

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

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 paper form.



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

**Winn Residential
Cottage Brook Apartments
c/o HousingWorks
P.O. Box 231104
Boston, MA 02123-1104**

or, Mail to address at left. Do not fax!

Suggestion: use a #10
Double-Window Envelope

Date Generated:

Fold Here _____

Cottage Brook Apartments has SUBSIDIZED (30% AMI) Units and AFFORDABLE 60% AMI Tax Credit Units.

Subsidized (30% AMI) = you pay a percentage of your income as rent. Tax Credit (60%) Waitlists = you pay a fixed rent.

Household Makeup (include Head of Household): ← # Adults ← # Children ← Total # in Household
Annual Income:

Do you have a voucher? No Section 8 MRVP AHVP VASH or other

Select the Bedroom Size you want in the field at right (no more than 2 per room)

- ← 1 Bedroom - includes some wheelchair units
- ← 2 Bedroom - includes some wheelchair units
- ← 3 Bedroom - includes some wheelchair units
- ← 4 Bedroom - includes some wheelchair units
- ← 5 Bedroom - no wheelchair units
- ← 6 Bedroom - no wheelchair units

← Yes ← No Did you answer every question (above)?
← Yes ← No Do you understand that you must answer every question on every page of this application
no matter how many times it is asked? ***We will reject or discard your application if you fail to do so.***

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

Name and Address of Assisting Social Service Agency (or mark "N/A"):

Date/Time Stamp (the property manager will enter this):

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

Enter the complete SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

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:

← # Adults

← # Children

← Total # in Household

\$.00

DOCUMENTED DISABILITY?

☐ 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:

BLUE 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:

