

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? ***If "Yes" you must provide the full SSN!***

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

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. Moved in on:

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 _____ (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 _____ (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 (PBV) 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.

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.

