

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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 MAILING ADDRESS)

- ☐ PREFERRED 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 _____

Application Form

| | | |
|--------------|--------------------|---|
| SITE NAME: | CASTLE SQUARE APTS | PRELIMINARY RENTAL APPLICATION |
| ADDRESS: | 484 TREMONT STREET | Equal Housing Opportunity |
| CITY, STATE: | BOSTON, MA 02116 | Please print and fill in ALL Information. |
| Phone #: | (617) 426-5517 | |
| FAX #: | (617) 426-0599 | |
| TDD #: | 1(800) 439-2370 | |
| 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.

Applicant: _____ Home Tel _____

Present Address _____

streetcitystatezip

Mailing Address _____

(if different)streetcitystatezip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/Alaskan Native
- ☐ Black(not of Hispanic origin)
- ☐ White(not of Hispanic origin)
- ☐ Asian or Pacific Islander
- ☐ Hispanic

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

| | |
|---|--|
| SIZE OF APARTMENT NEEDED: | UNIT TYPE REQUESTED: |
| 1BR 4BR | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Market Rent |
| | <input type="checkbox"/> Basic Rent |
| | <input type="checkbox"/> Low Rent |
| | Wheelchair Adapted Unit |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Hearing/Visual Adapted Unit |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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?
☐ Yes ☐ No If yes, please explain. _____

Present housing cost per month \$_____ including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____



FAMILY COMPOSITION
List all those who will occupy the apartment. *INCLUDE YOURSELF.*

| FULL NAME OF EACH PERSON IN HOUSEHOLD | RELATIONSHIP TO HEAD OF HOUSEHOLD | AGE | SEX | SOCIAL SECURITY NUMBER | FULL TIME STUDENT (circle one) |
|---------------------------------------|---|-------|-------|------------------------|--------------------------------|
| 1 _____ | Head of Household | _____ | _____ | _____ | Yes or No |
| | Birth date (for head of household only) _____ | | | | |
| 2 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 3 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 4 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 5 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 6 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 7 _____ | _____ | _____ | _____ | _____ | Yes or No |

REFERENCES
Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone _____

Address _____

Name of Previous Landlord/ Official _____ Telephone _____

Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?
_____. If yes, list the household members and type of assistance being received.

| Household Member | Type of Housing Assistance | Location |
|------------------|----------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

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.

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

Member #

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.

| 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, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

| Household Member | Type of Asset | Gross Earnings(Before Taxes) |
|------------------|---------------|------------------------------|
| | | per |
| | | per |
| | | per |
| | | per |
| | | (week, month, year) |

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe:_____
3. Is your present apartment too small for your family? Yes_____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes_____ No _____
If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). -

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

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 or other criminal background check 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

WINN MANAGED PROPERTIES LLC, acting as management agent for **CASTLE SQUARE APARTMENTS** (the “Development”) 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 the Development, its employment, or in its programs, activities, functions or services.