

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this application to the address at left.
Do not fax or email!

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

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:

TODAY'S DATE



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:

Does the HoH have a Social Security Number or ITIN? ☐ = **X** ☐ Yes ☐ No *If "Yes" you must provide the full number!*

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-####

HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy

GENDER M, F, T

ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino

RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

REASONABLE ACCOMMODATION OR SPECIAL CIRCUMSTANCES at the moment (else, fill in any of the items below) **None needed**

- ☐ Fully Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

Would you like to further explain the Reasonable Accommodation request:

HEAD OF HOUSEHOLD'S CAREER STAGE: (below)

- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS in HH? ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any (you must select one of these)

- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar answers

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 Explain:

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 ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Addiction issues ☐ Cost of Living ☐ Pandemic
☐ Condemnation of Home, code violations ☐ Domestic Violence or Sexual Assault ☐ Fire, flood, earthquake ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

BEST TELEPHONE NUMBER TO USE

SECOND TELEPHONE (if you have one)

EMAIL ADDRESS

WHERE YOU LIVE OR BACKUP ADDRESS

Check this box if backup address is the same as best mailing address below

Address Line 1

Apt # or "care of" name

City

State

Zip

BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

OTHER PRIORITIES AND PREFERENCES? It is important to *claim* these if you can!

UNIT SIZE

(# BEDROOMS NEEDED)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
☐ Victim of Hate Crime ☐ Community Based Housing
 Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____

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.

Franklin Hill Apartments

1 Shandon Rd
Dorchester, MA 02124

PRELIMINARY RENTAL APPLICATION

#: (617) 288-4700 MA Relay: 711 FAX #: (617) 288-4711

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

List all the states where all household members have lived:

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

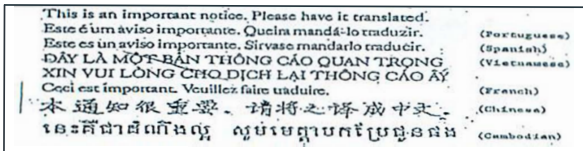
[] American Indian/Alaskan Native [] Asian or Pacific Islander
[] Black (not of Hispanic origin) [] Hispanic [] White (not of Hispanic origin)

CHOOSE ONLY ONE SIZE OF APARTMENT:

[] Studio [] One Bedroom [] Two Bedroom [] Three Bedroom

Do you have a mobile voucher? ☐ Yes ☐ No If Yes, with what housing authority? _____

Accessible Unit Required? ☐ Yes ☐ No



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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 *Not providing a Social Security number for the Preliminary Application will not preclude you from being put on the waitlist.

<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					Yes or No
2					Yes or No
3					Yes or No
4					Yes or No
5					Yes or No
6					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

[illegible]

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.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
_____	_____	_____ 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.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>



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OTHER INFORMATION:

Are you currently homeless? ☐ Yes ☐ No

(Example- if in Boston see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any 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): _____

Are you currently under eviction or have you been evicted? ☐ Yes ☐ No

If yes, describe:

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

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense? ☐ Yes ☐ No

Is any member of your household currently engaging in illegal use of drugs? ☐ Yes ☐ No

Do you have a registration requirement under a state sex offender registration program? ☐ 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 form 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.



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AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant _____

Property Name: Franklin Hill Apartments

Address: 1 Shandon Rd, Dorchester MA 02124

I/We, the undersigned below hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, other income, income assets, etc. This also includes medical or child care allowances/expenses. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
State Unemployment Agencies
Banks and other Financial
Institutions

Welfare Agencies
Educational Institutions
Social Security Administration
Previous Landlords (including
Public Housing Agencies)

Veterans Administrations
Retirement Systems
Medical and Child Care
Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years or age and older must sign this form.

SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY



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