

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ 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 MAILING ADDRESS)

- ☐ PREFERRED 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 _____

Sunbanke Village
Heritage Lane
Boylston, MA 01505

For Office Use Only

Date Received_____Time Received: _____Adj. Annual Income _____

Application _____% Income for Rent _____

Bedroom Size _____Priority _____

Income Level _____Occupancy Date Pref _____

Sunbanke Village apartments are financed by Rural Development will be rented to all people on an open occupancy basis. "This institution is an equal opportunity provider." “To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Washington, DC 20250-9410”

Name:_____Home Telephone:_____

Present Address: _____

StreetCityStateZip Code

PRESENT APARTMENT

Name of Landlord:_____

Address of Landlord: _____

StreetCityStateZip Code

Current Monthly Rent \$ _____Average Monthly Utility Bill \$ _____

(excluding telephone bill)

PREVIOUS ADDRESS

Name of Previous Landlord: _____Tel # _____

Address of Previous Landlord: _____

StreetCityStateZip Code

EMPLOYMENT

Name of Employer: _____

Business Address: _____

StreetCityStateZip Code

Length of Employment _____Annual Gross Wages _____

OTHER SOURCES OF INCOME

Social Security: Amount Per Month \$ _____SSI # _____

(including SSI)

Veteran's Benefits: Amount Per Month \$ _____Account _____

Pension: Amount Per Month \$ _____Account # _____

Name of Pension Fund _____

Other (Unemployment, Welfare, Etc.)

Source _____Amount Per Month \$ _____

Other Source of Income (Please list and explain source such as bank interest, dividends, rents, etc.)

BANK REFERENCE (Include all checking, savings, CDs, money market, Trust and Joint accounts)

Bank Name and Address	Account #/Type of Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own any stocks or bonds? _____

If yes, what is the current market value \$ _____

Do you own any property such as a house, condominium, mobile home, etc? _____

If yes, what is the current market value \$ _____

CREDIT REFERENCES

Name and Address of Firms you have credit with:	Account #
_____	_____
_____	_____
_____	_____
_____	_____

INFORMATION ABOUT THOSE WHO WILL OCCUPY APARTMENT (including applicant)

Name	Date of Birth	Sex	SS#	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE YOU OR HAVE YOU BEEN:

Displaced from your home within the past year by a disaster such as a fire or flood? _____

Displaced within the last two years by government action such as urban renewal or condemned housing?

Currently living in substandard housing? _____

Currently living in overcrowded conditions, meaning more than two persons are sharing one bedroom?

Are you being evicted? If yes please explain _____

Paying rent in excess of 50% (fifty percent) of your total income? _____

Is there a handicap or disability that you as head of household wish to claim for eligibility purposes?
_____ Yes _____ No

Do you require an architecturally adapted unit? _____ Yes _____ No

If yes, identify adaptations needed: _____

Are you currently living in a government subsidized apartment? _____

Are you legally capable of entering into a lease agreement? _____

Are you capable in living independently, with a minimal amount of service? _____

Do you incur medical expenses during the year in excess of 3% of your annual income? _____

If yes, please provide the approximate annual cost of your medical expenses \$ _____

Do you have a pet? _____ If yes, type: _____

In case of emergency, whom shall we call?

Name: _____ Relationship to you: _____

Address: _____ Telephone Number: _____

The undersigned hereby warrants that all statements contained herein are true and correct. Applicant grants Winn Residential Company permission to contact references named herein and verify information provided on this application. In addition, applicant grants Winn Residential Company permission to request a Credit Report from the Credit Reporting Agency. I/We certify that the housing I/we will occupy [missing text]. I/we understand that any false information given on this application is punishable under federal law

_____ Signature of Applicant	_____ Date
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_____ Signature of Co-Applicant	_____ Date
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_____ Signature of Agent, Acting for Owner	_____ Date
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Sunbanke Village does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

The information solicited on this application is required by the apartment owner in order to assure the Federal Government, acting through its Rural Development Administration, that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation and surname.

_____ Male	_____ Female				
_____ Married	_____ Single	_____ Separated			
_____ Black	_____ Oriental	_____ Spanish American	_____ American Indian	_____ White	_____ Other

SUNBANKE VILLAGE

Heritage Lane Boylston, Massachusetts 01505 Telephone/TTY 508-869-0290

Thank you for your interest in our community at Sunbanke Village!

Boylston Housing, Inc., owners of Sunbanke Village are accepting applications for their one bedroom and handicapped adapted unit waitlists.

Sunbanke Village is a very low to moderate housing community consisting of twenty four (24) rental apartment homes and a community room

In order to be eligible, applicants must be 62 years *of age* or older, handicapped or disabled and must fall below the HUD current income guidelines. Rents are based on 30% of adjusted household income. Please take your time in filling out the application. Do not use any whiteout on the application. Use only blue or black ink; fill in all areas and *d a line item* does not apply to your household, please write in n/a.

Each apartment has a full kitchen, wall to wall carpeting and emergency fire/call alarms. Residents are responsible for paying their electricity, telephone and cable. Sunbanke Village provides rubbish removal and twenty-four (24) hour maintenance.

Pets are allowed with the rules and regulations of our pet policy and applicable government regulations.

If you have any questions, or would like any additional information, please do not hesitate to contact me.

Sunbanke Village Management

"In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD) USDA is an equal opportunity lender, provider and employer."

Winn Residential does not discriminate against any person because of race, religion, sex, sexual orientation, handicap familial status or national origin.

A Community of Quality Provided by Winn Management Company, Boston, Massachusetts

Sunbanke Village does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

