate in the Medicare Prescription Drug Plan? Yes ___ No ___

If yes, list provider and premium amount _____

- Do you have any other kind of medical insurance? Yes ___ No ___

- Do you have any outstanding medical bills that you are making payments on? Yes ___ No ___

- Do you expect to have any medical expenses during the next 12 months not covered by insurance?

Yes ___ No ___ If yes, list type and amount _____

Certification by Applicant:

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Applicant

Date

Management

Date



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PERSONAL		Date _____		Please complete for those who will occupy the apartment (Applicant- co-applicant- children- other)	
1.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant SS#
2.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant SS#
3.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant SS#
4.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant SS#
5.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant SS#
6.	_____	Last	First	M.I.	D.O.B.
	_____				Applicant 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? (examples: - unit for mobility impaired - unit for visually impaired - unit for hearing impaired - grab bars)					
Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes - you will be asked to complete a Request for Reasonable Accommodation.					
RESIDENCY & EMPLOYMENT					
<input type="checkbox"/> Own: Date of Current Occupancy		From: _____ to: _____		\$ _____	
		Month Year Month Year		Monthly Mortgage Payments	
<input type="checkbox"/> Rent: Date of Current Occupancy		From: _____ to: _____		\$ _____	
		Month Year Month Year		Monthly Rental Payments	
If Rents _____		Present Landlord Name _____		Address _____	
				Phone _____	
If Rents _____		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-workmen'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 _____					
Applicant's Signature _____				Agent's Signature _____	

This Property does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.