

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

← APPLICANT COMPLETE THIS SECTION

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%".
Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

← Mail this application to the address at left.

Do not fax!

Date Generated:

Fold on this line _____

Dear
I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE, please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG FORMAT, please email, mail, or fax the form below to HousingWorks. Include this page so we know who the application is from! We will 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 Stamp – for Office Use Only*

Internal Use:
Date Received: _____
Time Received: _____



The Residence on Broadway WAITLIST APPLICATION

Primary Applicant:

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Household Details:

How many adults (18 years+) are in the household? * _____

*Do not include live-in-aides in the total household count above.

How many couples are in the household? * 0 1

*Most programs require couples to share a bedroom.

How many children are in the household? _____

Bedroom Preference*: **Studio** **1 Bedroom** **2 Bedroom** **3 Bedroom**

* Select all that you are interested in. You will be placed on waitlists based on household composition.

What is your household gross annual income? * _____

* Enter total GROSS annual income for all household members. Include income from employment, SSA/SSI/SSDI, TANF, Child Support (court ordered or otherwise), Alimony, Retirement, Pension, Unemployment, Military Pay, and Recurring Gift Income. Include net income for self-employment.

What are your combined household assets? * _____

* Assets and income from assets are part of the total household income calculation. Values will be determined when completing the initial certification.

Does your household require an adaptable apartment to accommodate any physical, visual or hearing impairments? PHYSICAL* VISUAL HEARING

*Examples of adaptable apartment features include wider clearances and lower countertops. Grab bars are features that can be added to any type of apartment and are not considered an adaptable feature. Verification from a qualified third party may be required.

Does anyone in your household have a reasonable accommodation due to a disability that requires an additional bedroom? * YES NO

* Only select 'Yes' if you need an additional bedroom for reasons related to a disability such as additional medical equipment, a live-in aide, etc. Verification from a 3rd party will be required. Note: You will be able to request accommodations other than an additional bedroom at a later point in the process.



Do you have a Housing Voucher, such as Section 8? YES NO

Will you use the residence as your primary home and maintain it as your primary residence in the future? YES NO

Does any household member own real estate? * YES NO

* Real estate ownership may impact overall household eligibility depending on the specific affordable program for which you are applying. Additional verification of real estate ownership will be required at the time of an apartment offer.

Are ALL household members currently Full or Part-time students? * YES NO

* Household student status may impact eligibility depending on the specific program for which that you are applying. Additional student status verification will be required at the time of an apartment offer.

RACE: (OPTIONAL) (Please check all boxes that apply):

- Alaskan Native and Native American
- Asian
- Black or African American

- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White (not of Hispanic origin)
- Other (please specify) _____

I acknowledge that if my email address is provided in this application, JMC & Co. will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to JMC & Co.

Applicant's Signature

Date

Return to: **The Residence on Broadway**
50 West Broadway South Boston , MA 02127
50WB@jmcandco.com

This is an important document. If you require language interpretation, please contact the agent for this development directly 617-269-9300 and request interpretation services in your own language. If the agent does not speak your primary language, they will contact a translator who will provide language assistance.

Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo (619-269-9300) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.

