

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ 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 \_\_\_\_\_

## Lottery Application

Residences at Fairmount Station  
Affordable Rental  
Preliminary Lottery Application

Please see Application Instruction sheet

FOR INCLUSION IN THE LOTTERY  
COMPLETED APPLICATION MUST BE POSTMARKED  
NO LATER THAN SEPTEMBER 3<sup>RD</sup>, 2018  
Application may be mailed to:

Riley House / RAFS Lottery  
39 Maple Street  
Hyde Park, MA 02136

Management use only:

Date/Time Rcd \_\_\_\_\_

Application # \_\_\_\_\_

Lottery # \_\_\_\_\_

Applying for: Studio ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐

**HANDICAPPED ADAPTED:** If you or a member of your household need or prefer a unit with special design features, please check appropriate box:

Mobility ☐ Vision ☐ Hearing ☐ Other ☐ Please specify: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Income Verification** (including investment income. Income must be reported for all household members over 18.) Total gross income: Includes income from all sources such as employment, investments, social security, child support and alimony, etc.

	Household Member	Relationship	Date of Birth	Gross Annual Income	Source of Income	Value of Assets	Full Time Student Yes / No
1	Self						
2							
3							
4							
5							
6							



### Home Ownership

Do you currently own your own home?

Yes ☐ No ☐

### Rental Assistance

Do you have rental assistance such as; Section 8 Mobile Voucher or MRVP (Massachusetts Rental Voucher Program)

Yes ☐ No ☐

### Preference(s), please check applicable box

1. Are you seeking preference as a current resident of the City of Boston?  
If yes, attach proof of residency (lease, utility bill, car registration, etc.) Yes ☐ No ☐
2. Are you seeking preference as a Municipal Employees of the City of Boston, such as teachers, janitors, firefighters, police officers, librarians, or town hall employees?  
If yes, attach proof of employment ((pay stubs, letter from employer, etc.). Yes ☐ No ☐
3. Are you seeking preference as a current employee of a local business located in the City of Boston?  
If yes, attach proof of employment (pay stubs, letter from employer, etc.). Yes ☐ No ☐
4. Are you seeking preference as an applicant who has been hired to work in the City of Boston?  
If yes, attach proof of employment offer (letter from employer, Bona Fide Offer Letter, etc.). Yes ☐ No ☐

### EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

#### RACE OR NATIONAL ORIGIN (your response to this section is voluntary)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> Native American or Alaskan Native   | <input type="checkbox"/> Black/African American |
|  | <input type="checkbox"/> Asian                               | <input type="checkbox"/> White/Non-Minority     |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other                  |

I understand and grant permission for all the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

#### Please Read each item below carefully before you sign.

1. I hereby certify that the information provided in this Lottery Rank application is correct to the best of my knowledge.
2. I understand that this is a Lottery Rank application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.
3. I understand that I may submit only one application per household and that duplicate household applications will disqualify my household from the lottery.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



## Lottery Rental Application Instructions

### **Please read this notice in full before completing your application.**

Additional information and applications are available by calling Maloney Properties, Inc. at 617.364.4388.

#### **Eligibility Criteria**

1. Your total household income and assets must be within the required limits.  
Include as income: income of all household members 18 years of age and older, include gross income from employment (including overtime, bonuses and commissions), pensions, annuities, dividends, interest on assets, social security, social security supplement, alimony and child support, veterans' benefits, unemployment and disability compensation, welfare assistance, regular gifts, etc.  
Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property, etc. (do not include automobile(s) and other personal property).
2. Divestment of assets within one year of application for less than full value and fair cash value will be counted for imputation of income at full and fair value.
3. If claiming a Local Preference your Lottery Application must include verification of the Preference.
4. Your household size and composition must be appropriate for the unit size.
5. You must be credit-worthy, have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or assets equal to at least two years of rent.
6. You have not committed any fraud in connection with any federal or state housing assistance program, and not owe rent or other amounts in connection with housing assistance.
7. You intend to reside in the development as your primary residence.
8. Note: Individuals with a financial interest in the development and their families are not eligible to apply.

#### **Application Process**

1. You must fill out the application completely and return postmarked no later than **SEPTEMBER 3<sup>RD</sup>, 2018** to Maloney Properties.
2. If unsigned or incomplete, your Lottery Rental Application will be rejected.
3. Information provided on this Lottery Rental Application will be treated as confidential.
4. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
5. Your household can file only one application, and no household member can appear on more than one application.
6. Lottery Rental Applications will be reviewed as quickly as possible. You will be notified by mail of receipt of your application, your application number, and your eligibility for the rental housing lottery.
7. The lottery consists of a computer algorithm blind randomization of the applicant identification numbers. The order in which your number is randomized, plus your preference category, if any, determines your ranking for a particular unit type.
8. Priority for the accessible units will be for families which require physical accommodations.
9. If your Lottery Rental Application indicates that you have a high likelihood of being offered a unit, you will be required to attend an interview and complete a Rental Application.
10. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
11. The Lottery will be held TO BE DETERMINED. All Applicants are encouraged, but not required, to attend the Lottery drawing.
12. For more information please call 617.364.4388.

*It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law*

