

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

- Apply via cell phone or computer:
- Open camera on phone.
 - Aim camera at the QR code.
 - Open with your browser.
 - Select your language at top right.
 - It's secure, safe, HIPAA compliant.



← Mail this form to the address at left.

Date Generated:

Fold on this line _____

Applying for: *Indicate what Bedroom Size you are seeking:*

- | | |
|----------------------------|--|
| <input type="radio"/> 1 BR | <input type="radio"/> 1 BR Wheelchair |
| <input type="radio"/> 2 BR | <input type="radio"/> 2 BR Wheelchair |
| <input type="radio"/> 3 BR | <input type="radio"/> 3 BR Wheelchair |
| <input type="radio"/> 4 BR | <input type="radio"/> 4 BR Wheelchair |
| <input type="radio"/> 5 BR | no 5BR wheelchair |

What is your total Household Size, including yourself? _____ **persons.**

What is your total Income over a year? \$_____.00 **per year.**

Do you presently hold a mobile voucher? ☐ Yes ☐ No You will have to surrender that if you move into Theroch Apts.

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the complete SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

- ☐ I do not have mobile rental assistance
- ☐ Mobile Section 8 voucher
- ☐ MRVP
- ☐ AHVP
- ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$.00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES: ☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____





Affordable/Income Restricted Housing Lottery Application

Development Name: **Teroch Apartments**
Development Address: **133 Columbia Rd, Dorchester MA 02121**

Location to Return Application: fill out the online application and mail to:
 Teroch Aps c/o HousingWorks, P.O. Box 231104, Boston MA 02123-1104

For questions regarding this application, please contact the Marketing Agent directly at:

Contact Person: **Rena Wright**
Email: **theroch@winnco.com**
Telephone: **617-825-4011**

1. Main Applicant Information

If you are facing immediate housing crisis, are currently homeless, or are about to become homeless, please contact the City of Boston's Office of Housing Stability at (617) 635-4200. The Office can set up an appointment to guide you through the types of emergency housing assistance that might be available.

1a. Full Name:

1b. Mailing Address:

1c. City:

1d. State:

1e. Zip:

1f. Phone Number:

1g. Email:

If provided, this will be the main means of contact

2. What kind of housing are you looking for?

2a. Which bedroom sizes are you looking for?

- ☐ Micro
- ☐ 1 bedroom
- ☐ 3 bedroom
- ☐ 5 bedroom

- ☐ Studio
- ☐ 2 bedroom
- ☐ 4 bedroom
- ☐ 6 bedroom

2b. Are you looking for units built for persons with disabilities?

You will be asked to supply supporting documentation from the doctor treating the household member for the disability.

- ☐ Yes
- ☐ No

2b-1. If yes, please specify:

Please check all that apply.

☐ Mobility

☐ Deaf/Hard of hearing

☐ Vision

impairments

2c. What is the total number of people in the household applying for the units?

The following categories are NOT considered as part of the household:

- Minors/dependents not listed on the most recent tax return or for whom the applicants have not provided documentation of legal custody/guardianship
- Unborn children
- Ex-spouse from finalized divorce (If you are separated but the divorce is not finalized, your spouse is still considered part of the household)

2d. Please list the full names of all household members and include their age range using the list below (including you):

Applications missing these details may be deemed ineligible.

Age Range:

- | | | |
|---------|---------|---------|
| • 0-17 | • 35-39 | • 65-69 |
| • 18-24 | • 40-44 | • 70-74 |
| • 20-24 | • 45-49 | • 75-79 |
| • 25-29 | • 50-54 | • 80-84 |
| • 30-34 | • 55-59 | • 85+ |
| | • 60-64 | |

Household Member Name(s)

Age Range

2e. Please feel free to add any additional details about your household (optional)

For example, you are co-parenting with someone who doesn't live in the household, you are expecting a child

3. Income and Assets

Affordable housing units are restricted via a measurement known as "Area Median Income" (AMI). We need to know more information about your income and assets to make sure you qualify under the AMI restrictions for this project.

Assets from 401(k), 403(b), IRA, Roth Keogh, or Pension Plans must be listed but, unless you're drawing down on those accounts, they are exempt.

These totals apply to the entire household, so make sure you are considering the income and assets of all household members. Make sure you are totaling your pre-tax income.

You will be asked for documentation proving any of your claims below if you become eligible for an income-restricted unit. If you don't disclose assets or income now or you submit fraudulent information, you may lose your opportunity at an income-restricted unit.

For more information on income, asset, and price limits, visit:

<http://www.bostonplans.org/housing/income,-asset,-and-price-limits>

For a worksheet on income calculations, visit:

<http://www.bostonplans.org/getattachment/ef43933c-f41f-4e65-8575-8a79cac1ef78>

3a. Please select all income sources that apply to you or your household and provide the total annual income from the selected source(s) before taxes are taken out.

Please format the income as follows:

For example, 10000

Please do not include letters, decimals, or dollar signs.

<u>Source</u>	<u>Annual income</u>
<input type="checkbox"/> Employer/Job	_____
<input type="checkbox"/> Self-Employment	_____
<input type="checkbox"/> Investment	_____
<input type="checkbox"/> Social Security Income	_____
<input type="checkbox"/> Child Support/ Alimony	_____
<input type="checkbox"/> Social Security Disability Income	_____
<input type="checkbox"/> Pension/Retirement Funds	_____
<input type="checkbox"/> Workman's Compensation	_____

3b. Please list all other income sources and the annual income they bring in.

Other than the income sources already listed above, this is where you should mention potential irregular or one-offs income. For example, bonuses, commissions, work in the gig economy where income fluctuates. Income listed in this section is in ADDITION to the income listed above. If you have included it in Question 3a, please do not add it here.

If you do not have additional income to report, please just write N/A or not applicable in the space below.

3c. Please estimate the combined total annual household income of all household members over 18 years old before taxes are taken out. The answer provided here should be the sum of all income disclosed in questions 3a and 3b.		
3d. Please select all assets that you or a member of your household possess Please note that, unless you're drawing down on these accounts, 401(k), 403(b), IRA, Roth Keogh, and Pension Plans are exempted from being counted towards asset limit.		
<div style="text-align: center;"><u>Source</u></div> <div> <input type="checkbox"/> Checking account <input type="checkbox"/> Savings / money market account <input type="checkbox"/> Certificate of deposit (CD) <input type="checkbox"/> Stocks, Bonds, Treasuries, or Investment Accounts <input type="checkbox"/> Real estate <input type="checkbox"/> 401(k), 403(b), IRA, Roth Keogh, or Pension Plans (exempt) <input type="checkbox"/> Special needs trust <input type="checkbox"/> Other: _____ </div>		<div style="text-align: center;"><u>Amount</u></div> <div> _____ _____ _____ _____ _____ _____ _____ </div>
3e. What is the combined value of all household assets held by all household members over 18 years old? The answer provided here should be the sum of all assets disclosed in question 3d.		
3f. Do you or a member of your household currently receive housing assistance? Please note that the marketing agent cannot discriminate based on source of income, this question is only to determine your ability to pay rent. You will be asked to provide documentation from appropriate housing agency during the tenant selection process.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3f-1. If yes, please select the type of assistance received	<input type="checkbox"/> MRVP (Massachusetts Rental Voucher Program) <input type="checkbox"/> Other _____	<input type="checkbox"/> Section 8 / Housing choice voucher <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing)

4. Information that may improve your ranking in the lottery

Some things might improve your ranking in the lottery of this particular project. We call them preferences. Lottery participants who qualify for these preferences will be ranked higher than those that do not. If you certify for a preference falsely, you will lose your spot in this lottery.

If you have any questions, please contact the developer or their marketing agent at the number listed on the first page.

4a. Are you currently experiencing homelessness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b. Do you have a Artist Certification from the City of Boston or the BRA/BPDA? If yes, please make sure to attach a copy of your BPDA/BRA artist Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b-1. If your Artist Certificate application is currently under review, what is the date the application was submitted?	(mm/dd/yyyy)	
4c. Are you a first time home buyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4d. Will you be at least 62 years old on the first day of occupancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4e. Are you a City of Boston resident*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Residency Certification

If you are picked from the lottery, you'll be asked to provide two of the following to prove your Boston residency. All certifications need to display your name and the Boston address. Bills need to be dated in the last 60 days. If you submit false residency information, you'll lose your spot in the lottery.

- A dated letter from transitional housing or a homeless shelter
- Signed lease (At-will lease counts)
- Car registration / insurance cover page
- Renter's Insurance
- Heating bill (Gas, Electric, Oil)
- Cable / Data / Internet bill
- City of Boston voter registration / Resident listing
- Cell / Landline phone bill

4e-1. In which Boston Neighborhood do you live?

<input type="checkbox"/> Allston	<input type="checkbox"/> Downtown	<input type="checkbox"/> North End
<input type="checkbox"/> Back Bay	<input type="checkbox"/> East Boston	<input type="checkbox"/> Roslindale
<input type="checkbox"/> Bay Village	<input type="checkbox"/> Fenway/Kenmore	<input type="checkbox"/> Roxbury
<input type="checkbox"/> Beacon Hill	<input type="checkbox"/> Hyde Park	<input type="checkbox"/> South Boston
<input type="checkbox"/> Brighton	<input type="checkbox"/> Jamaica Plain	<input type="checkbox"/> South End
<input type="checkbox"/> Charlestown	<input type="checkbox"/> Mattapan	<input type="checkbox"/> West End
<input type="checkbox"/> Chinatown/Leather District	<input type="checkbox"/> Mid-Dorchester	<input type="checkbox"/> West Roxbury
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Mission Hill	

5. Demographics

The City of Boston (the City) uses this data only for analysis and reporting purposes. Filling it out helps us understand who we are reaching and how to better reach different communities. Sharing this information will have no impact on your lottery application.

It is unlawful for housing providers to discriminate based on these demographic details. Please select all of the categories with which you identify, or you may also opt not to share these details. There is no penalty for choosing not to share.

5a. Do you identify as Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to share	
5b. How do you identify your race?		
<input type="checkbox"/> American Indian or Alaska Native ¹ <input type="checkbox"/> Asian ²	<input type="checkbox"/> Black or African American ³ <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ⁴	<input type="checkbox"/> White ⁵ <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Choose not to share
5c. What is your gender identity or expression?	<input type="checkbox"/> Male <input type="checkbox"/> non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Choose Not to Share
5d. Veteran's Status	<input type="checkbox"/> Yes, myself or someone in my household is serving or has served with the U.S. armed force	<input type="checkbox"/> No, none of my household has served with the U.S. armed force

6. Application Assistance

This information is only used to help the City better understand the needs of its constituency and ideally help developers and agents processing applications better serve households.

The marketing agent cannot discriminate based on disabilities, this question is only to collect information for the agent to better serve your needs throughout the process of application.

6a. Did you need help with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6b. Did you need technical assistance with this application due to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Choose note to share <input type="checkbox"/> No
6b-1. If yes, please specify:	

¹ American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.

² A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Vietnam, China, Taiwan, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.

³ A person having origins in any of the black racial groups of Africa.

⁴ A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

⁵ A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.

6c. Did someone fill out this application on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6d. I needed language assistance while filling out this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6d-1. If yes, I needed assistance translating this application from English into:	<input type="checkbox"/> Arabic <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other

Please read each item below carefully before you sign.

By signing below, you declare under penalties of perjury that the information provided in this application is true, correct, accurate and complete in all respects.

If questions remain regarding this application or any of the following statements, please contact the marketing agent for further clarification. The contact details can be found at the start of this application.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the income certification process, which will take place if the marketing agent offers me a unit for which I am eligible, that I find acceptable.
3. I understand that should any material change occur in the household size, income, or assets after the submission of this application may cause me to be re-ranked in the applicant pool or make me ineligible for the income restricted housing opportunity.
4. I understand that no cosigners or guarantors on a lease are permitted. Guarantors include persons who are not members of the applicant household but who make regular and substantial monetary contributions to members of the household.
5. I understand that approval from any source other than the BPDA does not guarantee BPDA income certification approval.
6. I understand that I may submit only one application per household and that submitting duplicate applications will disqualify my household from the lottery.
7. I understand that if it is determined that all of my assets were not disclosed at the time of application, I can be denied approval.
8. I understands that I should not give notice on my existing unit until I've actually signed the lease.

(Applicant Signature)

(Date)

This information provided in this document is intended for confidential purposes used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by law.

If you believe you have been discriminated against in seeking housing, you should contact the Boston Fair Housing Commission at (617)-635-2500 or the Mass Commission Against Discrimination at (617)727-3990.