

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!
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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____

The Carruth* Information Sheet

The Carruth offers 74 Low Income Housing Tax Credit apartments located at 1916 Dorchester Avenue, Dorchester, MA 02124. Completed in 2008, the building sits in the heart of historic Peabody Square. It is situated just 50 yards across from the Ashmont MBTA Station, which itself has been totally renovated and offers access to the Red Line, the Mattapan trolley and many bus lines. Of the 74 apartments, there are 33 One bedrooms and 41 Two-bedroom apartments that are for persons or families earning no more than 60% of the median income. The combined total gross annual income for the entire households must meet these guidelines to be income eligible for the apartment in this category.

Minimum Annual Gross Income Requirements			
		One Bedroom:	\$41,430
		Two Bedrooms:	\$49,440

Household Size	Maximum Annual Gross Income	Household Size	Maximum Annual Gross Income
1	\$53,760	4	\$76,740
2	\$61,440	5	\$82,920
3	\$69,120	6	\$89,040

Current Monthly Rent for the units are: **\$1,381.00 for a one-bedroom apartment**
\$1,648.00 for a two-bedroom apartment

4 One bedroom and 4 Two-bedroom apartments are for homeless individuals/households earnings no more than 30% of the median Income; the total gross annual income for the entire household must meet these guidelines to be Income eligible for the apartments in this category.

Household size	Maximum Income	Household size	Maximum Income
1	\$26,850	3	\$34,850
2	\$30,700	4	\$38,350

Minimum Annual Gross Income Requirements

One Bedroom: \$19,830
Two Bedrooms: \$23,520

Current Monthly Rent for the units are:

\$660.00 for a one bedroom
\$783.00 for a two bedroom

General Guidelines

1. There is a minimum of one person per bedroom requirement.
2. Current Income Limits and Current Monthly Rent Charges - Income requirements and rents may be subject to change based on new HUD Income Limits being issued prior to income certification.
3. Section 8 Voucher Holders are encouraged to apply.

Trinity Management, LLC does not discriminate on the basis of any protected status, including disability, in the admission of, or access to, or treatment through, or employment in, its programs and activities. Trinity Management, LLC provides persons with disabilities the opportunity to request a Reasonable Accommodation in, or to apply to and participate in, such programs and activities.

Trinity Management, LLC also provides people whose primary language isn't English, who 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.

Linda Morris coordinates Trinity Management, LLC compliance with all non-discrimination requirements, including Section 504. Contact her with any questions or concerns relation to Trinity Management, LLC compliance with non-discrimination requirements: Telephone (617) 927-7468, Relay # 711, or by mail at Trinity Management, LLC, 95 Broadway St, Boston MA 02116.

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.

The Carruth Apartments

1916 Dorchester Ave
Dorchester, MA 02124

PRELIMINARY RENTAL APPLICATION

Phone #: (617) 265.5800 Fax #: (617) 265.5888

MANAGED By: Trinity Management LLC

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)

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. _____

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.
Este es un aviso importante. Sirvase mandarlo traducir.
Este é um aviso importante. Por favor mande traduzi-lo.
C'est important. Veuillez faire traduire.
Questa é una notizia molto importante. Per piacere falla tradurre.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.
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 μεταφρασετε.
這是重要的通知，請將之翻譯成中文



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? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>FULL TIME STUDENT</u>
1. _____	Head of Household	_____	_____	_____	Yes or No
2. _____	_____	_____	_____	_____	Yes or No
3. _____	_____	_____	_____	_____	Yes or No
4. _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone _____

Address _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____

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 _____



Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the second page.

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:

List all other Sources of 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____



OTHER INFORMATION:

Are you currently homeless? ☐ 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? ☐ Yes ☐ No

If yes, describe reason(s): _____

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? ☐ Yes ☐ No

If yes, in what state? _____

If yes, is the registration a lifetime requirement? ☐ Yes ☐ No

Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

Do you own a pet? ☐ Yes ☐ No If yes, please list below:

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 may 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 from 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 its programs or 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 the 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

