

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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](http://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:
  - Fully Accessible Wheelchair** Unit
  - Blind Accessible** Unit
  - Need an **Interpreter**
  - No-Steps unit** (elevator to any floor)
  - Deaf Accessible** Unit
  - Domestic Violence Victim**
  - First-Floor unit only**
  - Unit designed for **Environmental Allergies**

- 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 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.

***Oxford Ping On  
10 Oxford Street  
Boston MA02111***

**PRELIMINARY RENTAL APPLICATION**

**Phone: (857) 239-9829**

**TDD: (800) 439-2370**

**DATE:** \_\_\_\_\_

**How did you hear about us?** via the HousingWorks.net website

**APPLICATION FOR ADMISSION**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Please **do not use white out** on this application. Should you need help in completing this application, please contact the Rental Office.

Applicant: \_\_\_\_\_ Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

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  Two Bedroom

Do you have a voucher?  Yes  No If Yes, with what housing authority? \_\_\_\_\_

Sensory Unit Required?  Yes  No

Accessible Unit Required?  Yes  No

This is an important notice. Please have it translated.

Este é um aviso importante. Queira mandá-lo traduzir. (Portuguese)

Este es un aviso importante. Sírvase mandarlo traducir. (Spanish)

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG (Vietnamese)

XIN VUI LÒNG CHỌI DỊCH LẠI THÔNG CÁO ẤY

Ceci est important. Veuillez faire traduire. (French)

本通知很重要。請將之譯成中文。 (Chinese)

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនជិត (Cambodian)



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 _____	<u>Head of Household</u>	_____	_____	_____	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 Gross Salary (before taxes) \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_

Current Gross Salary (before taxes) \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_

Current Gross Salary (before taxes) \$ \_\_\_\_\_ [ ] 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 Homeless Household on page Six)

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- REQUIRED

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:  
\_\_\_\_\_  
\_\_\_\_\_

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 under applicable State or Federal Law.

I/We hereby certify that I/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

\_\_\_\_\_  
Other household members      Date      Other household members      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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

