

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

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 ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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 designed for Environmental Allergies | |

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Management Use Only:

THE AGENT 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.

**Orchard Gardens Estates
25 Ambrose St
Roxbury, MA 02119**

PRELIMINARY RENTAL APPLICATION

PHONE #: (617) 445-7881 TDD #: (800) 541-1833 Ext 1945 FAX #: (617) 445-3554

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 Telephone #** _____

Present Address _____
street city state zip

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 BR ☐ Two BR ☐ Three BR ☐ Four BR ☐

Do you have a mobile voucher? ☐ Yes ☐ No If yes, with what housing authority? _____

Accessible Unit Required ☐ Yes ☐ No _____

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.

Questa é una notizia molto importante. Per piacere falla tradurre. Italian
Este es un aviso importante. Sirvase mandarlo traducir. Spanish
C'est important. Veuillez faire traduire. French

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG. Vietnamese

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Este é um aviso importante. Por favor mande traduzi-lo.

Es é un avizu importanti. Di favor, manda traduzil.

Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σπουδαία Πληροφορία – Παρακαλώ να το μεταφράσετε Russian

这是重要的通知, 请将之翻译成中文 Chinese

នេះគឺជាដំណឹង ល្អ សូមមេត្តាបកប្រែជូនផង ។ Cambodian



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 \$_____ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes No
2 _____	_____	_____	_____	_____	Yes No
3 _____	_____	_____	_____	_____	Yes No
4 _____	_____	_____	_____	_____	Yes No

REFERENCES: Full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, including shelters

Name of Previous Landlord/Official _____ Telephone _____

Address _____ Date: _____
From-To

Name of Previous Landlord/Official _____ Telephone _____

Address _____ Date: _____
From-To

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: _____



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 first page.

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)

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? *Circle one:* Yes No

See City of Boston Eligibility Definition of a Homeless Household, attached to this application.

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? *Circle one:* Yes No

Do you own a pet? *Circle one:* Yes No

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 will 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 form 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 the development, its 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 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
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date



ORCHARD GARDENS ESTATES

25 Ambrose Street

Roxbury, MA 02119

Tel: (617) 445-7881, Fax: (617) 445-3554

TDD: (800) 545-1833 x619

ORCHARD GARDEN ESTATES

"Your preferred choice for affordable housing"

NOW ACCEPTING APPLICATIONS FOR QUALIFIED APPLICANTS

Offering On-site laundry or washer and dryer hookups, gas cooking and off-street parking for some locations.

NO MINIMUM LIMIT

In addition to other screening requirements, applicants **MUST** be income eligible.
Rent is calculated at 30% of the entire household income.

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Income must not EXCEED	\$43,400.00	\$49,680.00	\$55,860.00	\$62,040.00	\$67,020.00	\$72,000.00

MANAGED BY: Trinity Management LLC
Agent for Orchard Garden Estates (Page 6)

