

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

**WAITLIST ADMINISTRATOR: DISCARD THIS COVER PAGE UPON RECEIPT**  
It is a cover designed for persons needing help mailing this application.

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ This waitlist is closed. The only waitlists open at present are:

\_\_\_\_\_  
\_\_\_\_\_

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator *optional* \_\_\_\_\_

Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

# FINCH

## CAMBRIDGE

675 Concord Avenue, Cambridge, MA 02138

**CURRENTLY ACCEPTING APPLICATIONS FOR  
One, Two and Three Bedroom Apartments**  
**Handicap Accessible and Sensory Impaired Accessible apartments are also available**

Application period is October 15<sup>th</sup>, 2019 – December 15<sup>th</sup>, 2019 with a  
randomized lottery taking place in early 2020  
The postmark deadline is December 15<sup>th</sup>.

*Located in the Alewife neighborhood, across from Fresh Pond.  
Convenient access to public transportation.*

**Property Amenities Include:**

- Heat/Hot Water Included
- High Efficiency Building (Passive House)
- On-Site Laundry Room
- Elevator Access
- Off Street Parking
- Community Room and Kitchen
- Rooftop Terrace
- On-Site Management Staff
- 24-hour Emergency Maintenance
- Secure Bike Storage

***Finch Cambridge is a smoke-free development***

Paper applications may be obtained from and mailed/submitted to:  
**Winn Residential 810 Memorial Drive, Suite 101, MA 02139**  
Office Open: Monday – Friday 8:30AM-4:00PM

**Household Asset/Income limit restrictions apply:**

<b><u>Household Size</u></b>	<b><u>30% Max Income</u></b>	<b><u>60%Max Income</u></b>	<b><u>80%Max Income</u></b>	<b><u>100%Max Income</u></b>
1 Person	\$24,900	\$49,800	\$63,450	\$79,310
2 Persons	\$28,450	\$56,880	\$72,500	\$90,640
3 Persons	\$32,000	\$64,020	\$81,600	\$101,970
4 Persons	\$35,550	\$71,800	\$90,650	\$113,300
5 Persons	\$38,400	\$76,800	\$97,900	\$122,370
6 Persons	\$41,250	\$82,500	\$105,150	\$131,420

## **Section 8 Voucher Holders Welcome**

For requests for Reasonable Accommodations regarding the application process or to request an application by mail:  
Contact (617) 430-4700.

Translation assistance is available.

**Finch Cambridge** is an equal housing opportunity development



Professionally Managed by WinnResidential



# RENTAL APPLICATION

## Finch Cambridge

Please Print-DO NOT DUPLICATE THIS APPLICATION/ VOID IF DUPLICATED

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

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#

Present Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Phone Number \_\_\_\_\_

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:

<input type="checkbox"/> Own: Dates of Current Occupancy	From: _____ to: <b>Present Time</b>	\$ _____
	Month Year Month Year	Monthly Mortgage Payments
<input type="checkbox"/> Rent: Dates of Current Occupancy	From: _____ to: <b>Present Time</b>	\$ _____
	Month Year Month Year	Monthly Rental Payments
<input type="checkbox"/> Rent: Dates of Previous Occupancy	From: _____ to: _____	\$ _____
	Month Year Month Year	Monthly Rental Payments

If Rents \_\_\_\_\_  
 \_\_\_\_\_ Present Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If Rents \_\_\_\_\_  
 \_\_\_\_\_ 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: N/A (\$0)

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.

# FINCH

## CAMBRIDGE

You must answer every question on this application: respond to questions that are not applicable by writing "N/A".

**Incomplete applications may be returned or discarded.**

Your Name: \_\_\_\_\_

Long-Term Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### MAIL Completed Application to:

Winn Residential-Mgmt Office  
810 Memorial Drive, Suite 101  
Cambridge, MA 02139  
617-430-4700

What unit size are you seeking? \_\_\_\_\_BR

☐ YES ☐ NO Do you need a wheelchair accessible unit (or a "no-steps" unit)?

☐ YES ☐ NO Do you need a hearing or sensory impaired unit?

☐ YES ☐ NO Do you need reasonable accommodations during the application period or tenancy?

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

☐ YES ☐ NO Do any other members of your household have any sources of income?

If yes, please explain; \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Statistical Purposes Only:

**Do you have a Section 8 voucher or some other form of regular rental assistance?**

☐ YES ☐ NO

### 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



## Current Housing Condition

1. Are you currently homeless and seeking a preference as a homeless household?

☐ Yes ☐ No

If yes:

A) Were you displaced by natural forces (fire, earthquake, flood, etc.)? ☐ Yes ☐ No

B) Homelessness due to Displacement by Public Action (Urban Renewal)? ☐ Yes ☐ No

C) Homelessness due to Displacement by Public Action (Sanitary Code Violations)? ☐ Yes ☐ No

D) Homelessness due to involuntary displacement by domestic violence? ☐ Yes ☐ No

I/ We hereby certify that the information furnished is true and complete, to the best of my/our knowledge and belief.

*Signed under the pains and penalties of perjury.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## NOTICE OF NON-DISCRIMINATION

It is the policy and intention of Finch Cambridge to comply in all of its policies and procedures affecting all of its programs and activities, including employment and housing with all federal, state and local regulations prohibiting discrimination on the basis of race, ethnicity, religion, color, national origin, age, sex, familial status, source of income, sexual orientation, disability, marital status, ancestry, medical condition, or military status.

If you have a documented physical, mental or developmental impairment that substantially limits one or more major life activities; have a record of such impairment; or are regarded as having such impairment, Finch Cambridge would like to know what your special needs are so they can be readily addressed. Please notify Finch Cambridge of your special needs, if any, at the time of your interview for eligibility.

It is the policy of Finch Cambridge to provide reasonable accommodations to those persons with disabilities so that they can participate in its housing programs. To request a reasonable accommodation, you may contact Winn Residential Management Office, in writing at the office located at 810 Memorial Drive, Cambridge, MA 02139 or by telephone at 617-430-4700 (voicemail service).

This Agency will not directly or through contractual, licensing or other arrangements permit or engage in discrimination in admission or access to, or treatment or employment in its federally assisted programs and activities.

**This is an important document. If you require interpretation, please call the telephone number below or come to our offices.**

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ**

**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomentu muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone No.: 617-430-4700