

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

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: 617-536-8561



○	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 <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
-----------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> 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 #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

## Application Form

*THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.*

<b>SITE NAME:</b> Wellington Community	<b>PRELIMINARY RENTAL APPLICATION</b> <b>Please print and fill in ALL Information.</b>  <b>Equal Housing Opportunity</b>
<b>ADDRESS:</b> 714 Main St	
<b>CITY, STATE:</b> Worcester, MA 01610	
<b>TEL:</b> 508-756-1490	
<b>FAX:</b> 508-756-8648	
<b>TDD:</b> 800-439-2370	
Date _____	

### APPLICATION FOR ADMISSION

*Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.*

Applicant: \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

Mailing Address \_\_\_\_\_  
(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black(not of Hispanic origin)  | <input type="checkbox"/> Hispanic                  |
| <input type="checkbox"/> White(not of Hispanic origin)  |  |

*Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.*

### SIZE OF APARTMENT NEEDED:

1BR	2BR	3BR	4BR	5BR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### UNIT TYPE REQUESTED:

<input type="checkbox"/> Market Rent	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Hearing/Visual
<input type="checkbox"/> Basic Rent	<input type="checkbox"/> Adapted Unit?	<input type="checkbox"/> Adapted Unit?
<input type="checkbox"/> Low Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

Present housing cost per month \$\_\_\_\_\_ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? \_\_\_\_\_

### **FAMILY COMPOSITION**

List all those who will occupy the apartment. INCLUDE YOURSELF.

<b>FULL NAME OF EACH PERSON IN HOUSEHOLD</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>FULL TIME STUDENT (circle one)</b>
1_____	HOH_____	_____	_____	_____	Yes or No
2_____	_____	_____	_____	_____	Yes or No
3_____	_____	_____	_____	_____	Yes or No
4_____	_____	_____	_____	_____	Yes or No
5_____	_____	_____	_____	_____	Yes or No
6_____	_____	_____	_____	_____	Yes or No
7_____	_____	_____	_____	_____	Yes or No

### **REFERENCES**

*Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).*

**Name of Present Landlord/Official** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Landlord Address** \_\_\_\_\_

**Years there: (Dates)** from \_\_\_\_\_ to **Present Time**

**Name of Previous Landlord/Official** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Landlord Address** \_\_\_\_\_

**Years there: (Dates)** from \_\_\_\_\_ to from \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_. If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.*

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

#### **EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

*Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.*

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

## OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____ (week, month, year)

## INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____ (week, month, year)

## PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes \_\_\_\_ No \_\_\_\_ If so, please explain.  
\_\_\_\_\_
2. Does your present apartment contain health code violations? Yes \_\_\_\_ No \_\_\_\_  
If so, please describe: \_\_\_\_\_
3. Is your present apartment too small for your family? Yes \_\_\_\_ No \_\_\_\_
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_ No \_\_\_\_  
If so, please describe: \_\_\_\_\_
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL REQUIRED INFORMATION

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

**NOTE:** A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant      Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

*WinnResidential, acting as management agent for Matheson Apartments (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.*

## Consent for Release of Information

Development: **Matheson Apartments**

Agent: **WinnResidential**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS CONSENT IS VALID FOR A PERIOD OF  
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.



## Rental Application Attachment For State and Federally Regulated Properties

*Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.*

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1. Have you or any member of your household ever lived in any federally- or state-assisted housing?

Yes \_\_\_\_ No \_\_\_\_

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? Yes \_\_\_\_ No \_\_\_\_

If yes, list where and when: \_\_\_\_\_  
\_\_\_\_\_

3. Are you or any member of your household currently engaging in the use of illegal drugs? Yes \_\_\_\_ No \_\_\_\_

4. Have you or any member of your household ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Are you or any member of your household currently abusing alcohol?

Yes \_\_\_\_ No \_\_\_\_

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program? Yes \_\_\_\_ No \_\_\_\_

**List all addresses where you and other adult household members have previously resided over the past 5 years.**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_