

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:

LANDLORD: 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

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

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

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? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ 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:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ 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:

☐ Email☐ Mail☐ 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?

☐ 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:



The Anne M. Lynch Homes at Old Colony

RENTAL APPLICATION

(Affordable Programs)

THIS COMMUNITY HAS AGE-RESTRICTED APARTMENTS

THE AGENT 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.

This community is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means “No Smoking” not “No Smokers”. Everyone is welcome to apply.

Instructions for Head of Household:

1. This is a community that has age-restricted apartments. For eligible applicant households, at least one household member must be aged 62 or older or disabled, as defined by HUD.
2. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. “Whiteout”).
3. All household members (aged 18 or older) must sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household’s application to be declined.**
4. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
5. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
6. Filling out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់ព្រមអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه،
أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (617) 268-2160 or TTY 711

20 Reverend Burke Street, Boston, MA 02127 ■ Tel (617) 268-2160 ■ TTY: 711
Email: oldcolony@beaconcommunitiesllc.com

This form must be filled out in English. Please print neatly in ink. All fields are required.
Read the instructions on the cover page before completing each item.

1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apt. #

City State Zip Code

☐ Home ☐ Cell ☐ Work

Area Code Telephone Number

Email Address

2. Bedroom size requested? ☐ 1-BR ☐ 2-BR ☐ Handicap Accessible

3. How many children under 18 in your household? _____

4. List all the States where all household members have lived:

5a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense? ☐ Yes ☐ No

5b. Are you or any household member required to register as a Sex Offender for any duration? ☐ Yes ☐ No

If "Yes", for which States: _____

6. Does the household currently have a section 8 (mobile) voucher (e.g. Housing Choice Voucher, MRVP, HUD-VASH, etc.)? ☐ Yes ☐ No

If Yes, list Agency: _____

7. Do you or does any member of your household need any specific features or unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No

If "Yes", please describe: _____



TTY:711

8. List yourself and all others who will live with you. Include unborn children and live-in aides.

#	Relation	Last Name	First Name + Middle Initial	Social Security Number	Birthdate (mm / dd / yyyy)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No
 If “Yes”, please explain: _____

If you do not have a Social Security Number:

Were you 62 years of age or older as of 1/31/2010? ☐ Yes ☐ No

Were you living in affordable housing on 1/31/2020? ☐ Yes ☐ No

9. Optional Information: Gender, Ethnicity, Race and Disability Status of household members

#	Gender (Male/Female/ Decline)	Ethnicity (Hispanic/Non-Hispanic/ Decline)	Race (White/Black or African American/Asian/American Indian or Alaska Native/Native Hawaiian or Other Pacific Islander/ Other or Decline)	Disabled? (Yes/No)
1-Head of Household				
2				
3				
4				
5				
6				
7				
8				

10. Income and assets for all household members. Provide gross (not net) amounts for all questions.

10a. Total monthly income \$ _____
Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Value of household assets. \$ _____
Assets include bank accounts, investments, and real estate of all household members.

10c. Income Source(s): *Check all that apply.*

- ☐ Wages ☐ SSA ☐ SSI – Federal ☐ SSI – State
- ☐ Child support ☐ Pension ☐ Unemployment ☐ Public Assistance
- ☐ Interest/annuity income ☐ Worker's Compensation ☐ Someone pays my bills/gives me money
- ☐ Other income source: _____ ☐ Household has no income

11. Do you anticipate a change in your household income in the next 12 months?

☐ Yes ☐ No

If "Yes", please explain: _____

12. How did you hear about us?

- ☐ Advertising: _____
- ☐ Website: _____
- ☐ Social Media: _____
- ☐ Friend: _____
- ☐ Other: _____

13. Smoke-Free Community

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. _____ (Initial here)

14. What is your current housing situation? ☐ Own ☐ Rent ☐ Other

If "Other", please describe: _____

15. What is the current monthly rent or mortgage payment: \$ _____

16. Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other _____
(List Type)

17. What is the approximate cost of utilities paid by you? (excluding phone, cable TV & Internet):

\$ _____



TTY: 711

15. Landlord history of past 5 years

Current Landlord		Prior Landlord	
Address		Address	
Phone Number		Phone Number	
Duration		Duration	

If you need additional space, please check this box ☐ and use a blank sheet of paper.

Certification of applicant: I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X	Signature of head of household	Date	X	Signature of spouse or co-head of household	Date
X	Signature of co-head of household	Date	X	Signature of co-head of household	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).