

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

←Applicant: Complete ALL fields at left

or you can apply using your cell phone!

- Open camera on phone.
- Aim at the QR code.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.
- If you apply by phone, no need to complete this form.



**MAIL APPLICATION TO:**

Wardman Portfolio

9 Wardman Rd, Rear

Roxbury, MA 02119

← ...or Mail to address at left.

..or Apply on your computer (click the button below):

Tel: 617-989-0168

Date completed:

Fold on this line ———

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

**How did you hear about our property?** via the HousingWorks.net website

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 - inc. wheelchair units. 50% & 60%
- ☐ 2BR - inc. wheelchair units. 50% & 60%

**Walker Park Apts**

All sizes include units for:  
- mobility-impaired applicants  
- vision-impaired applicants  
- hearing-impaired applicants

- ☐ 1BR units.
- ☐ 2BR units
- ☐ 3BR units - no accessible units

**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.

**DATE TIME STAMP**

Did you know? You can update some waitlists using your CELLPHONE! <https://form.jotform.com/waitlistupdate/hws-wl-update-form>

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the complete SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$ .00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:  
☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

# BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_





### PERSONAL:

Date \_\_\_\_\_ Please complete for those who will occupy the apartment (Applicant - co-applicant – children - other)

	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

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: yyyy-mm-dd \_\_\_\_\_ to: **Present Time** \$ \_\_\_\_\_ Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy \_\_\_\_\_ If Rents \_\_\_\_\_ \$ \_\_\_\_\_ Monthly Rental Payments

Present Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone \_\_\_\_\_

#### Previous Address

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 ☐ NoIf 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? ☐ 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 Winn Residential to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.**

<b>Applicant</b>	_____	<b>Date</b>	_____
<b>Co-Applicant</b>	_____	<b>Date</b>	_____
<b>Other Adult</b>	_____	<b>Date</b>	_____
<b>Other Adult</b>	_____	<b>Date</b>	_____



1. Do you have a Section 8 Certificate? \_\_\_\_ An MRVP voucher? \_\_\_\_ AHVP voucher? \_\_\_\_ VASH Voucher? \_\_\_\_ I have no Voucher \_\_\_\_

If yes, who issued the Certificate? \_\_\_\_\_

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

Name	Relationship	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***

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> 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*.

Head of Household's Signature \_\_\_\_\_

Print the Head of Household's name:

Date you completed this application:

mm    dd    yyyy

Head of Household's Date of Birth:

mm    dd    yyyy

Head of Household's Social Security Number: \_\_\_\_\_

