

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 \_\_\_\_\_

## The Village at Brookline Application Form

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

**SITE NAME:** The Village at Brookline **PRELIMINARY RENTAL APPLICATION**

### Equal Housing Opportunity

Address: 77 Village Way

Please print and fill in ALL Information.

City, State: Brookline, MA 02445

Phone #: 617-731-6020

Fax #: 617-738-5951

TDD: 800-439-2370

Date \_\_\_\_\_

## APPLICATION FOR ADMISSION

**Note:** Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

Mailing Address \_\_\_\_\_  
(if different) street city state zip

**Race:** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Black(not of Hispanic origin)

☐ Hispanic

☐ White(not of Hispanic origin)

**Note:** Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

### SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR 5BR 6BR

☐ ☐ ☐ ☐ ☐ ☐ ☐

### UNIT TYPE REQUESTED:

☐ Market Rent ☐ Wheelchair Adapted Unit

☐ Basic Rent ☐ Yes ☐ No

☐ Low Rent ☐ Hearing/Visual Adapted Unit

☐ Yes ☐ No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_



Present housing cost per month \$ \_\_\_\_\_ Including utilities? [ ] Yes [ ] No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? via the HousingWorks.net website

### FAMILY COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

| FULL NAME OF<br>EACH PERSON<br>IN HOUSEHOLD    | RELATIONSHIP<br>TO HEAD<br>OF HOUSEHOLD | AGE   | SEX   | SOCIAL<br>SECURITY<br>NUMBER | FULL TIME<br>STUDENT<br>(circle one) |
|--|---|-------|-------|------------------------------|--------------------------------------|
| 1. _____                                       | Head of Household                       | _____ | _____ | _____                        | Yes No                               |
| Birth date (for head of household only): _____ |   |       |       |                              |                                      |
| 2 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |
| 3 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |
| 4 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |
| 5 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |
| 6 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |
| 7 _____  | _____                                   | _____ | _____ | _____                        | Yes No                               |

### REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_ If yes, list the household members and type of assistance being received.

| Household Member | Type of Housing Assistance | Location |
|------------------|----------------------------|----------|
| _____            | _____                      | _____    |
| _____            | _____                      | _____    |
| _____            | _____                      | _____    |

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references, They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

Member # \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly

### OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

| Household Member | Type of Income | Gross Earnings<br>(Before Taxes) |
|------------------|----------------|----------------------------------|
| _____            | _____          | _____ per _____                  |
| _____            | _____          | _____ per _____                  |
| _____            | _____          | _____ per _____                  |
|                  |                | (week, month, year)              |

### INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

| Household Member | Type of Asset | Gross Earnings<br>(Before Taxes) |
|------------------|---------------|----------------------------------|
| _____            | _____         | _____ per _____                  |
| _____            | _____         | _____ per _____                  |
| _____            | _____         | _____ per _____                  |
|                  |               | (week, month, year)              |

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_
2. Does your present apartment contain health code violations? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe:  
\_\_\_\_\_
3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe: \_\_\_\_\_
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_  
\_\_\_\_\_

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a consumer credit report and a **Criminal Offenders Record Information (CORI)** report or other criminal background check may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant      Date

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

\_\_\_\_\_  
Date

*WinnResidential, acting as management agent for The Village at Brookline (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.*

