

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:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ 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

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

THE BEVERLY

101 BEVERLY STREET

Thank you for your interest in **The Beverly**, offering the best of urban living. 100% of the units at The Beverly are reserved for individuals, couples, and families earning between 30-165% of Boston's area median income. Our pet-friendly studio, one, two and three bedroom residences include a 24-hour attended lobby and are appointed with high-end finishes. The Beverly is designed both in style and principle to accommodate your 21st century lifestyle.

Leave traffic and commuting behind and spend more time with friends and family in the heart of it all.

The Beverly is conveniently situated in the heart of Boston, nestled between the historic North End, Rose Kennedy Greenway and Boston Harbor. Located across the street from North Station, the Beverly offers access to a multitude of public transportation options. Whether you walk to work, ride your bike along the Greenway or stroll to your favorite restaurants, you can now "Live Where Your Life Is".

Enclosed is a preliminary application. Please read through all sections carefully and print your responses clearly and thoroughly. All areas of the application must be completed where applicable, or it cannot be processed.

If seeking preference as a resident of the City of Boston, applicants **must include supporting documentation along with their application**. Please see page two (2) of the application for more details.

Be careful not to apply more than once. Applicants who submit more than one application may be disqualified.

If any applicant willfully submits false information, misrepresentations, or incomplete information, his/her application will be rejected.

Selection is by lottery. Asset and use & occupancy restrictions apply. Persons with disabilities requiring wheelchair accessible units have preference for 12 units. Persons with disabilities requiring sensory accessible units have preference for 5 units. Preference for households with at least one person per bedroom.

Applications should be sent by regular mail only; express, certified, or registered mail will not be accepted. **Applications must be postmarked no later than September 6th, 2017.**

Please make sure the head-of-household has filled out the entire application as completely and accurately as possible, signs the application, and then sends it to:

**398 COLUMBUS AVENUE, BOX 290
ATTN: THE BEVERLY LOTTERY
BOSTON, MA 02116-6008**

We look forward to receiving your application.

Very truly yours,

The Beverly



Beverly Street Acquisition LLC

Preliminary Application For Occupancy

For Office Use Only

Hhld_____ \$ _____ VI Subsd

BR: 0_____ 1_____ 2_____ 3_____

AMI: 30 40 50 110 120 140 150 165

Preferences: M V B H

Ineligible: OI HS UI F

For Office Use Only

Applications received with a postmark later than **September 6th, 2017** will not be opened. Returned applications will be randomly selected at a lottery. Duplicate applications may be disqualified. Supporting materials will be requested for presentation at individual household interviews.

Application #: _____

This information is to be filled out by the head of the household.
Please complete all sections and sign the last page.

Name: _____

Street Address: _____ Apt. #: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Check what size units you want to be considered for:
____ Studio
____ 1-bedroom
____ 2-bedroom
____ 3-bedroom
____ All units for which application is eligible

Please place a check if you are requesting a unit with special accommodations for any member of your household due to mobility disability _____ and / or a sensory disability _____.

Housing Status

Present Landlord or Managing Agent: _____ Are you sharing your apartment?
☐ Yes ☐ No Is your landlord/managing agent a relative?
☐ Yes ☐ No

Is the apartment lease in your name?
☐ Yes ☐ No Do you pay your own rent?
☐ Yes ☐ No If not, who does? _____

Address of Present Landlord/Managing Agent: _____ City, State: _____ Zip Code: _____

Landlord / Managing Agent Telephone Number: _____

Monthly rent: _____ Does your rent include heat?
☐ Yes ☐ No Average Utility Bill:
\$ _____

How much do you contribute to the monthly rent?
(If you do not contribute anything, write "0") _____

Is your rent based on your income?
☐ Yes ☐ No Do you currently have a Section 8
Voucher?
☐ Yes ☐ No Size of present apartment: _____

How long have you lived at this address?
_____ years _____ months Reasons for wanting to move? _____

If you have lived at your current address less than three years, what was your previous address? _____

Name of Previous Landlord/Managing Agent: _____ Street: _____ City/State: _____ Zip Code: _____

Previous Landlord/Managing Agent Telephone Number: _____

Reason for moving: _____

Previous rent per month:
\$ _____

Household Information

List ALL persons who will occupy the apartment; (list yourself as head of household).

Full Name	Relationship	Date of Birth
1) _____	Head of Household	_____
2) _____	Relationship to head of household:	_____
3) _____	Relationship to head of household:	_____
4) _____	Relationship to head of household:	_____
5) _____	Relationship to head of household:	_____
6) _____	Relationship to head of household:	_____

Do you have any pets? ☐ Yes ☐ No If yes, what kind? _____ Name _____

List all **current** full- and/or part-time employment income for all household members. Do not include prior employment. (Include self-employment gross earnings and net taxable earnings.) See below for non-employment sources of income.

(Examples: List all public assistance (including housing allowance), A.F.D.C., Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, all Armed Forces pay, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Add income from all sources: employment, other sources, assets, and indicate the total expected annual income: \$_____ per year

In order to qualify for the Boston Residency Preference, applicants must include supporting documentation along with their application. **The following documents are required and must be attached to this application if you are seeking a Boston Resident Preference in the lottery:** A copy of one (1) utility bill in your name dated within 60 days of the application. Acceptable bills would be from electric, oil, cable, gas, or telephone providers (note cell phone bills are not accepted).

If the aforementioned cannot be provided, the following documentation must be provided for the Boston Residency Preference: a current signed lease OR proof of voter registration from City of Boston Election Department OR proof of automobile insurance containing the address of where the car is garaged.

Assets

Complete each category as applicable.

Checking Account - Name of Bank:		Passbook/Savings Account - Name of Bank:	
Address:		Address:	
Account # (last 4 digits only):		Account # (last 4 digits only):	
Balance/Date: \$ / as of		Balance/Date: \$ / as of	
Money Market Account - Name of Bank		Certificate of Deposit (CD) – Name of Bank	
Address:		Address:	
Account # (last 4 digits only):		Account # (last 4 digits only):	
Balance/Date: \$ / as of		Balance/Date: \$ / as of	
Stocks and Bonds Value: \$		Savings Bond Value: \$	
IRA/Keogh/Retirement/Pension Account 1 – Name of Financial Agent 1:		IRA/Keogh/Retirement/Pension Account 2 – Name of Financial Agent 2:	
Address:		Address:	
Account # (last 4 digits only):		Account # (last 4 digits only):	
Account Value: \$		Account Value: \$	
Have you received any lump sum receipts, such as an inheritance, insurance payments, lottery winnings, etc?:		If yes, when? Amount received?	
Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current market value & current mortgage balance?	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? When sold? For how much?	
Has any adult family member disposed of any assets for less than fair Market value during the previous two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was received for it?	

Student Status

List all persons who attend school presently.

Full Name	Name and address of School

1. _____	_____

2. _____	_____

3. _____	_____

4. _____	_____

5. _____	_____

6. _____	_____

General Questionnaire

1. Have you or any adult member of your household ever been evicted? If yes, when? Explain circumstances briefly.

2. Have you or any adult member of your household filed for personal bankruptcy? If yes, please explain circumstances.

3. Are there any current debts on which you are more than 90 days delinquent? If yes, please describe.

4. Were you or any adult member of your household ever convicted of a felony? If yes, when? Explain circumstances briefly.

5. Has anyone in your household been convicted of violating any drug related laws?

Program Information

How did you hear about the development?

Why are you applying to our development?

Racial Group Identification (Provided by the applicant on a voluntary basis. Used for statistical purposes only.)

THIS INFORMATION WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.

Please describe the head-of-household both by ethnicity **AND** by race (example: Hispanic ethnicity and Black race)

1. **Ethnicity:** ☐ Hispanic or Latino **AND** ☐ Non-Hispanic or Latino 2. **Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Signature:

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

X

Signature of Head of Household:

Date:

SINCE SO MANY HOUSEHOLDS NEED HOUSING THIS DEVELOPMENT WILL NOT BE ABLE TO ACCOMMODATE ALL WHO ARE ELIGIBLE. THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER HOUSEHOLD. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS MAY BE DISQUALIFIED.

SEND APPLICATION AND BOSTON PREFERENCE DOCUMENTATION TO:

398 COLUMBUS AVENUE, BOX 290
ATTN: THE BEVERLY LOTTERY
BOSTON, MA 02116-6008

APPLICATIONS SHOULD BE SENT REGULAR MAIL ONLY; EXPRESS, CERTIFIED OR REGISTERED MAIL WILL NOT BE ACCEPTED. APPLICATIONS MUST BE POSTMARKED NO LATER THAN SEPTEMBER 6TH, 2017.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR HOUSING.

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE.

EMPLOYEES AND THE FAMILY MEMBERS OF THE RELATED COMPANIES AND ITS AFFILIATES ARE INELIGIBLE.

ATTENTION: NO MAJOR APPLIANCES OR WATERBEDS ALLOWED. WE DO NOT INSURE PERSONALPROPERTY. WE ENCOURAGE OUR RESIDENTS TO PURCHASE PERSONAL PROPERTY INSURANCE.

THE INFORMATION PROVIDED IN THIS DOCUMENT IS INTENDED FOR **CONFIDENTIAL PURPOSES** USED ONLY FOR INTERNAL VERIFICATION AND CONFIRMATION AND IS EXEMPT FROM PUBLIC DISCLOSURE TO THE FULLEST EXTENT PERMITTED BY LAW.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN SEEKING HOUSING, YOU SHOULD CONTACT THE BOSTON FAIR HOUSING COMMISSION AT 617-635-2500 OR THE MASS COMMISSION AGAINST DISCRIMINATION AT 617-727-3990.

