

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

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 Received. Application will be stamped to show when it was received:

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

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



QUINCY TOWER RENTAL APPLICATION (Affordable Programs)

This is a “55+ Community” and one member of the Household must be 55 years of age or older.

THE AGENT 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.

Quincy Tower is a smoke-free community as of September 1, 2015, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means “No Smoking” not “No Smokers”. Everyone is welcome to apply.

Instructions for Head of Household:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. “Whiteout”).
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household’s application to be declined.**
3. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
5. Filling out an application does not guarantee eligibility for an apartment at our community.

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

This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្ចាស់ ចាំបាច់ត្រូវចង់បានការបកប្រែ
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه،
أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (617) 482-0511 or TTY 711

Rental Application for QUINCY TOWER

Date/Time Stamp

5 Oak Street West, Boston MA 02116 ■ Tel (617) 482-0511 ■ Fax (617) 482-4270 ■ TTY: 711
Email : QuincyTower@BeaconCommunitiesLLC.com

This form must be filled out in English. Please print neatly in ink. All fields are required. Read the instructions on the facing page before completing each item.

1. Name and address of head of household (HOH)

Last Name First Name Middle Initial

Mailing Address Apt. #

City State ZIP
☐ Home ☐ Cell ☐ Work

Area Code Telephone Number

Email

2. Bedroom size requested? ☐ One BR ☐ Handicap Accessible

3. How many children under 18 in your household? _____

4. List all the states where all household members have lived:

5a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense? ☐ Yes ☐ No

5b. Are you or any household member required to register as a Sex Offender for any duration? ☐ Yes ☐ No

If yes, for which states:

6. Does the household current receive any form of rental assistance (e.g. Housing Choice Voucher, HUD-VASH, etc.)?

Agency: _____

Yes ☐ No

7. Do you or does any member of your household need any specific features or unit designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?

☐ Yes ☐ No

If yes, please describe: _____



TTY:711

8. List others who will live with you. Include unborn children and live-in-aides.

#	Relation	First Name + Middle Initial	Last Name	Social Security Number	Birthdate (mm / dd / yyyy)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Self						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No

If yes, please explain: _____

If you do not have a Social Security Number, were you 62 years old as of 1/31/2010 and living in affordable housing?

☐ Yes ☐ No

9. Optional Information: Gender, Ethnicity, Race and Disability Status of household members

#	Gender (Male/Female/ Decline)	Ethnicity (Hispanic/Non- Hispanic/ Decline)	Race (White/Black/Asian/American Indian/Native Hawaiian/ Other/Decline)	Disabled? (Yes/No)
1/Self				
2				
3				
4				
5				
6				
7				
8				

10. Income and assets for all household members. Provide gross (not net) amounts for all questions.

10a. Total monthly income \$ _____
Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Value of household assets. \$ _____
Assets include bank accounts, investments, and real estate of all household members.

10c. Income Source(s): *Check all that apply.*

- ☐ Wages ☐ SSA ☐ SSI – Federal
☐ SSI – State ☐ Child support ☐ Pension
☐ Unemployment ☐ Public Assistance ☐ Interest/annuity income
☐ Worker's compensation ☐ Other income: _____
☐ Someone pays my bills/gives me money: \$ _____/month
☐ Household has no income

11. Do you anticipate a change in your household income in the next 12 months?

☐ Yes ☐ No

If yes, please explain: _____

12. How did you hear about us?

- ☐ Advertising: _____
☐ Website: _____
☐ Social Media: _____
☐ Friend: _____
☐ Other: via the HousingWorks.net website (it lists all affordable housing openings across New England)

13. Smoke Free Community

I understand that this is a smoke-free community, which means that smoking will be prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. _____ (Initial here)

14. What is your current housing situation? ☐ Own ☐ Rent ☐ Other

If other, please describe: _____

15. Landlord history of past 5 years

Current Landlord		Prior Landlord	
Address		Address	
Phone Number		Phone Number	
Duration		Duration	

If you need additional space, please check this box ☐ and use a blank sheet of paper.

Certification of applicant: I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X
Signature of head of household _____ Date _____

X
Signature of spouse or co-head of household _____ Date _____

X
Signature of co-head of household _____ Date _____

X
Signature of co-head of household _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR PRIORITY STATUS.
PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION.**

MassHousing Preferences:

1st Priority: Are you “Homelessness Due to Displacement by Natural Forces”?

An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) fire not due to the negligence or intentional act of applicant or a household member;
- (ii) earthquake, flood, or other natural cause; or
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

Yes ☐ No ☐

2nd Priority: Are you “Homelessness Due to Displacement by Public Action (Urban Renewal)”?

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application by:

- (i) any low rent housing project as defined in M.G.L. c. 1218 § 1; or
- (ii) a public slum clearance or urban renewal project indicated after January 1, 1947; or
- (iii) other public improvement.

Yes ☐ No ☐

3rd Priority: Are you “Homelessness Due to Displacement by Public Action (Sanitary Code Violations)”?

An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Yes ☐ No ☐

4th Priority: Are you “Involuntary Displaced by Domestic Violence”?

“Domestic Violence” as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if:

- (i) the applicant has vacated a housing unit because of domestic violence; or
- (ii) the applicant lives in a housing unit with a person who engages in domestic violence.

Yes ☐ No ☐

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature. Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

(continued)

**OPTIONAL QUESTIONS TO ASCERTAIN IF AN APPLICANT IS ELIGIBLE FOR PRIORITY STATUS.
PLEASE INDICATE 'YES' OR 'NO' TO EACH QUESTION.**

Department of Neighborhood Development – City of Boston – Homeless Priorities

- 5th Priority:** An applicant, otherwise eligible and qualified, who prior to occupancy lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:
- (i) A public or private place not meant for human habitation (e.g. cars, parks, sidewalks, abandoned buildings); or
 - (ii) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including congregate shelters, scattered site shelters, or motels); or
 - (iii) A transitional A transitional housing program specifically designed for homeless persons with a stay of no longer than 24 months; or
 - (iv) In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Yes ☐ No ☐

- 6th Priority:** An applicant, otherwise eligible and qualified, who prior to occupancy, though currently housed, is in imminent danger of homelessness for any of the following reasons and for whom no subsequent residence has been identified and who lacks the resources and support networks needed to obtain housing:
- (i) Is being evicted within a week from a private dwelling unit;
 - (ii) Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility, in which the person has been a resident for more than 30 consecutive days;
 - (iii) Is fleeing a domestic violence housing situation;
 - (iv) Is being displaced because a family member has provided information on criminal activities to a law enforcement agency and, as a result, there is a threat of violence against the family;
 - (v) Is being displaced because a family member has been threatened, intimidated, or violated because of their race, color, religion, sex, national origin, handicap, or familial status; or
 - (vi) Is being displaced because a family member has a mobility or other impairment which impedes their access to a critical element of the unit and the owner is not legally obligated to make changes to this unit that would make these elements accessible to the disabled person as a reasonable accommodation.

Yes ☐ No ☐

Head of Household must initial verifying the Preference status selection here: _____
(initial above)