

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](tel:617-536-8561)



|                       |                                 |
|-----------------------|---------------------------------|
| <input type="radio"/> | Head of Household's FIRST Name  |
| <input type="radio"/> | Head of Household's MIDDLE Name |
| <input type="radio"/> | Head of Household's LAST Name   |

|                       |                              |                       |        |                       |                     |
|-----------------------|------------------------------|-----------------------|--------|-----------------------|---------------------|
| <input type="radio"/> | HoH's SOCIAL SECURITY NUMBER | <input type="radio"/> | GENDER | <input type="radio"/> | HoH's DATE OF BIRTH |
|-----------------------|------------------------------|-----------------------|--------|-----------------------|---------------------|

|                       |   |                       |   |
|-----------------------|---|-----------------------|---|
| <input type="radio"/> | ETHNICITY<br>Also provide your race at right! | <input type="radio"/> | RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial<br>Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country! |
|-----------------------|---|-----------------------|---|

YOUR MOTHER'S MAIDEN NAME

|                       |                     |                  |
|-----------------------|---------------------|------------------|
| <input type="radio"/> | YOUR HOME TELEPHONE | SECOND TELEPHONE |
| <input type="radio"/> | YOUR EMAIL ADDRESS  |                  |

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:

SECOND CONTACT ADDRESS

This is:

|                       |                      |            |         |                       |            |                       |  |
|-----------------------|----------------------|------------|---------|-----------------------|------------|-----------------------|--|
| <input type="radio"/> | TOTAL HOUSEHOLD SIZE |            |         | <input type="radio"/> | # BEDROOMS | <input type="radio"/> | 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 SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE

**MANAGEMENT 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.**

## MATTAPAN HEIGHTS 5-A

249 RIVER STREET  
MATTAPAN, MA 02126

### PRELIMINARY RENTAL APPLICATION

Phone #: (617) 298-5800

TDD: (800) 545-1833 Ext 945

FAX #: (617) 298-5802

DATE: \_\_\_\_\_

#### APPLICATION FOR ADMISSION

Note: 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: \_\_\_\_\_

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

American Indian/Alaskan Native

Asian or Pacific Islander

Black (not of Hispanic origin)

Hispanic

White (not of Hispanic origin)

#### CHOOSE ONLY ONE SIZE OF APARTMENT:

One Bedroom  Two Bedroom

Do you have a mobile voucher?  Yes  No

If Yes, with what housing authority or agency? \_\_\_\_\_

Accessible Unit Required?  Yes  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? If yes, please explain. \_\_\_\_\_

Present Housing Cost Per Month \$ \_\_\_\_\_ .00 Including Utilities?  Yes  No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years

What are the reasons for Moving? \_\_\_\_\_

**FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF**

| FULL NAME OF EACH PERSON IN HOUSEHOLD | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH | SEX   | SOCIAL SECURITY NUMBER | FULL TIME STUDENT  |
|---------------------------------------|-----------------------------------|---------------|-------|------------------------|--|
| 1 _____                               | Head of Household                 | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.**

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

**NOTE:** 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 \_\_\_\_\_



**GROSS 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 second page.

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

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 _____<br>(week, month, year) |

**ASSETS:**

Please list all 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 | Bank Name | Address | Acct. # | Current Balance |
|------------------|-----------|---------|---------|-----------------|
| _____            | _____     | _____   | _____   | \$ _____        |
| _____            | _____     | _____   | _____   | \$ _____        |
| _____            | _____     | _____   | _____   | \$ _____        |
| _____            | _____     | _____   | _____   | \$ _____        |



**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 _____<br>(week, month, year) |

**OTHER INFORMATION:**

Are you currently homeless?  Yes  No  
(See City of Boston Eligibility Definition of a Homeless Household attached to this application)

Are you currently a Boston resident?  Yes  No

Have you, or any adults listed on the application, ever been convicted of a felony  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever been evicted or served with a Notice to Quit?  Yes  No

If yes, describe reason(s): \_\_\_\_\_

Do you own a pet?  Yes  No

If yes, please list: \_\_\_\_\_

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 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  |



Trinity Management, LLC 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 its programs or employment, or in its programs, activities, functions or services.

### Consent for Release of Information

(For Use with State Subsidized Programs)

Trinity Management, LLC

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized Trinity Management, LLC 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 Trinity Management, LLC, 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 Trinity Management, LLC 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



## Boston Residency Self Certification

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

Present Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different)

I certify that:

- I, or a member of my household is a documented full time resident of the City of Boston.
- I, or a member of my household, is a former Boston resident that can demonstrate that they were a documented full -time resident of the city on or after January 1, 1999.
- I, or a member of my household, is a former Boston resident that can document that they were displaced from an apartment in the city as a result of the end of rent control in 1995-96
- I, or a member of my household is a non-resident employee of the City of Boston.
- I, or a member of my household is currently homeless, and therefore exempt from the Boston residency policy.

### Information provided:

- Voter registration or census form.
- A Utility Bill (not water or cell phone) dated within the past 60 days.
- A Deed, Mortgage Payment dated within the past 60 days, or Property Tax Bill dated within the last year.
- A current lease, Section 8 Agreement, or Landlord Affidavit.
- A W2 from dated with in the year or a Payroll Stub dated within the past 60 days.
- A Bank or Credit Card Statement dated within the past 60 days.
- A Letter from an Approved Government Agency\* dated within the past 60 days.
- Other \_\_\_\_\_

I/We hereby certify that the information furnished is true and complete, to the best of my/our knowledge and belief.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





Mattapan Heights  
249 River Street, Mattapan, MA 02126  
t: 617.298.5800 f: 617.298.5802  
TDD 1-800-545-1833, Ext. 945

## **MATTAPAN HEIGHTS 5-A INFORMATION SHEET**

(Revised 10/16/12)

Thank you for your interest in Mattapan Heights 5-A. This information sheet will provide you with some information about Mattapan Heights 5-A, how to apply for housing at Mattapan Heights 5-A and how your application will be processed. Please read this sheet carefully and call us with any questions that you may have.

Mattapan Heights 5-A offers 60 Low Income Housing Tax Credit Units located at 229A River Street, Mattapan. Mattapan Heights 5-A will consist of one newly constructed building on the grounds of the former Boston Specialty and Rehabilitation Hospital in Mattapan. Mattapan Heights 5-A is the fifth phase of a campus rehabilitation-the first phase was the Foley Senior Residences, the second phase was Mattapan Heights II, which was completed in November of 2005, and the third/fourth phases were Mattapan Heights III and the Mattapan Adult Day Care Center completed in December 2007. Mattapan Heights 5-A is located in the far corner of the campus and is situated on a lovely parcel of land. The total area of the campus is approximately 52 acres of landscaped grounds boasting beautiful plantings, sitting benches, a country-type setting-all conveniently close to shopping, banks, restaurants and public transportation.

### **UNIT AVAILABILITY**

There are a total of 60 Low Income Housing Tax Credit Units, with 16 one bedroom units and 44 two bedroom units. All of the units will be restricted up to 60 of the area median income, with 13 one bedroom units and 35 two bedroom units available to persons or families whose gross annual income does not exceed 60 of the area median income. Applicants interested in applying for these 60 units, please see attached documents "How to Apply for Mattapan Heights 5-A" and "How Your Application Will Be Processed."

Boston Housing Authority (BHA) Project-Based Voucher (PB\,) Units The remaining 12 units-3 one bedroom and 9 two bedroom units will be for persons or families earning no more than 30 of the area median income. These units will be subsidized with Project-Based Vouchers (PBVs) from the Boston Housing Authority (BHA). Households interested in applying for the Project-Based Vouchers (PB) units will be directed to the BHA to apply, either in person at 52 Chauncy Street, Boston, MA or downloading an application at [www.BostonHousing.org](http://www.BostonHousing.org).

### **PREFERENCES:**

Disabled households have a preference for three (3) apartments requiring wheelchair accessibility. Homeless households have a preference for twelve (12) of the apartments. There is a preference for Boston residents (up to 70). Households consisting of at least one person per bedroom have a preference. Voucher holders are welcome.



Eligible applicants must meet the following criteria:

**Gross Income per household may not exceed the following:**

| # of Units | Unit Type      | Rent         | HH Size | Income Unit |
|------------|----------------|--------------|---------|-------------|
| 3          | 1 BR-PBV Units | 30 of Income | 1-2     | 30          |
| 9          | 2 BR-PBV Units | 30 of Income | 1-4+    | 30          |
| 13         | IBR            | \$1061       | 1-2     | 60          |
| 35         | 2BR            | \$1268       | 1-4+    | 60          |

(+Occupancy standard guideline)

Voucher Holders are welcome

**Maximum Income Per Household Size**

| HH Size | 30 %AMI | 60 %AMI |
|---------|---------|---------|
| 1       | 20,550  | 41,100  |
| 2       | 23,500  | 46,980  |
| 3       | 26,450  | 52,860  |
| 4       | 29,350  | 58,680  |
| 5       | 31,700  | 63,420  |
| 6       | 34,050  | 68,100  |

\*Income requirements and rents may be subject to change based on new HUD Income Limits being issued prior to income certification.

**Minimum Annual Gross Income Requirements**

One Bedroom: \$31,830

Two Bedroom: \$38,040

Current Monthly Rent for these 48 units that are for persons or families earning no more than 60 of the area median income is:

\$1,061.00 for a one bedroom

\$1 268.00 for a two bedroom

**Financial Responsibility:** Each applicant must have a demonstrated financial ability to meet the monthly obligation.

**Screening and Verification of Eligibility:** Prior to being offered an apartment, income will be verified pursuant to HUD/Low Income housing Tax Credit income guidelines. Additionally, the following items will be considered but inquiries may not be limited to: Income, Landlord References, Credit References, Criminal History Report, and verification to substantiate the need for a specially adapted apartment and/or reasonable accommodation. The Tenant Selection Plan is available for review upon request at the Management Office at 249 River Street, Mattapan, MA 02126

Trinity Management, LLC and Mattapan Heights 5-A 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 its programs or employment, or in its programs, activities, functions or services.



## INTERVIEW CHECKLIST

REMEMBER: IF YOU DO NOT HAVE ALL YOUR INFORMATION AT YOUR INTERVIEW, YOU ARE IN JEOPARDY OF OUR STAFF NOT BEING ABLE TO MEET WITH YOU. DO YOU HAVE?

### DOCUMENTS:

- SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- BIRTH CERTIFICATES
- PHOTO LD. OF HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER
- ARE ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER ATTENDING MEETING? (THEY MUST)
- IF YOU FILE INCOME TAX RETURNS, A FULL COPY OF YOUR MOST RECENT FEDERAL TAX RETURN WITH ALL ACCOMPANYING W-2 STATEMENTS and most recent in consecutive order-8 pay stubs.

### INCOME:

Current employer

- COMPANY NAME
- ADDRESS
- PHONE NUMBER(S)
- FAX NUMBER(S)
- FOR ALL EMPLOYERS (also previous employer if currently employed less than one year)
- INCOME SOURCES (social security benefits, pension, unemployment, etc.)

### CHILD SUPPORT:

- COPY OF COURT ORDER FOR CHILD SUPPORT/AND OR ALIMONY
- DECLARATION OF PAYMENT RECEIVED

### ASSETS:

- ACCOUNT NAME
- ADDRESS(S)
- PHONE NUMBERS(S)
- ACCOUNT NUMBER(S)
- ALL CHECKING, SAVINGS, CREDIT UNION, IRA, 401K, 403B, RETIREMENT ACCOUNTS, KEOGH, LIFE INSURANCE, STOCKS, BONDS, ETC.

Hint: if you have a retirement plan at work such as 401k, 403b, ask your employers, they may assist you to complete the information needed.

Hint: If you have a Life Insurance Policy at work, again your employer may be able to assist you with requested information.

**LANDLORD INFO:** We verify 5 full years of Landlord History

- NAME
- ADDRESS
- PHONE NUMBER

Please note that this list is not all inclusive. We may require additional information in order to process your application. Thank you.

