

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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:

☐ **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

☐ 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 MAILING ADDRESS)

- ☐ PREFERRED 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 _____



PERSONAL:

Date_____

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

1.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

2.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

3.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

4.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

5.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

6.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

7.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

8.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

9.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

10.

Last_____

First_____

MI._____

DO.B._____

Relationship_____

SS#_____

Present Address_____

Street_____

City_____

State_____

Zip Code_____

Former Address_____

Street_____

City_____

State_____

Zip Code_____

Present Phone Residence _____

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? (e.g. - unit for mobility impaired- unit for visually impaired- unit for hearing impaired- grab bars)

Check One: ☐ YES ☐ NO If yes - you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY & EMPLOYMENT:

☐ Own: Date of Current Occupancy _____

From:_____ to: _____

\$ _____

Monthly Mortgage Payments

☐ Rent: Date of Current Occupancy _____

Year _____

\$ _____

Monthly Rental Payments

Address _____

Present Landlord Name _____

Address _____

Phone _____

Address _____

Former Landlord Name _____

Address _____

Phone _____

Currently employed by _____

Occupation _____

Address _____

Length of Employment _____

Supervisor _____

Phone _____

Annual Gross Salary _____

Other (Comm/Bonus) _____

Other Source of Income (i.e.- social security- retirement fund- disability- workman'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 _____

BANKING INFORMATION

Bank- Checking Account_____

Branch Address _____

Checking Acct. No. _____

Bank- Savings Account _____

Branch Address _____

Savings Acct. No. _____

Bank- Cert of Dep. _____

Branch Address _____

C.D. Acct. No. _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy on (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.

The 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

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

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/or other agencies, both public and private that have relevant information on my credit and criminal history. I am aware that information received by Winn Management through this credit and criminal check will be used, in part, in determining 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 name(s) and telephone numbers/addresses of any and all agencies supplying such information together with a summary of my rights under the Federal Fair Credit Reporting Act.

Applicant Signature _____ Date _____

Name (printed) _____ Date of Birth _____

Social Security Number _____