

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

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**



**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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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:

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.

***Harrison Tower***

860 Harrison Avenue  
Boston, MA 02118

**PRELIMINARY RENTAL APPLICATION**

PHONE #: (617) 398-2610    TDD: (800) 545-1833 ext. 945    FAX #: (617) 516-8395

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 Tel \_\_\_\_\_

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:**

Studio ☐    1BR ☐    2BR ☐

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

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 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, such as shelters.

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Present 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 first 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 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	Cash Value
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)



## OTHER QUESTIONS

Are you currently homeless? ☐ Yes ☐ No

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

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Are you currently receiving Supportive Services? ☐ Yes ☐ No

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Do you require an Accessible Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking a preference as a resident of the City of Boston? Yes \_\_\_\_\_ No \_\_\_\_\_

**If "Yes", attach proofs of residence: copies of two (2) bills from different utilities, in your name, dated within the last sixty (60) days is required.**

Do you have a mobile voucher? ☐ Yes ☐ No

If yes, with what housing authority? \_\_\_\_\_

Have you, or any adults listed on the application, ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Do you have a service animal? ☐ Yes ☐ No

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

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## SIGNATURES

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 this Management Agent 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



**"HOMELESS HOUSEHOLD" SHALL MEAN:**

- 1) **A Household who, prior to occupancy, lacks a fixed, regular, and adequate night-time residence, and who has a primary nighttime residence that is:**
  - a. A public or private place not meant for human habitation (e.g.: cars, parks, sidewalks, abandon buildings); or
  - b. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including congregate shelters, scattered site shelters, or motels); or
  - c. A transitional housing program specifically designed for homeless persons with a stay of no longer than 24 months; or
  - d. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- 2) **A Household who, though currently housed, is in imminent danger of homelessness for any of the following reasons and for whom no subsequent residence has been identified, and who lacks the resources and support networks needed to obtain housing:**
  - a. Is being evicted in a week from a private dwelling unit.
  - b. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility, in which the person has been a resident for more than 30 consecutive days;
  - c. Is fleeing a domestic violence housing situation;
  - d. Is being displaced because a family member has provided information on criminal activities to a law enforcement agency and, as a result, there is a threat of violence against the family;
  - e. Is being displaced because a family member has been threatened, intimidated, or violated because of their race, color, religion, sex, national origin, handicap, or familial status; or
  - f. Is being displaced because a family member has a mobility or other impairment which impedes their access to a critical element of the unit and the owner is not legally obligated to make changes to this unit that would make these elements accessible to the disabled person as a reasonable accommodations.

In such event that the property owner cannot tell if a sufficient number of Homeless Households that meet definitions 1) or 2) above to fill all Set-Aside Units, then the property owner may fill remaining Set-aside Units with formerly Homeless Households.

**"FORMERLY HOMELESS HOUSEHOLD" SHALL MEAN:**

- 3) A Household that has graduated from a homeless shelter or transitional program within the prior twelve (12) months and who currently receives stabilization services from that shelter or program and that is not yet secured safe, decent, and affordable housing.
- 4) A Household that has resided in a homeless shelter or transitional program, within the prior twelve (12) months, including the date upon which their application to the development submitted, and that has not yet secured safe, decent and affordable housing.

A Household is considered not to have secured safe, decent and affordable housing if any of the following conditions exist:

- (1) They are rent burdened, defined as paying more than 50% of their unadjusted income toward rent and utilities; or
- (2) They are doubled-up, defined as residing without authority in a rental unit and jeopardizing the tenancy of the leaseholder; or
- (3) They are residing in an overcrowded situation, as defined by the Massachusetts Sanitary Code and HUD Housing Quality Standards.

In order to be approved for a Set-Aside Unit subsidized under the Section 8 Project Based Assistance (PBA) program, the Household must be determined eligible for Priority One status as outlined in the Boston Housing Authority's Administrative Plan





# TRINITY MANAGEMENT

## Harrison Tower

### INFORMATION SHEET

(3/25/15)

Thank you for your Interest in Harrison Tower. This Information sheet will provide you with some Information about Harrison Tower, how to apply for housing at Harrison Tower and how your application will be processed, Please read this sheet carefully and call us with any questions that you may have.

Harrison Tower will offer 102 Affordable Housing Units located at 860 Harrison Avenue, Boston. Harrison Tower will consist of a newly rehabbed building with the rehab scheduled to be completed In December 2015 on the grounds of the former Boston City Hospital School of Nursing near Boston Medical Center,

### UNIT AVAILABILITY

Harrison Tower, which is an occupied building, has 54 studio apartments, 22 one-bedroom apartments, and 26 two-bedroom apartments Including 7 wheelchair accessible apartments.

At the time of the lottery, we anticipate having approximately 15 studio apartments available. One and Two bedrooms will have a very limited availability, Applicants interested in applying for these units, please see attached documents "How to Apply for Harrison Tower" and "How Your Application Will Be Processed."

### PREFERENCES:

- Disabled households have a preference for seven (7) wheelchair accessible apartments,
- Households who are homeless and receiving supportive services (13 units)
- Boston Residency (up to 70%)

Voucher holders are welcome.

# TRINITY MANAGEMENT

## Eligible applicants must meet the following criteria

Gross income per household may not exceed the following:

Units	Unit Type	Rent	Income Unit
6	Studio	\$517	30%
36	Studio	\$1035	60%
12	Studio	\$1068	70%
3	1 BR	\$554	30%
14	1 BR	\$1108	60%
5	11 BR	\$1246	70%
2	2BR	\$665	30%
19	2 BR	\$1330	60%
5	2 BR	\$1424	70%

## Maximum Income Per Household Size

HH Size	30%	60%	BRA-70%
1	\$20,700	\$41,400	\$48,250
2	\$23,650	\$47,280	\$55,150
3	\$26,600	\$53,220	\$62,050
4	\$29,550	\$59,100	\$68,950

Income requirements and rents may be subject to change based on new HUD Income Limits being issued prior to income certification.

# TRINITY MANAGEMENT

## **NOTICE OF NON-Discrimination, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH Proficiency**

### **Non-discrimination**

Trinity Management LLC does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability or any other status protected by federal; state, or local law, in the admission or access to, or treatment or employment in, its programs; services and activities.

Trinity Management LLC has designated Lisa Moris to coordinate compliance with applicable federal and state nondiscrimination requirements and to address grievances applicants and residents may have. The following is her contact information:

Lisa Moris, MSW, LICSW  
Trinity Management, LLC.  
504 Reasonable Accommodation and Domestic Violence Program Coordinator  
lmoris@trinitymanagementcompany.com  
(617) 541-0333 ext. 222

### **Reasonable Accommodation for People with Disabilities**

If you have a disability and as a result need any of the following in order to have equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do.

# TRINITY MANAGEMENT

**FINANCIAL RESPONSIBILITY:** Each applicant must have a demonstrated ability to meet the monthly rental obligation through income or housing subsidy.

**SCREENING AND VERIFICATION OF ELIGIBILITY:** Prior to being offered an apartment, Income will be verified pursuant to HUD Low Income housing Tax Credit income guidelines. Additionally, the following Items will be considered - but inquiries may not be limited to: Income, Landlord References, Credit References, Criminal History Report, Verification of Preference eligibility and verification to substantiate the need for a specially adapted apartment and/or reasonable accommodation. The Tenant Selection Plan Is available for review upon request at the Management Office at 860 Harrison Avenue 1st Floor, Boston.

Trinity Management, LLC and Harrison Tower 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.

## **HOW TO APPLY FOR: Harrison Tower**

Applications are available in person as follows at the Northampton Square Management Office, 260 Harrison Avenue 1st Floor Boston, MA 02118.

You can also request an application to be emailed to you. Please contact the management office at (617) 398-2610 to request an application.

Management Office Hours:

Monday, Tuesday, Thursday and Friday - 9:00 a.m. - 3:00 p.m.

Management office is closed on Wednesday

Reasonable accommodations made.

We hope that you have found this information to be helpful. Please do not hesitate to contact us at (617) 398-2610 with any further questions that you may have. Thank you for your interest in Harrison Tower.