

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](mailto: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 LAST NAME (EX: BAEZ GONZALEZ):**

<b>DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Enter the COMPLETE SSN or ITIN below:		<b>DATE OF BIRTH</b> Type birthyear first, using dashes YYYY-MM-DD		<b>GENDER</b> F    M    T-MTF    T-FTM	

**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

<b>PREFERRED TELEPHONE NUMBER:</b>	<b>SECOND TELEPHONE</b>	<b>PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:</b>
		<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?**

☐ 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 Use Only:

**POST LOTTERY APPLICATION- DO NOT DUPLICATE**

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.

***Northampton Tower***

35 Northampton Street  
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. Please understand that the original application is required and applications will not be accepted via email or fax.

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 ☐ One Bedroom ☐

**ARE YOU SEEKING A PREFERENCE AS A RESIDENT OF THE CITY OF BOSTON?** ☐ Yes ☐ No

If "YES" attach proof of residence, a copy of (2) bills from different utilities, in your name, dated within the last (60) days is required.

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**

<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 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	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:**

<b>Member #</b> _____			
Name of Present Employer _____	Telephone _____	Address _____	
Years Employed _____	Position _____	Current Salary \$ _____	
		[ ] weekly [ ] bi-weekly [ ] monthly	
<b>Member #</b> _____			
Name of Present Employer _____	Telephone _____	Address _____	
Years Employed _____	Position _____	Current Salary \$ _____	
		[ ] weekly [ ] bi-weekly [ ] monthly	
<b>Member #</b> _____			
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>
_____	_____	_____
_____	_____	_____
_____	_____	_____



**OTHER INFORMATION:**

Are you currently homeless? ☐ Yes ☐ No  
(see City of Boston Eligibility Definition of a Homeless Household attached to this application)

Have you, or any adults listed on the application, ever been convicted of a 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): \_\_\_\_\_

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

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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.



**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 Trinity Management LLC 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 the 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 nighttime 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 within 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 accommodation.

In such event that the property owner cannot identify 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 in 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 has 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 was 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.





# Northampton Tower

## Self-certification for homeless households receiving supportive services

**Applicant:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Present Address** \_\_\_\_\_  
street city state zip

There will be up to (37) units with a homeless preference for households receiving supportive services provided by the Boston Public Health Commission (BPHC) and/or other agencies serving the homeless.

Supportive services include, but are not limited to, the following:

1. Household Training (e.g.: homemaking, parenting skills, money management);
2. Job Training (preparation and counseling, job development and placement, follow-up assistance after job placement);
3. Services and Resources (appropriate to assist families to achieve economic independence and self-sufficiency);
4. Counseling for parents and other kinship relations caring for children with needs (programs for families adopting children from MA Department of Social Services (DSS), foster care programs, Grand family programs);
5. Remedial Education (education for the completion of secondary or post-secondary education);
6. Substance Abuse Treatment (counseling and treatment for substance abuse).

**ARE YOU SEEKING A PREFERENCE AS A HOUSEHOLD RECEIVING SUPPORTIVE SERVICES?** [ ] Yes [ ] No

**If yes, indicate the supportive services currently being received:**

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**Indicate the provider(s) of the supportive services, including the agency, contact person, and phone number:**

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MANAGED BY: *Trinity Management LLC* (Page 7)



**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, or does not require us to do something that the housing program is not designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.



A REASONABLE ACCOMODATION REQUEST FORM is available at the management office listed below. Let us know if you need help filling out the form or if you want to give us your request in some other way. Please do not hesitate to contact the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to apply to or enjoy your housing, including services and the common areas.

**Free Language Assistance for People with Limited English Proficiency**

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return the form to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

**Property Contact Information:**

Northampton Tower

