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 theway.

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.

•	rino partioaiai i	Martinot to olooca. At pro	bont, our only open	waitiioto arc.	

0	This is not the correct application. The correct application is available in this way	-
_	This is not the correct application the correct application is available in this way	•

This particular waitlist is closed: At present, our only open waitlists are:

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



DO NOT LEAVE ANY QUESTION UNANSWERED!

O	HEAD OF HOUSEHOLD'S FIRST NAME			
0	HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME			
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)			
0	YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD			
AN	SWER THIS: O Yes O No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!			
0	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD'S DATE OF BIRTH O GENDER			
0	ETHNICITY O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial			
0	REQUESTED ACCOMMODATIONS Fill in the circle for anything you need: O Fully Accessible Wheelchair Unit O Blind Accessible Unit O Need an Interpreter O No-Steps unit (elevator to any floor) O Deaf Accessible Unit O Domestic Violence Victim O First-Floor unit only O Unit designed for Environmental Allergies			
0	HoH's CAREER STAGE O Employed O Unemployed O Retired O FT Student O PT Student			
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar			
0	CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction? O Yes O No Other Members: Any Felony Convictions? O Yes O No Is anyone in HH subject to a lifetime sex offender registration in any state? O Yes O No			
0	ANY PETS? O Yes O No Describe:			
0	HOUSEHOLD SIZE AND COMPOSITION			
0	CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status			
	O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed			
0	BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE			
0	EMAIL ADDRESS			
0	WHERE YOU LIVE OR BACKUP ADDRESS			
0	BEST MAILING ADDRESS			
0	# BEDROOMS NEEDED? O SPECIAL CIRCUMSTANCES? (some programs may grant you priority status) O Disability O Elder O Veteran O Fleeing Domestic Violence O Rent-burdened			





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Applicant Name:	

The following must be submitted for a complete application package. Applicants submitting an incomplete application package will not be considered.

- Completed and signed application form
- Documentation of all your sources of income including 8 weeks of pay stubs
- Bank statements for all your accounts for the last 3 months.
- No income statement for any household member over 18 years of age with no income, if applicable
- Signed consent for release of information for all household members over 18 years of age
- Signed Notice to All Applicants and Tenants "Options to Applicants and tenants with Disabilities or Handicaps"
- Emergency Contact form completed and signed for each household member over the age of 18 years of age.
- Copy of Social Security Card for all household members
- Copy of Driver's License or other government ID





PATRIOT PLACE RENTAL APPLICATION FORM

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT, OR OTHER ALTERNATE FORMATS.

EQUAL HOUSING OPPORTUNITY

CITY, STATE Be PHONE #: 78	ATRIOT PLACE c/o Wingate Cor edford, MA 01730 1-275-1038 1-275-1042	npanies., 12 Bedfor	d Village		
	0-439-2370			Date	
	all sections completely. Failu Should you need help in col		•	_	,
Applicant:			Home	Tel	
Present Address	et		Work	Tel	
City Em	ail:		State	Zip	
Number of persons i	in household:				
UNIT TYPE REQUE [] Market Rent [] Affordable Rent	STED: Wheelchair Adapted Unit [] Yes [] No	Hearing/Visual Adapted Unit [] Yes [] No			
HOUSEHOLD List all those who will	MEMBERS: I occupy the apartment - INC	CLUDE YOURSEL	_F		
FIRST, MIDDLE, LAST NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIF TO HEAD OF HOUSEHOL	OF		SEX	SOCIAL SECURIT NUMBER
1	Head of Househ	old			
2					

REFERENCES - Full name and address of Landlords or Officials at places you have lived over the last five years.

1	Name(s) of all person(s) who occupied the unit:				
	Monthly Rent: \$ Dates: From		Including Utilities?	[]Yes []No	
	Dates: From	to _			
	what are the reasons for moving				
	Name of Present Landlord/Official Address				
2	Name(s) of all person(s) who occu	hied the t	uiiit		
	Monthly Rent: \$	Dates	: From	to	
	Name of Present Landlord/Official Address			elebijojie	
3.	Address of Previous Residence: Name(s) of all person(s) who occup Monthly Rent: \$ Name of Present Landlord/Official _ Address	pied the u	unit: Dates: FromT	to	
	OTE: If more room is required please ormation.				
	ou are unable to furnish a landlord of aracter Reference must have known				
1.	Name of Character Reference Address			one	
2.	Name of Character Reference Address			one	
3.	Name of Character ReferenceAddress		Telepho	one	

INCOME INFORMATION:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.





EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member #		
Name of Present Employ	er	Telephone
Address		
Years Employed	Position	Current Salary \$
[] week	ly [] bi-weekly [] monthly	
Member #		
Name of Description	er	Telephone
Address		
Years Employed	Position	Current Salary \$
		Current Salary \$[] weekly [] monthly
NOTE: If more room is reinformation.	equired please attach a separa	ate page. Be sure to provide all required
OTHER SOURCES OF IN	ICOME BY HOUSEHOLD MI	EMBER:
Unemployment Compensa		SSI, Pensions, Disability Compensation, Support, Annuities, Dividends, Income from Gross Earnings
Household Member	Type of Income	(Before Taxes)
		per
		per
		per
		(week, month, year)
INCOME FROM ASSETS:		
9		ndividual Retirement Accounts, Term e holdings and Cash Value of a Life Insurance
		Gross Earnings
Household Member	Type of income	(Before Taxes)
		per
		per
		perper
		(week, month, year)





Optional Section: You are requested to complete the following section by checking all appropriate boxes. By doing so, you will be assisting us in determining affirmative marketing requirements and preference. Minority status may be a factor in being eligible for local preference for the lottery.

	Applicant	Co-Applicant		
African American				
Hispanic/Latino				
Cape Verdean				
Asian/Pacific Islander				
Eskimo/Aleut				
Native American				
White/Non-Minority				
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 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		

Wingate Companies 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.









12 Bedford Village, Bedford, MA 01730

781-275-1038 781-275-1042 www.WingateApartment Homes.com

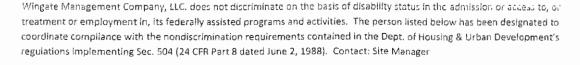
RELEASE OF INFORMATION Authorization Form

I,, hereby authorize the	above named	
company, and its staff, to contact any agencies, offices, groups or organizate	tions to	
obtain any information or materials which are deemed necessary to complete my		
application or annual re-certification for participation in their housing prog	ram. I also	
permit this form to be duplicated.		
Signed under the pains and penalties of perjury.		
Signature	Date	

THIS INFORMATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (If applicable to the program for which you are applying)

- All release forms required for third party verification
- Any other documents required as a condition of program participation





DISCLOSURE FORM

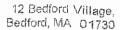
PATRIOT PLACE

PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOU:

I/We certify that our household is persons.
I/We certify that our annual household income is Income from all family members has been included.
If applicable, I/We certify that at least one member of our household qualifies under the Bedford Local Resident preference.
If applicable, I/We certify that at least one member of our household qualifies under the Minority Preference category.
I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief. I/We understand that perjury will result in disqualification from future consideration.
I/We understand that if selected in the lottery for Patriot Place does not guarantee that I/We will be able to rent an affordable unit. I understand that all the applicable date will be verified and my qualifications will be reviewed in detail.
I/We further authorize Wingate Companies to verify any and all income and asset and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to Wingate Companies, and consequently the project's monitoring agency, for the purpose of determining income eligibility for Patriot Place.
I/We have completed an application and have reviewed and understand the process that will be used to distribute the available affordable apartments at Patriot Place.
No applications will be considered complete unless signed and dated by the Applicant/Co-Applicant.
All applications must be fully completed to be considered.
Signed under the pains and penalties of perjury.
Head of Household/Applicant Date Co-Applicant Date







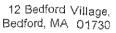


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Tenant's Name:	1 Trib
Address:	
DISPOSED	ASSET CERTIFICATION
ETC.) FOR LESS THAN FAIR MARKET V	SED OF ANY ASSET (SAVINGS, HOME, STOCK, VALUE DURING THE PAST TWO (2) YEARS THIS APPLICATION OR RECERTIFICATION.
IF "NO", PLEASE DATE:	
SIGNATURE	SIGNATURE
IF "YES" FILL IN THE BLANK BELOW AN	ID SIGN:
DATE ASSET WAS DISPOSED OF:	
AMOUNT RECEIVED:	
MARKET VALUE OF ASSET AT TIME OF	DISPOSITION:
DATE:	
SIGNATURE	SIGNATURE









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NOTICE TO ALL APPLICANTS AND TENANTS OPTIONS FOR APPLICANTS AND TENANTS WITH DISABILITIES OR HANDICAPS

Patriot Place provides assisted housing to the general public.

Patriot Place is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, disability, or handicap. In addition, management has an obligation to provide "Reasonable Accommodations" to applicants/residents if they and/or any family member have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Examples of possible accommodations include:

- Making reasonable alterations to a unit so a family member with a wheelchair could use it;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow a dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process.

An applicant that has a family member with a disability must still be able to meet essential obligations of tenancy-the family must still be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing the neighbors, etc., but there is no requirement that the family be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think that you might need a Reasonable

Accommodation, you may request it any time in the If you would prefer not to discuss your situation with	e application process or after admission. This is up to you. Ith management, this is your right.
This statement confirms that I/We Reasonable Accommodation should myself or any accommodation.	have been informed of my/our right to a member of my household now or in the future require such
I/We understand that we must place my/our request this accommodation.	t in writing and will be required to verify my/our need for
Signature of Applicant/Resident	Date





PATRIOT PLACE



12 Bedford Village, Bedford, MA 01730

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Applicant Name:	
Emergency contact information:	
Full Name:	
Relationship:	
Full Address:	
City:	
State:	
Home Phone:	
Cell Phone:	
Work Phone:	
Fax:	
E-mail:	
l,	Grant the Wingate Management Company/Patriot Place
	ontact information in the event that all methods to contact me
That's been extraored una, or in the event of an	
Signature of Applicant	Date