

Name: First MI Last: _____
 Address1: _____
 Address2: _____
 City State Zip: _____
 Email: _____
 Case Manager Email: _____

Apply via cell phone or computer:

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



Date You Completed the Application:

Granite Lena Portfolio - Winn Residential
 c/o HousingWorks. Inc.
 P.O. Box 231104 Boston, MA 02123-1104
 Allow at least 4 weeks for response

← Mail this application to the address at left. But if you decide to apply using your phone, do not also mail us. Just send the one from your phone, above.

1. Respond to questions that are not applicable by writing "N/A". Incomplete applications will be returned or discarded.
2. Waitlists can close! Before sending this application, check <https://www.housingworks.net/search/housing> to see what lists are open.
3. Write your answers like this: J a n e - not like this: *J a n e*
4. Priority Status will vary with each property: Do you wish to try to claim any priorities? Specify: _____
5. How did you hear about our property? through the HousingWorks.net website.
6. Name and Address of Assisting Social Service Agency (f applicable): _____

FILL IN THE CIRCLES NEXT TO THE PROPERTIES & WAITLISTS YOU NEED

Note the important rent difference between the affordable properties and the subsidized properties.
 If you are not certain what to apply for, leave blank and we will assign you to all eligible lists.

Affordable / Market properties: <i>Minimum and Maximum Income Limits may apply Rental Assistance is welcome</i>	Subsidized properties: <i>Rent is based on a percentage of your household's gross annual income.</i>
<p>LBB Lena Park Apts 60% AMI</p> <p><input type="radio"/> 1 Bedroom 60% AMI - includes HANDICAP units</p> <p><input type="radio"/> 2 Bedrooms 60% AMI</p> <p><input type="radio"/> 3 Bedrooms 60% AMI</p> <p><input type="radio"/> 4 Bedrooms 60% AMI</p> <p>Brown-Kaplan Apts 60% AMI</p> <p><input type="radio"/> 2 Bedrooms 60% AMI – includes HANDICAP units</p> <p><input type="radio"/> 3 Bedrooms 60% AMI</p> <p><input type="radio"/> 4 Bedrooms 60% AMI</p> <p>Brown-Kaplan Apts Market Rent</p> <p><input type="radio"/> 2 Bedrooms Market Rent – includes HANDICAP units</p> <p><input type="radio"/> 3 Bedrooms Market Rent</p> <p><input type="radio"/> 4 Bedrooms Market Ren</p>	<p>Granite Lena Park Apts</p> <p><input type="radio"/> 1 Bedroom - includes HANDICAP units</p> <p><input type="radio"/> 2 Bedrooms - includes HANDICAP units</p> <p><input type="radio"/> 3 Bedrooms</p> <p><input type="radio"/> 4 Bedrooms</p> <p>LBB Lena Park 30% AMI HOME</p> <p><input type="radio"/> 1 Bedroom - includes HANDICAP units</p> <p><input type="radio"/> 2 Bedrooms</p> <p><input type="radio"/> 3 Bedrooms</p> <p><input type="radio"/> 4 Bedrooms</p> <p>Brown-Kaplan 30% AMI HOME</p> <p><input type="radio"/> 2 Bedrooms – includes HANDICAP units</p> <p><input type="radio"/> 3 Bedrooms</p> <p><input type="radio"/> 4 Bedrooms</p>

Date Time Stamp – for Office Use Only

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF BIRTH		GENDER	
Enter the last four digits of your SSN or ITIN		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

<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: ☐ 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
			<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> 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?

<input type="checkbox"/> Disability	<input type="checkbox"/> Elder	<input type="checkbox"/> Local Resident	<input type="checkbox"/> Local Employee	<input type="checkbox"/> Local Student	<input type="checkbox"/> Homeless Veteran
<input type="checkbox"/> Rent-burdened 40%	<input type="checkbox"/> Rent-burdened 50%	<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> HUD VAWA Certificate		
<input type="checkbox"/> Victim of Hate Crime	<input type="checkbox"/> Community Based Housing				
Displaced by: <input type="checkbox"/> Urban Renewal		<input type="checkbox"/> Sanitation Code	<input type="checkbox"/> Natural Forces	<input type="checkbox"/> Other:	



PERSONAL:

Date _____ Please complete for those who will occupy the apartment (Applicant - co-applicant – children - other)

					HoH	
1.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
2.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
3.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
4.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
5.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
6.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
7.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
8.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
9.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
10.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 2 _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____ Relationship: _____

Address _____ Phone _____

Email _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired
☐ unit for hearing impaired ☐ grab bars

RESIDENCY & EMPLOYMENT:

Present Address

Street _____ City _____ State _____ Zip Code _____

Present Phone _____

Second Phone (if any) _____

☐ Own: Dates of Current Occupancy _____ From: yyyy-mm-dd _____ to: **Present Time** \$ _____ Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy _____ If Rents _____ \$ _____ Monthly Rental Payments

Present Landlord's Name _____

Landlord's Address _____

Landlord's Phone _____

Previous Address

Dates of Previous Occupancy _____ From: _____ to: _____ \$ _____ Monthly Rental Payments

If Rents _____ Former Landlord Name _____ Address _____ Landlord Phone _____

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year Other Income (Comm/Bonus) _____ \$ _____

RESIDENCY & EMPLOYMENT (continued):

Other Source of Income (i.e.- social security - retirement fund – disability - workmen's compensation – pension - alimony/child support – investments - etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

FINANCIAL INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

Have you sold or given away any real property or other assets in the past two years? ☐ Yes ☐ No

If yes, did you receive Fair Market Value for the Asset? ☐ Yes ☐ No

CORI INFORMATION

Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ No

If yes, you must indicate the nature of the crime and the date of conviction _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy beginning (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____

This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation -
handicap - familial status or national origin.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ (Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____ (Organization)
with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

* Father's Full Name: _____

* Mother's Full Name: _____ 1 _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



Current Address

* Street Address: _____
Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date