

Respond to questions that are not applicable by writing "N/A". Incomplete applications will be returned or discarded.
Some waitlists are closed: Before sending this application, check <http://www.housingworks.net> to see what is available.

Write like this: J o h n Not like this: j o h n

Head of Household's Full Name: _____
Telephone _____ - _____ - _____ Second Phone _____ - _____ - _____
Email: _____
Best Mailing Address: _____
City/State/Zip: _____

MAIL APPLICATION TO:
Winn Residential
Wardman/Walnut/Westminster Apts.
9 Wardman Rd, rear
Roxbury, MA 02119
Tel: 617-989-0168

Allow at least 3 weeks for response

Does the Head of Household have a **Social Security Number**? Yes No If "Yes" you must provide it below.

The **SSN** for the HoH listed above is: _____ - _____ - _____ (you must provide all 9 digits!)

What is the HoH's **date of birth** (mm/dd/yyyy)? _____ / _____ / _____ What is HoH's **gender**? _____

What was your **mother's last name when she was born**? (helps protect your privacy) _____

Ethnicity: Are you: Hispanic or non-Hispanic? **Race** (white, black, asian, etc)? _____

Do you tell us that you need/are:

- a No-Steps unit (elevator) a Deaf Accessible Unit an Interpreter
- a First-Floor unit only a Blind Accessible Unit fleeing Domestic Violence Victim
- a Fully Accessible Wheelchair Unit a unit designed for Environmental Allergies

Career Stage: HoH is: Employed Unemployed Retired FT Student PT Student

If you have **Permanent Mobile Rental Assistance**, is it: Sec 8 MRVP/AHVP VASH Other: _____

How many people will be living in the unit? _____ people. _____ # adults (18 and older). _____ # children (17 and under)

What unit size do you need? _____ BR What is your **family's annual income**? \$ _____ (yearly amount only!)

- YES NO **Head of Household - any Felony/Misdemeanor Conviction?**
- YES NO **Other Household Members: any Felony/Misdemeanor Convictions?**
- YES NO **Is any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program in any state?**

Priority Status: may vary with each property: Do you wish to try to claim any priorities? Specify: _____

How did you hear about our property? _____

Name and Address of Assisting Social Service Agency: _____

CHECK THE BOXES FOR THE PROPERTIES OR WAITLISTS THAT INTEREST YOU:

Affordable / Market properties:
Minimum and Maximum Income Limits apply

The rent is a fixed amount

Westminster Apts

- 1BR includes wheelchair units.
- 2BR includes wheelchair units.

DATE TIME STAMP

Subsidized properties:
You pay a percentage of your income as rent.

Walnut-Washington Apts

This is a Non-Smoking Bldg

- 1BR includes wheelchair units.
- 2BR includes wheelchair units.
- 3BR includes wheelchair units.
- 4BR no wheelchair units.

Wardman Apts

- 1BR includes wheelchair units.
- 2BR includes wheelchair units.
- 3BR includes wheelchair units.
- 4BR no wheelchair units.

Wilshire Apts

- 1BR no wheelchair units.
- 2BR no wheelchair units.

Note: The adult completing this application is considered the "Head of Household".

<input type="radio"/> HEAD OF HOUSEHOLD'S FIRST NAME	
<input type="radio"/> HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME	
<input type="radio"/> 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!

<input type="radio"/> HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER	HEAD OF HOUSEHOLD'S DATE OF BIRTH			GENDER
	Month	Day	Year	

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!

Hispanic non-Hispanic

REQUESTED ACCOMMODATIONS = Do you need a:

<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? Yes No

Employed Unemployed Retired FT Student PT Student

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 | ANY PETS

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?
<input type="radio"/> # Adults	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> # Children		
<input type="radio"/> Total # in Household		

BEST TELEPHONE NUMBER TO USE SECOND TELEPHONE (if you have one)

BEST EMAIL ADDRESS

BEST MAILING ADDRESS where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

SECOND MAILING ADDRESS same as above where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status

Disability Elder Veteran Fleeing Domestic Violence

Displaced by: _____ Rent-burdened Other

PERSONAL:

Date _____

Please list every name who will occupy the apartment (first line is you as the Head of Household)

1.	Last	First	M.I.	Gender	D.O.B.	<u>Head of Household</u> Applicant	SS#
2.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
3.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
4.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
5.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
6.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
7.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
8.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
9.	Last	First	M.I.	Gender	D.O.B.	Applicant	SS#
10.							

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 2 _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?.

If yes - you will be asked to complete a *Request for Reasonable Accommodation* unit for mobility impaired unit for visually impaired
 unit for hearing impaired grab bars



RESIDENCY & EMPLOYMENT:

Present Address _____
Street City State Zip Code

Present Phone _____ **Second Phone (if any)** _____

Own: Dates of Current Occupancy From: _____ to: **the present time** \$ _____
Monthly Mortgage Payments

Rent: Dates of Current Occupancy From: _____ to: **the present time** \$ _____
Monthly Rental Payments

If Rents _____
Present Landlord Name Address Landlord Phone

Previous Address _____
Street City State Zip Code

Dates of Previous Occupancy From: _____ to: _____ \$ _____
Monthly Rental Payments

If Rents _____
Former Landlord Name Address Landlord Phone

Currently employed by _____ **Occupation** _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year **Other Income (Comm/Bonus)** _____ \$ _____

RESIDENCY & EMPLOYMENT (continued):

Other Source of Income (i.e.- social security - retirement fund – disability - workmen’s compensation – pension - alimony/child support – investments - etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

FINANCIAL INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

Have you sold or given away any real property or other assets in the past two years? Yes No

If yes, did you receive Fair Market Value for the Asset? Yes No

CORI INFORMATION

Have you or any member of your household ever been convicted of a crime? Yes No

If yes, you must indicate the nature of the crime and the date of conviction _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy beginning (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____

This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing? [Yes/No]

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? [Yes/No]

If Yes, list where and when: _____

3. Are you or any member of your household currently engaging in the use of illegal drugs? [Yes/No]

4. Have you or any member of your household ever been convicted of a felony? [Yes/No]
If Yes, please explain: _____

5. Are you or any member of your household currently abusing alcohol? [Yes/No]

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? [Yes/No]

If Yes, please explain: _____

7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state? [Yes/No]

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

All household members 18 and older must sign below:

The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize (Wardman / Walnut-Washington / Westminster Apartments) to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Other Adult _____

Date _____

Other Adult _____

Date _____





- 1. Do you have a Section 8 Certificate? Yes No

If yes, who issued the Certificate? _____

- 2. Please list the name, birthdate and social security # of each child in the Household:

Name	Birth Date	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. Number of bedrooms needed? _____

- 4. Have you, or has any member of your household, ever been convicted of a crime? Yes No

If yes, please indicate the nature and date of conviction

- 5. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. – unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars?)

Yes No

If yes, you will be asked to complete a *Request for Reasonable Accommodation*.

- 6. Have you sold or given away any real property or other assets in the past two years? Yes No

If yes, did you receive Fair Market value for the Asset? Yes No
If no, you may be requested to provide additional information.

7. *Statistical Purposes Only*

Race of Head of Household

- White Black American Indian or Alaskan Native
- Asian or Pacific Islander Do not wish to answer

Ethnicity of Head of Household

- Hispanic Non-Hispanic

Signature of Head of Household

Date (mm/dd/yyyy)





AUTHORIZATION TO PERFORM A CREDIT AND CRIMINAL INVESTIGATION

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Today's Date _____
mm / dd / yyyy

Applicant **Signature** _____

Print your name, like this (J o h n): _____

Date of Birth: _____
mm / dd / yyyy

Social Security Number: _____