

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

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

**THIS SECTION FOR WAITLIST ADMINISTRATOR:**

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!

[support@housingworks.net](mailto: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 ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 \_\_\_\_\_

**COMPANY NAME:** WinnResidential-Cobbet Hill Apartments  
498/500 Essex St  
Lynn, MA 01902

**Phone:** 781-581-2180  
**Fax:** 781-581-2718  
**Email:** cobbethill@winnco.com

**RENTAL APPLICATION**

**Bedroom Size** [ ] 1BR [ ] 2BR [ ] 3BR [ ] 4BR

**NAME:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_  
**CELL PHONE:** \_\_\_\_\_  
**WORK PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

For Office Use Only
<b>Management Initials:</b> _____
<b>Date/Time Received:</b> _____
<b>EMAIL:</b> _____

INSTRUCTIONS TO APPLICANT	
<input type="radio"/>	ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
<input type="radio"/>	All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
<input type="radio"/>	If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION							
Full Name of Household Members as they appear on SS Card	Relationship	Student Y/N		Date of Birth	Social Security No. or Alien Registration No.	SS Benefit Claim Number for anyone receiving benefits from Social Security	Age
		Elementary, Middle or High School	College, University, or Trade School				
1.	Head						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

- |     |  |    |     |
|-----|--|----|-----|
| 1.  | Will any of the household members listed above live anywhere except in your apartment?<br>If YES, Explain: _____   | No | Yes |
| 2.  | Are any children listed above subject to a shared custody agreement?<br>Is YES, explain: _____   | No | Yes |
| 3.  | Is any household member a foster child or foster adult?<br>If YES, list member(s): _____   | No | Yes |
| 4.  | Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?<br>If YES, explain _____   | No | Yes |
| 5.  | Will any member of your household require a unit having handicap accessible features?<br>If YES, type of accessibility required: _____<br>Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? | No | Yes |
| 6.  | If YES, explain: _____   | No | Yes |
| 7.  | Is any member of your household enrolled in an Institute of Higher Education, either full or part-time?<br>If YES, list member(s): _____   | No | Yes |
| 8.  | Is any household member a U.S. Veteran?<br>If YES, list household member (s) _____   | No | Yes |
| 9.  | Have you been displaced from your housing?<br>If YES, list reason: Government Action _____ Private Action _____ Natural Disaster _____<br>If YES, was it a Presidentially Declared Disaster Area?  | No | Yes |
| 10. | Do you expect any additions to the household within the next 12 months?<br>If YES, list reason: Pregnancy _____ Adoption _____ Foster Care _____ Other _____   | No | Yes |
| 11. | Do you have a social security number?<br>If NO, were you age 62 or older as of 1/31/2010 and receiving HUD rental assistance at another location?  | No | Yes |
- This information is required in order for us to verify whether the applicant qualifies for an exemption from disclosing and providing verification of a SSN.

## RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	I currently: <input type="checkbox"/> Rent this residence <input type="checkbox"/> Own this residence <input type="checkbox"/> Live with a renter at this residence <input type="checkbox"/> Live with the owner of this residence					
	Street Address:			From: / /		Landlord Name:
	City:	State:	Zip:	To Present Day:		Landlord Phone:
	Reason for Moving					Street Address:
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$	City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence					
	Street Address:			From: / /		Landlord Name:
	City:	State:	Zip:	To: / /		Landlord Phone:
	Reason for Moving					Street Address:
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$	City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence					
	Street Address:			From: / /		Landlord Name:
	City:	State:	Zip:	To: / /		Landlord Phone:
	Reason for Moving					Street Address:
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$	City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence					
	Street Address:			From: / /		Landlord Name:
	City:	State:	Zip:	To: / /		Landlord Phone:
	Reason for Moving					Street Address:
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$	City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence					
	Street Address:			From: / /		Landlord Name:
	City:	State:	Zip:	To: / /		Landlord Phone:
	Reason for Moving					Street Address:
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$	City:	State: Zip:

You must report All states you have resided in since the age of 18. Below please list the information, that is older than 5 years, for each state you lived in and the last address in that state. All applicants over 18 are required to report this information.

State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:

	No	Yes	If 'Yes' you must answer the following:
1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?	___	___	From Where? _____ When? _____
2. Have you or any member of your household been evicted in the last five years? (For any reason)	___	___	From Where? _____ When? _____
3. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	___	___	To Whom? _____ How much? _____
4. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	___	___	Explain: _____ _____
5. Please check any that apply to your current housing: _____ Standard _____ Substandard _____ Conventional Public Housing _____ Lacking a fixed nighttime residence _____ Without or soon to be without housing _____ Fleeing/Attempting to flee violence			
6. From what source did you hear about this property? <input type="checkbox"/> Another Resident <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Sign at Property <input type="checkbox"/> Website: _____ <input type="checkbox"/> Other _____			

## ASSET INFORMATION

You must report ALL Assets below. Use an additional sheet if necessary.

<b>CHECKING</b>		Name of Bank:		Avg. 6 Month Balance:	Current Interest Rate:
Name of Account Holder:		Address:			
Account No:	City:	State:	Zip:	Bank Phone Number:	
<b>SAVINGS</b>		Name of Bank:		Current Balance:	Current Interest Rate:
Name of Account Holder:		Address:			
Account No:	City:	State:	Zip:	Bank Phone Number:	
<b>Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.</b>		Name of Institution:		Name of Account Holder:	
Type of Asset:	Address:			Current value	Annual Income:
Account No:	City:	State:	Zip:	Institution Phone Number:	
<b>Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.</b>		Name of Institution:		Name of Account Holder:	
Type of Asset:	Address:			Current value	Annual Income:
Account No:	City:	State:	Zip:	Institution Phone Number:	
<b>IRA's or RETIREMENT</b>		Name of Institution:		Name of Account Holder:	
Type of Acct.	Address:			Current value	Annual Income:
Account No:	City:	State:	Zip:	Institution Phone Number:	

	No	Yes	
1. Has any household member disposed of (given away or sold) an asset for less than what it was worth (fair market value) in the past two (2) years?	___	___	<b>If 'Yes' you must answer the following:</b> Date Disposed of: ___/___/___ Description of Asset: _____ Date Disposed of: ___/___/___ Description of Asset: _____ Sales Price: \$ _____
2. Has any household member sold any Real Estate in the last two years?	___	___	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____
3. Does any household member have full or partial ownership of any Real Estate, Boat or Mobile Home?	___	___	

## SOURCES OF INCOME

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		<b>For Office Use Only</b> Average Annual Income from this source: \$ _____ \$ _____ \$ _____
Address:			Phone Number:		
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.) Number of hours worked per week: _____		
Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		<b>For Office Use Only</b> Average Annual Income from this source: \$ _____ \$ _____ \$ _____
Address:			Phone Number:		
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.) Number of hours worked per week: _____		
Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		<b>For Office Use Only</b> Average Annual Income from this source: \$ _____ \$ _____ \$ _____
Address:			Phone Number:		
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.) Number of hours worked per week: _____		

### WORKING PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for working families. Working families means a family whose head of household, spouse, co-head of household, or sole member is working full time, 62 years of age or older, or disabled.

- ☐ My household qualifies for the working preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Working full time (minimum of 32 hours per week) List the number of hours worked: \_\_\_\_\_
  - ☐ 62 years of age or older
  - ☐ Disabled as defined by HUD
- ☐ My household does not qualify for this preference

### CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider	Street Address:			Check all that apply: This expense allows me to <input type="checkbox"/> work, <input type="checkbox"/> seek employment, <input type="checkbox"/> attend school, or <input type="checkbox"/> none of these.
Phone:	City:	State:	Zip	
Amount you pay: \$ _____ per _____				
Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip	
Amount you pay: \$ _____ per _____				

### HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip	
Amount you pay: \$ _____ per _____				
Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip	
Amount you pay: \$ _____ per _____				

### AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make:	License Plate Number:	State:	Insurance Agent:	Phone:		
Model:	License Expiration Date:	Street Address:		Policy No:		
Color:	Year:	Name on Registration:	City:	State:	Zip:	Expiration Date:
Make:	License Plate Number:	State:	Insurance Agent:	Phone:		
Model:	License Expiration Date:	Street Address:		Policy No:		
Color:	Year:	Name on Registration:	City:	State:	Zip:	Expiration Date:

### RENTERS INSURANCE

It is not required, but we recommend that you carry Renters Insurance. Your personal belongings are not covered by our insurance. If you have coverage, please provide information below.

Insurance Agent:	Phone:		
Street Address:	Policy No:		
City:	State:	Zip:	Expiration Date:



**EMERGENCY CONTACT**

Provide the name of the person and an alternate we should contact in case of an emergency.

Name:		Address:		
Phone:	Relationship to you:	City:	State:	Zip
Name:		Address:		
Phone:	Relationship to you:	City:	State:	Zip

**ELDERLY/HANDICAPPED/DISABLED STATUS**

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please review the attached HUD definition of disability. Check any answer that applies.

Head of Household is: ☐ 62 years of age or older ☐ Handicapped ☐ Disabled ☐ None apply  
 Co-Head of Household and/or Spouse is: ☐ 62 years of age or older ☐ Handicapped ☐ Disabled ☐ None apply  
 Co-Head of Household is: ☐ 62 years of age or older ☐ Handicapped ☐ Disabled ☐ None apply

We are required by HUD to obtain the following information for the purposes of statistical reporting. Response is strictly voluntary.

Does any family member have one of the following disabilities? ☐ Mobility ☐ Visual ☐ Hearing

**MEDICAL EXPENSES**

If the Head or Spouse is 62 Years of Age or is Disabled/Handicapped, please fill out the Medical Expenses section below including all family members.

[ ] This section does not apply to my household.

Name of Provider		Street Address:			Description of Expense:
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense:
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense:
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense:
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____

**CRIMINAL HISTORY**

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
1. Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
2. Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
3. Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
4. Are you or any member of your household a current user of or addicted to marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
5. Do you or any member of your household have a pattern of alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
6. Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
7. Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
8. Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
9. Are you or any member of your household subject to a state sex offender lifetime registration requirement?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ In What State? _____ County? _____

## APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

(Initial) \_\_\_\_\_

I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.

(Initial) \_\_\_\_\_

I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial) \_\_\_\_\_

I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial) \_\_\_\_\_

I understand that **ALL CHANGES in the income** of any member of the household, as well as **any changes in the household members** must be reported to Management in writing immediately.

(Initial) \_\_\_\_\_

If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial) \_\_\_\_\_

If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial) \_\_\_\_\_

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies.

(Initial) \_\_\_\_\_

I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.

(Initial) \_\_\_\_\_

I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

WinnResidential does not discriminate on the basis of race, color, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability or handicap, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law.

If you feel you have been discriminated against by this company, please call 617-239-4596

### For Office Use Only

This application is being placed on the following wait lists:

#### Standard Apartments:

☐ Efficiency      ☐ 1 Bedroom      ☐ 2 Bedroom      ☐ 3 Bedroom      ☐ 4 Bedroom

#### Apartments for Persons with a Mobility Impairment (Wheelchair Accessible):

☐ Efficiency      ☐ 1 Bedroom      ☐ 2 Bedroom      ☐ 3 Bedroom

#### Apartments for Persons with a Hearing or Visual Impairment:

☐ Efficiency      ☐ 1 Bedroom      ☐ 2 Bedroom      ☐ 3 Bedroom