

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
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:

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? ☐ = **X** ☐ 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: _____





RENTAL PRE-APPLICATION

(Section 8 Project-Based Voucher Program)

UPON REQUEST, THE MANAGEMENT AGENT WILL PROVIDE HELP IN EXPLAINING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS AND ADDITIONAL ASSISTANCE CAN BE PROVIDED.

Instructions for Head of Household:

1. Complete all sections of this application by either typing or handwriting your information (in ink). Please do not leave any section blank and if the section does not apply to you, put "N/A". If you are submitting a handwritten application and you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout"). Incomplete applications will not be accepted. **Please make sure that you sign and date the last page.**
2. The Rental Pre-Application must be completed in its entirety. All household members 18 years of age and older who are applying for housing must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household's application to be denied.**
3. Once your Pre-Application is complete and on file with the Management Agent, it is your responsibility to contact the Management Agent in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your Pre-Application). It is your responsibility to respond to any waiting list application updates sent to you by the Management Agent.

Filling out a Pre-Application does not guarantee eligibility or qualification for an apartment at this development.

After the Management Agent receives your completed Pre-Application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, your household will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening and suitability.

If your household does not appear eligible, you will receive a letter denying your Pre-Application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the appeal letter.

The Pre-Application process will be completed in accordance with the Management Agent's standard procedures, which are summarized in each development's site-specific copy of the Tenant Selection Plan. Upon request to the Management Agent, you have the right to receive both the Tenant Selection Plan and the Tenant Selection Plan Resource Guide, which summarize eligibility and screening requirements for occupancy in the development.

If you do not receive any information from the Management Agent within 30 calendar days of submitting this application, please contact the Management Agent directly.

This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

"Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта."

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản.

Rental Pre-Application

Date/Time Stamp



115 O'Callaghan Way, Lynn, MA 01905
P. 781-581-7106 | F. 781-592-7340 | TTY: 711
kingslynn.com | cmjapts.com

This form must be filled out in English. Please type or print neatly in ink. All fields are required. Read the instructions before completing each item.

1. Name and address of Head of Household

Last Name	First Name	Middle Initial
Mailing Address		Apt. #
City	State	Zip Code
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Area Code	Telephone Number	
Email		

2. How many bedrooms does the household require? 1 ☐ 2 ☐ 3 ☐ 4 ☐

3. Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No

If yes, please describe:

4. List all the states where all household members have lived:

5. Are you or any household member required to register as a Sex Offender under Massachusetts or any other state law? ☐ Yes ☐ No

If yes, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required.

6. Does the household have a Federal or State mobile housing voucher?

☐ Yes ☐ No

Agency: _____

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

7. List all persons who will live with you, (include unborn children and live-in-aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

#	Relationship	Last Name	First Name + Middle Initial	Gender	Social Security Number* (###-##-####)	Birthdate (mm/dd/yyyy)	Student (Y/N) Full Time (FT) or Part Time (PT)	Disabled (Y/N) (optional)
1	Self							
2								
3								
4								
5								
6								

***Not providing a Social Security number for the Pre-Application will not preclude you from being put on the waitlist**

8. Total Income: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in aides.

Total GROSS (before taxes) monthly income: \$_____

Income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

9. In completing this Pre-Application, the Applicant has the right to include the name, address,

telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the Applicant in connection with this Pre-Application.

Contact Person Name	Address	Telephone Number
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Certification of applicant: (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the properties, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my Pre-Application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X	Signature of head of household	Date
X	Signature of spouse or co-head of household	Date
X	Signature of additional household member 18+	Date
X	Signature of additional household member 18+	Date
X	Signature of additional household member 18+	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

NO SMOKING POLICY

Smoking is strictly prohibited in all indoor and outdoor areas, including but not limited to apartments, hallways, lobbies, common areas, and offices.

PET FREE HOUSING

For the comfort of all residents, pets are not allowed on the premises.

Please Note: If you do not receive any information from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.

Please return completed application to the Management Office at 115 O'Callaghan Way, Lynn, MA 01905. Alternatively, you may fax it to 781-592-7340 or forward it via email to wmuzorewa@cjmanagement.com.

