

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**



**HOUSINGWORKS**  
For Everyone

**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:
- |                                                                    |                                                                        |                                                       |
|--------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |                                                       |

- ☐ 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 \_\_\_\_\_



**PATRIOT PLACE**  
12 Bedford Village,  
Bedford, MA 01730

T • 781-275-1038 F • 781-275-1042  
[www.WingateApartmentHomes.com](http://www.WingateApartmentHomes.com)

**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

ADDRESS: PATRIOT PLACE c/o Wingate Companies., 12 Bedford Village  
CITY, STATE Bedford, MA 01730  
PHONE #: 781-275-1038  
FAX #: 781-275-1042  
TDD #: 800-439-2370

Date \_\_\_\_\_

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 Management Office.

**Applicant:**

Home Tel

Present Address

Work Tel

Street

City

State

Zip

Email:

Number of persons in household: \_\_\_\_\_

### UNIT TYPE REQUESTED:

<input type="checkbox"/> Market Rent	Wheelchair	Hearing/Visual
<input type="checkbox"/> Affordable Rent	Adapted Unit	Adapted Unit
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### HOUSEHOLD MEMBERS:

List all those who will occupy the apartment - INCLUDE YOURSELF

FIRST, MIDDLE, LAST NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
---------------------------------------------------------------	-----------------------------------------	---------------------	-----	------------------------------

1 \_\_\_\_\_ Head of Household

2 \_\_\_\_\_

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

1. Address of Present Residence: \_\_\_\_\_  
Name(s) of all person(s) who occupied the unit: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Including Utilities? ☐ Yes ☐ No  
Dates: From \_\_\_\_\_ to \_\_\_\_\_  
What are the reasons for Moving \_\_\_\_\_  
Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

2. Address of Previous Residence: \_\_\_\_\_  
Name(s) of all person(s) who occupied the unit: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

3. Address of Previous Residence: \_\_\_\_\_  
Name(s) of all person(s) who occupied the unit: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE:** If more room is required please attach a separate page. Be sure to provide all required information.

If you are unable to furnish a landlord or other housing reference, please furnish character references. Character Reference must have known you for one (1) year or more and not be related to you.

1. Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_
2. Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_
3. Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**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 Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly**Member #** \_\_\_\_\_

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

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly**NOTE:** If more room is required please attach a separate page. Be sure to provide all required information.**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, grants, etc.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Individual Retirement Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(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	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>
Cape Verdean	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Eskimo/Aleut	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>
White/Non-Minority	<input type="checkbox"/>	<input type="checkbox"/>

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.WingateApartmentHomes.com

**RELEASE OF INFORMATION  
Authorization Form**

I, \_\_\_\_\_, hereby authorize the above named  
company, and its staff, to contact any agencies, offices, groups or organizations to  
obtain any information or materials which are deemed necessary to complete my  
application or annual re-certification for participation in their housing program. 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*

Wingate Management Company, LLC. does not discriminate on the basis of disability status in the admission or access to, or  
treatment or employment in, its federally assisted programs and activities. The person listed below has been designated to  
coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's  
regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988). Contact: Site Manager





**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 data 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





12 Bedford Village,  
Bedford, MA 01730

781-275-1038 ~ 781-275-1042  
www.WingateApartmentHomes.com

Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

### DISPOSED ASSET CERTIFICATION

HAVE YOU OR YOUR SPOUSE DISPOSED OF ANY ASSET (SAVINGS, HOME, STOCK, ETC.) FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO (2) YEARS PRECEDING THE EFFECTIVE DATE OF THIS APPLICATION OR RECERTIFICATION.

IF "NO", PLEASE DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

IF "YES" FILL IN THE BLANK BELOW AND SIGN:

DATE ASSET WAS DISPOSED OF: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_

MARKET VALUE OF ASSET AT TIME OF DISPOSITION: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE





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www.WingateApartmentHomes.com

**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 application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, this is your right.

This statement confirms that I/We \_\_\_\_\_ have been informed of my/our right to a Reasonable Accommodation should myself or any member of my household now or in the future require such accommodation.

I/We understand that we must place my/our request in writing and will be required to verify my/our need for this accommodation.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date





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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: \_\_\_\_\_

I, \_\_\_\_\_. Grant the Wingate Management Company/Patriot Place Apartments permission to use my Emergency Contact information in the event that all methods to contact me have been exhausted and/or in the event of an emergency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

