

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](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 (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

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

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? ☐ = **X** ☐ 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:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$ .00 ☐ 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: \_\_\_\_\_



Internal Use:  
Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_



### **METROMARK WAITLIST APPLICATION**

#### **Primary Applicant:**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

#### **Household Details:**

**How many adults (18 years+) are in the household? \*** \_\_\_\_\_

\*Do not include live-in-aides in the total household count above.

**How many couples are in the household? \***      0      1

\*Most programs require couples to share a bedroom.

**How many children are in the household?** \_\_\_\_\_

**Bedroom Preference\*:**      **Studio**      **1 Bedroom**      **2 Bedroom**      **3 Bedroom**

\* Select all that you are interested in. You will be placed on waitlists based on household composition.

**What is your household gross annual income? \*** \_\_\_\_\_

\* Enter total GROSS annual income for all household members. Include income from employment, SSA/SSI/SSDI, TANF, Child Support (court ordered or otherwise), Alimony, Retirement, Pension, Unemployment, Military Pay, and Recurring Gift Income. Include net income for self-employment.

**What are your combined household assets? \*** \_\_\_\_\_

\* Assets and income from assets are part of the total household income calculation. Values will be determined when completing the initial certification.

**Does your household require an adaptable apartment to accommodate any physical, visual or hearing impairments?**      **PHYSICAL\***      **VISUAL**      **HEARING**

\*Examples of adaptable apartment features include wider clearances and lower countertops. Grab bars are features that can be added to any type of apartment and are not considered an adaptable feature. Verification from a qualified third party may be required.

**Does anyone in your household have a reasonable accommodation due to a disability that requires an additional bedroom? \***      **YES**      **NO**

\* Only select 'Yes' if you need an additional bedroom for reasons related to a disability such as additional medical equipment, a live-in aide, etc. Verification from a 3rd party will be required. Note: You will be able to request accommodations other than an additional bedroom at a later point in the process.



Do you have a Housing Voucher, such as Section 8?    YES        NO

Will you use the residence as your primary home and maintain it as your primary residence in the future?    YES        NO

Does any household member own real estate? \*    YES        NO

\* Real estate ownership may impact overall household eligibility depending on the specific affordable program for which you are applying. Additional verification of real estate ownership will be required at the time of an apartment offer.

Are ALL household members currently Full or Part-time students? \*    YES        NO

\* Household student status may impact eligibility depending on the specific program for which that you are applying. Additional student status verification will be required at the time of an apartment offer.

**RACE: (OPTIONAL)** (Please check all boxes that apply):

- ☐ Alaskan Native and Native American
- ☐ Asian
- ☐ Black or African American

- ☐ Native Hawaiian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ White (not of Hispanic origin)
- ☐ Other (please specify) \_\_\_\_\_

*I acknowledge that if my email address is provided in this application, JMC & Co. will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to JMC & Co.*

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**Applicant's Signature**

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**Date**

**Return to:**

**MetroMark Apartments**  
**3611 Washington Street**  
**Jamaica Plain, MA 02130**  
**Phone: 617-541-1818**  
**Email: metromark@jmcandco.com**

*This is an important document. If you require language interpretation, please contact the agent for this development directly (MetroMark 617-541-1818) and request interpretation services in your own language. If the agent does not speak your primary language, they will contact a translator who will provide language assistance.*

*Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo (MetroMark 617-541-1818) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.*

