

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"/> 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 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 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 _____



Income Restricted Housing Lottery Application

Development Name: 9 Williams Street Rental Housing (aka 2101 Washington Street)

Development Address: 9 Williams Street, Roxbury, MA 02119

Deadline to submit application: Friday, November, 10th, 2017

Location: fill out the online application OR mail to 207 Dudley Street, Roxbury, MA 02119

For Questions regarding this application, please contact the Marketing Agent directly at

Contact Person: Brian Kean

Email: 9williams@winnco.com

Telephone: (617) 445-8338

1. Main Applicant Information

If you are facing immediate housing crisis, are currently homeless, or are about to become homeless, please contact the City of Boston's Office of Housing Stability at (617) 635-4200. The Office can set up an appointment to guide you through the types of emergency housing assistance that might be available.

1a. Full Name:

1b. Mailing Address:

1c. City:

1d. State:

1e. Zip:

1f. Phone Number:

1g. Email:

2. What kind of housing are you looking for?

2a. Which bedroom size are you looking for?

☐ 1 bedroom

☐ 2 bedroom

☐ 3 bedroom

2b. Are you looking for units built for persons with mobility impairment?¹

☐ Yes

☐ No

2c. What is the total number of people in your household?

¹ You will be asked to supply supporting documentation from the doctor treating the household member for the disability.

2d. Name of co-head of household/member 2	
2e. Name of co-head of household/member 3	
2f. Please list the names of all other household numbers.	
2g. Feel free to add any additional details about your household (optional) i.e. you are co-parenting with someone who doesn't live in the household, you are expecting a child, etc	

3. Income and Assets

Affordable housing units are restricted via a measurement known as "Area Median Income" (AMI). We need to know more information about your income and assets to make sure you qualify under the AMI restrictions for this project.

These totals apply to the entire household, so make sure you are considering the income and assets of all household members. Make sure you are totally your pre-tax income.

You will be asked for documentation proving any of your claims below if you become eligible for an income-restricted unit. If you don't disclose assets or income now or you submit fraudulent information, you may lose your opportunity at an income-restricted unit.

For more information on income, asset, and price limits, visit:

<http://www.bostonplans.org/housing/income,-asset,-and-price-limits>

For a worksheet on income calculations, visit:

<http://www.bostonplans.org/getattachment/ef43933c-f41f-4e65-8575-8a79cac1ef78>

Please note that the marketing agent cannot discriminate based on source of income, this question is only to determine your ability to pay rent. You will be asked to provide documentation from appropriate housing agency during the tenant selection process.

3a. Please select all income sources that apply to you or your household and provide the total annual income from the selected source(s) before taxes are taken out.

Source	Annual income
<input type="checkbox"/> Job	_____
<input type="checkbox"/> Investment	_____
<input type="checkbox"/> Social Security Income	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Social Security Disability Income	_____
<input type="checkbox"/> Other_____	_____

3b. Please list all other income sources and the annual income they bring in.

This is where you should mention potential irregular or one-offs income. For example, bonuses, commissions, work in the gig economy where income fluctuates.

3c. Please estimate the combined total annual household income of all household members over 18 years old before taxes are taken out.

3d. Please select all assets that you or a member of your household possess and provide the combined

- | | |
|--|--|
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Savings / money market account | <input type="checkbox"/> 401(k), 403(b), IRA, Roth Keogh, or Pension Plans |
| <input type="checkbox"/> Certificate of deposit (CD) | <input type="checkbox"/> Safe deposit box |
| <input type="checkbox"/> Stocks, Bonds, Treasuries, or Investment Accounts | <input type="checkbox"/> Special needs trust |
| | <input type="checkbox"/> Other: _____ |
-

3e. What is the combined value of all household assets held by all household members over 18 years old?

3f. Do you or a member of your household currently receive housing assistance?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
-

3f-1. If yes, please select the type of assistance received

- | | |
|--|---|
| <input type="checkbox"/> MRVP (Massachusetts Rental Voucher Program) | <input type="checkbox"/> Section 8 / Housing choice voucher |
| <input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) | <input type="checkbox"/> Other |
-

4. Information that may improve your ranking in the lottery

Some things might improve your ranking in the lottery of this particular project. We call them preferences. Lottery participants who qualify for these preferences will be ranked higher than those that do not. If you certify for a preference falsely, you will lose your spot in this lottery.

If you have any questions, please contact the developer or their marketing agent at the number listed on the first page.

4a. Are you a city of Boston resident*?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
-

4a-1. In which Boston Neighborhood do you live?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Allston | <input type="checkbox"/> Downtown | <input type="checkbox"/> North End |
| <input type="checkbox"/> Back Bay | <input type="checkbox"/> East Boston | <input type="checkbox"/> Roslindale |
| <input type="checkbox"/> Bay Village | <input type="checkbox"/> Fenway/Kenmore | <input type="checkbox"/> Roxbury |
| <input type="checkbox"/> Beacon Hill | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> South Boston |
| <input type="checkbox"/> Brighton | <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> South End |
| <input type="checkbox"/> Charlestown | <input type="checkbox"/> Mattapan | <input type="checkbox"/> West End |
| <input type="checkbox"/> Chinatown/Leather District | <input type="checkbox"/> Mid-Dorchester | <input type="checkbox"/> West Roxbury |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Mission Hill | |

***Residency Certification**

If you are picked from the lottery, you'll be asked to provide two of the following to prove your Boston residency. All certifications need to display your name and the Boston address. Bills need to be dated in the last 60 days. If you submit false residency information, you'll lose your spot in the lottery.

- A dated letter from transitional housing or a homeless shelter located in the City of Boston
- Signed lease (At-will lease counts)
- Mortgage / Property Tax statement
- Car registration / insurance cover page
- Renter's Insurance
- Heating bill (Gas, Electric, Oil)
- Cable / Data / Internet bill
- City of Boston voter registration / Resident listing
- Cell / Landline phone bill

5. Demographics

The City of Boston uses this data only for analysis and reporting purposes. Filling it out helps us understand who we are reaching and how to better reach different communities. Sharing this information will have no impact on your lottery application.

It is unlawful for housing providers to discriminate based on these demographic details. Please select all of the categories with which you identify, or you may also opt not to share these details. There is no penalty for choosing not to share.

5a. What is your age range?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 45-49 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 50-54 | |

5b. Do you identify as Hispanic or Latino?

- | |
|--|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Choose not to share |

5c. How do you identify your race?

<input type="checkbox"/> American Indian or Alaska Native ² <input type="checkbox"/> Asian ³	<input type="checkbox"/> Black or African American ⁴ <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ⁵	<input type="checkbox"/> White ⁶ <input type="checkbox"/> Other, please specify:_____ <input type="checkbox"/> Choose not to share
5d. What is your gender identity?	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary/third gender	<input type="checkbox"/> Male <input type="checkbox"/> Choose not to share
5e. Veteran's Status	<input type="checkbox"/> Yes, myself or someone in my household is serving or has served with the U.S. armed force	<input type="checkbox"/> No, none of my household has served with the U.S. armed force

6. Application Assistance

This information is only used to help the City better understand the needs of its constituency and ideally help developers and agents processing applications better serve households.

The marketing agent cannot discriminate based on disabilities, this question is only to collect information for the agent to better serve your needs throughout the process of application.

6a. Did you need help with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6b. Did you need technical assistance with this application due to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Choose note to share	<input type="checkbox"/> No
6b-1. If yes, please specify:		
6c. Did someone fill out this application on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6d. I needed language assistance while filling out this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6d-1. If yes, I needed assistance translating this application from English into:	<input type="checkbox"/> Arabic <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____

² American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.

³ A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Vietnam, China, Taiwan, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.

⁴ A person having origins in any of the black racial groups of Africa.

⁵ A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

⁶ A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.

Please read each item below carefully before you sign.

By signing below, you declare under penalties of perjury that the information provided in this application is true, correct, accurate and complete in all respects.

If questions remain regarding this application or any of the following statements, please contact the marketing agent for further clarification. The contact details can be found at the start of this application.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the income certification process, which will take place if the marketing agent offers me a unit for which I am eligible, that I find acceptable.
3. I understand that should any material change occur in the household size, income, or assets after the submission of this application may cause me to be re-ranked in the applicant pool or make me ineligible for the income restricted housing opportunity.
4. I understand that no cosigners or guarantors on a lease are permitted. Guarantors include persons who are not members of the applicant household but who make regular and substantial monetary contributions to members of the household.
5. I understand that approval from any source other than the BPDA does not guarantee BPDA income certification approval.
6. I understand that I may submit only one application per household and that submitting duplicate applications will disqualify my household from the lottery.
7. I understand that if it is determined that all of my assets were not disclosed at the time of application, I can be denied approval.
8. I understands that I should not give notice on my existing unit until I've actually signed the lease.

(Applicant Signature)

(Date)

This 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.