

Full Name: _____
Address1: _____
Address2: _____
City State Zip: _____
Email: _____
Case Manager Email= (if any) _____



**You may only submit this
application between these dates:**

January 18, 2024 to April 17, 2024

25 Sixth St Apartments Lottery - RENTAL UNITS ONLY
c/o HousingWorks. Inc.
P.O. Box 231104
Boston, MA 02123-1104

Four Ways to Apply: Only Pick One!

Fold on this line _____

You can apply using your cell phone (this is the fastest way).



- Open the camera on phone.
- Aim the camera at the QR code at left.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.

... or, you can apply on your computer.

- Go to this URL - <https://form.jotform.com/waitlistupdate/winn-chelsea-25-sixth>

... or, you can mail this paper application to the address below.

- Sixth St Lottery c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

...or, you walk this completed application to:

- Winn Residential Office, 4 Gerrish Ave, Chelsea MA 02150.
(They will then send it to the P.O. Box for you!)

Staff: Enter Date/Time Stamp Below

Staff: Enter Application Number with R- Below - SIX DIGITS

R- _____



25 Sixth St, Chelsea, MA 02150

Opening Summer 2024

Thank you for your interest in 25 Sixth St Rental Lottery!

Please read the instructions below before completing the application:

- The lottery intake application period is between **January 18, 2024** and **April 17, 2024**.
- Applications must be hand-delivered or postmarked no later than Monday, April 17th, 2024 @ 7:00pm. Mail to HousingWorks, P.O. Box 231104, Boston MA 02123-1104 or deliver to Winn Residential, 4 Gerrish Ave. Rear, in Chelsea, MA 02150.
Applications received or postmarked after this date will be put on a waitlist and will not be included in the lottery selection. Winn Residential Hours of Operation: Monday, Wednesday, and Thursday, 9am-4pm; Tuesday, 9am-7pm; Friday 9am-3pm.
- Information sessions will be held via Zoom, **date to be announced**.
- Incomplete applications will not be accepted.
- Translation services are available by request. La traducción será proporcionado a petición.
- Only the information provided in this packet should be returned.
Additional information, such as proof of income, birth certificates, etc., is not needed at this time.

➤ **SELECTION WILL BE BY LOTTERY**

Applicants will be notified by mail of the date and time of lottery.

If translation or a reasonable accommodation is needed in filling out the application, please call the management office at (617) 884-0692. The Neighborhood Developers, Sixth Street, and Winn Residential do not discriminate because of race, color, sex, sexual orientation, gender identity, religion, age, handicap, disability, national origin, genetic information, ancestry, children, familial status, marital status or public assistance reciprocity in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.



HEAD OF HOUSEHOLD'S (HoH) FIRST NAME in the row below:																							
HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME in the row below:																							
HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX: BAEZ GONZALEZ)																		SUFFIX					
DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?										<input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF BIRTH				GENDER							
Enter your FULL, COMPLETE SSN or ITIN below:										M M - D D - Y Y Y Y				F M T-MTF T-FTM									
ETHNICITY										RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial)													
<input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic																							
REQUESTED ACCOMMODATIONS: Do you need any of these: <input type="checkbox"/> I don't need any of the accommodations listed below																							
<input type="checkbox"/> Fully Accessible Wheelchair Unit					<input type="checkbox"/> Bathroom modifications					<input type="checkbox"/> Vision Impaired Unit					<input type="checkbox"/> Need an Interpreter: _____								
<input type="checkbox"/> No-Steps unit (elevator to any floor)					<input type="checkbox"/> Hearing Impaired Unit					<input type="checkbox"/> Domestic Violence Victim													
<input type="checkbox"/> First-Floor unit only					<input type="checkbox"/> Unit designed for Environmental Allergies					<input type="checkbox"/> Live-In Aide or PCA													
HEAD OF HOUSEHOLD'S CAREER STAGE:										<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Retired		<input type="checkbox"/> FT Student		<input type="checkbox"/> PT Student					
ANY VETERANS IN YOUR HOUSEHOLD:										<input type="checkbox"/> Yes <input type="checkbox"/> No													
PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers																							
<input type="checkbox"/> I do not have mobile rental assistance					<input type="checkbox"/> Mobile Section 8 voucher					<input type="checkbox"/> MRVP		<input type="checkbox"/> AHVP		<input type="checkbox"/> VASH or similar									
CRIMINAL RECORD AND SEX OFFENDER INFORMATION																							
Head of Household:		Any Felony/Conviction?			<input type="checkbox"/> Yes <input type="checkbox"/> No		→		Any Misdemeanor Conviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No												
Other HH Members:		Any Felony Convictions?			<input type="checkbox"/> Yes <input type="checkbox"/> No		→		Any Misdemeanor Conviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No												
Is anyone in HH subject to a lifetime sex offender registration in any state?										<input type="checkbox"/> Yes		<input type="checkbox"/> No											
ANY PETS:																							
										<input type="checkbox"/> Yes <input type="checkbox"/> No		Breed, Size, Weight, Color:											
HOUSEHOLD SIZE AND COMPOSITION:										ANNUAL INCOME				DOCUMENTED DISABILITY?									
		← # Adults				← # Children				← Total # in Household		\$				<input type="checkbox"/> Yes <input type="checkbox"/> No							
CURRENT HOUSING STATUS:										<input type="checkbox"/> Homeless		<input type="checkbox"/> Housing Loss 14 days		<input type="checkbox"/> Fleeing Dom Viol		<input type="checkbox"/> At risk of homelessness		<input type="checkbox"/> Stably Housed					
HAVE YOU BEEN DISPLACED:										<input type="checkbox"/> No		<input type="checkbox"/> by Accessibility/health issues		<input type="checkbox"/> by Addiction behaviors		<input type="checkbox"/> by Cost of living		<input type="checkbox"/> by Pandemic		<input type="checkbox"/> by fire/flood/earthquake			
										<input type="checkbox"/> by Domestic Violence or Sexual Assault		<input type="checkbox"/> by Urban development, eminent domain		<input type="checkbox"/> by Condemnation of home, code violations		<input type="checkbox"/> by Threat to life or safety							
PREFERRED TELEPHONE NUMBER:																							
										SECOND TELEPHONE				PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:									
														<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone									
EMAIL ADDRESS:																							
BEST MAILING ADDRESS (include apt #):										<input type="checkbox"/> where I currently live		<input type="checkbox"/> a shelter		<input type="checkbox"/> a P.O. Box		<input type="checkbox"/> a "care of" address		<input type="checkbox"/> a co-applicant's address					
Street and Apt # or PO Box:										Apt # or c/o Name:													
CITY, STATE, AND ZIP CODE:																							
City										State		Zip											
BACKUP ADDRESS										<input type="checkbox"/> same as above		<input type="checkbox"/> a shelter		<input type="checkbox"/> a P.O. Box		<input type="checkbox"/> a "care of" address		<input type="checkbox"/> a co-applicant's address					
Street and Apt # or PO Box:										Apt # or c/o Name:													
CITY, STATE, AND ZIP CODE:																							
City										State		Zip											
# BEDROOMS NEEDED→																							





25 SIXTH STREET RENTAL APPLICATION

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.

LANGUAGE ASSISTANCE IS AVAILABLE UPON REQUEST.

SERVICIO DE TRADUCCIÓN DISPONIBLE BAJO PETICIÓN

A ASSISTÊNCIA LINGUÍSTICA ESTÁ DISPONÍVEL MEDIANTE SOLICITAÇÃO

ASISTANS LANG SE DISPONIB SOU DEMANN

L'ASSISTANCE LINGUISTIQUE EST DISPONIBLE SUR DEMANDE

HỖ TRỢ NGÔN NGỮ THEO YÊU CẦU

ភាសាអង់គ្លេសតាមការសុំ

RETURN COMPLETED APPLICATIONS TO: Winn Residential c/o HousingWorks, P.O. Box 231104, Boston MA 02123

You must answer every question on this application: respond to questions that are not applicable by writing "N/A"
Incomplete applications may be returned or discarded.

Your Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

In the event we are unable to reach you please list an alternate contact:

Name: _____ Phone Number: _____

How many people will be living in the unit? ☐ 2 ☐ 3 ☐ 4 ☐ 4+ / people

FAMILY COMPOSITION - List all those who will occupy the unit - 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	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the above family composition.

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:

On next page, 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.

<i>Household Member</i>	<i>Type of Income</i>	<i>Gross Earning (Before Taxes)</i>
_____	_____	_____ 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.

<i>Household Member</i>	<i>Type of Asset</i>	<i>Gross Earnings (Before Taxes)</i>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

Present Housing Cost Per Month \$_____ Including Utilities? [] Yes [] No

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

☐ Yes ☐ No **Are you or any household member currently living, working, or attending school in Chelsea?**

Race: Optional for statistical purposes only.

- ☐ White ☐ Black ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander ☐ Do not wish to answer

Ethnicity of Head of Household- Statistical purposes only

- ☐ Hispanic ☐ Non- Hispanic ☐ Do not wish to answer

☐ Yes ☐ No **Are you or any household member a veteran? A veteran is defined as a person who served in the active military, navy, or air service and who was discharged or released from such service under conditions other than dishonorable.**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Signature: _____

Date: _____

25 Sixth Street LLC and Winn Management do not discriminate because of race, color, sex, sexual orientation, religion, disability, national origin, genetic information, ancestry, children, familial status, marital status of public assistance reciprocity in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.



Equal Housing Opportunity





Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Residential to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit report and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Applicant Signature _____ Today's Date ____/____/____

Print your name: _____ Date of Birth ____/____/____

Social Security Number ----- _____

