

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG
FORMAT, please email, mail, or fax the form below to
HousingWorks. Include this page so we know who the
application is from! We will update our system, so the changed
status of your waitlists will reach thousands of applicants and
their housing advocates. Also, you will boost your Fair Housing
and ADA compliance exponentially!

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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

REQUESTED ACCOMMODATIONS: Do you need any of these? ☒ = **X** ☐ I don't need any of the accommodations listed below

<input type="checkbox"/> Fully Accessible Wheelchair Unit	<input type="checkbox"/> Bathroom modifications	<input type="checkbox"/> Vision Impaired Unit	<input type="checkbox"/> Need an Interpreter
<input type="checkbox"/> No-Steps unit (elevator to any floor)	<input type="checkbox"/> Hearing Impaired Unit		<input type="checkbox"/> Domestic Violence Victim
<input type="checkbox"/> First-Floor unit only	<input type="checkbox"/> Unit designed for Environmental Allergies		<input type="checkbox"/> 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:			ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults	← # Children	← Total # in Household	\$.00	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
				<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone	

BEST EMAIL ADDRESS:

BEST 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:



CARTER SCHOOL APARTMENTS

A NEWLY RESTORED HISTORIC BUILDING

AFFORDABLE RENTAL APARTMENTS

261 West Street, Leominster MA 01453

39 APARTMENTS – 1 BEDROOMS, 2 BEDROOMS, AND 3 BEDROOMS

60% Rent Restrictions Apply – Maximum Income by Household Size (Held Harmless to 2015 Income Limits)

Household Size	1	2	3	4
Income Limit	44,580	50,940	57,300	63,660

Bedrooms	1	2	3	4
Rents	\$1,103*	\$1,311*	N/A	N/A

Effective on 05/15/23 *Subject to change

30% Rent Restrictions Apply – Maximum Income By Household Size

Household Size	1	2	3	4	5	6
Income Limit	22,290	25,470	28,650	31,830	34,380	36,930

Bedrooms	1	2	3
Rents	MRVP/PBV	MRVP/PBV	MRVP/PBV

**Rents based on 30% of adjusted income. As of 05/15/23

HOME Program Maximum Income By Household Size

Household Size	1	2	3	4	5	6
Low HOME Income Limit	37,150	42,450	47,750	53,050	57,300	61,550

Effective on 06/15/23 *Subject to change

Applications Available Now

Request an Application: Carter School Apartments
261 West Street
Leominster, MA 01453

Phone Number: 978-707-4200

Fax Number: 978-334-0515

Email: CarterSchool@WingateCompanies.com

Wingate Management LLC do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their program or employment, or in its programs, activities, functions or services.





WINGATE MANAGEMENT COMPANY LLC

470 Main Street

T 978.400.0164 • F 978.334.0515

www.WingateCompanies.com

Documents Requested With Application

(Without this documentation, application is considered incomplete)

Dear Applicant (s):

In order for us to determine your eligibility when you get near to the top 10 in the waitlist, it is requested that you bring these documents:

1. Income Information: Social Security Income Award letter, Employment (9 consecutive pay stubs), Pension, child support court agreement, etc.
2. Proof of age: **Birth Certificate; Baptismal Certificate; Military Discharge papers; Valid passport; Census document showing age; Naturalization certificate; Social Security Benefits printout**
3. Government Issued Photo ID- all adults over 18 yrs. old.
4. Alien Registration Card *(if applicable)*
5. Social Security Card of all household members
6. Verification of assets-all bank accounts information, 401K, life insurance, etc.
7. Verification of disability - **letter from healthcare provider (if applicable)**
8. Current lease-Landlord's name, address, and telephone number. 5 years history required
9. Most recent Rent receipts for at least 6 months

It is important that you provide this information with your application. ***Income and assets information might need to be updated depending on application date and the time the application has been processed.***

If you have any questions, please call the management office at 978-400-0164 or email me at FitchburgLeasing@wingatecompanies.com

Sincerely,

Pokasta Maria Guedes

Assistant Property Manager-COS/C3P

FitchburgLeasing@wingatecompanies.com

Wingate Companies

Wingate Management Company, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person listed below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988). Contact: Site Manager





WINGATE MANAGEMENT COMPANY LLC

470 Main Street

T 978.400.0164 • F 978.334.0515
www.WingateCompanies.com

Documentos Requeridos con la Aplicación

(Sin esta documentación, su aplicación es considerada incompleta)

Estimado (s) solicitante (s):

Para que podamos determinar su elegibilidad cuando llegue cerca de los 10 primeros en la lista de espera, se le pide que traiga estos documentos:

1. Información sobre Ingresos: Carta de Ingreso del Seguro Social, Empleo (9 recortes de cheques consecutivos/talonarios de pago), Pensión, acuerdo de manutención de menores, etc.
2. Prueba de edad: **Acta de Nacimiento; Certificado bautismal; Papeles de descarga militar; Pasaporte válido; Documento censal que muestra la edad; Certificado de Naturalización; Impresión de los beneficios del seguro social.**
3. Identificación con foto emitida por el gobierno - todos los adultos mayores de 18 años.
4. Tarjeta de Registro de Extranjero/ Residencia (si corresponde)
5. Tarjeta de Seguro Social de todos los miembros del hogar
6. Verificación de activos: toda la información de cuentas bancarias, 401K, seguro de vida, etc.
7. Verificación de discapacidad - **carta del proveedor de atención médica (si corresponde)**
8. Contrato de arrendamiento actual: nombre, dirección y número de teléfono del propietario. 5 años de historia de residencia.
9. Recibos de renta por al menos 6 meses recientes.

Es importante que proporcione esta información con su aplicación. **Es posible que sea necesario actualizar la información sobre los ingresos y los activos en función de la fecha de solicitud y del momento en que se ha procesado la solicitud.**

Si tiene alguna pregunta, llame a la oficina de administración al 978-400-0164 o envíeme un correo electrónico a FitchburgLeasing@wingatecompanies.com.

Sinceramente,

Pokasta Maria Guedes

Assistant Property Manager-COS/C3P

FitchburgLeasing@wingatecompanies.com

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FOR OFFICE USE ONLY

DATE/ TIME REC'D:

NO. OF BDRMS:

INCOME:

LOTTERY NO:

APPLICATION FOR HOUSING

MANAGEMENT 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. IN ADDITION, IF YOU NEED THIS APPLICATION TRANSLATED INTO A LANGUAGE, OTHER THAN ENGLISH, OR SOME OTHER ASSISTANCE COMPLETING THE APPLICATION MANAGEMENT WILL PROVIDE YOU THE REQUESTED INFORMATION FREE OF CHARGE.

Please Print Clearly

This is an application for Housing at:	<input type="checkbox"/> Water Mill Apartments- 142 Water Street, Leominster MA 01453
	<input type="checkbox"/> Carter School Apartments- 261 West Street, Leominster MA 01453
	<input type="checkbox"/> NewVue Affordable Housing Corporation- 470 Main Street, Fitchburg MA 01420
Please complete this application and return to:	Name: WINGATE MANAGEMENT LLC - 470 Main Street, Fitchburg MA 01420
	Phones: 978-400-0164 (MAIN OFFICE). 978-334-0515 (FAX) 978-840-1420 Water Mill 978-707-4200 Carter School
	Emails: WaterMill@WingateCompanies.com; CarterSchool@WingateCompanies.com; FitchburgLeasing@WingateCompanies.com

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apartment #

City State ZIP

Home Phone: _____ Cell Phone: _____

Other Phone: _____ EMAIL: _____



Application

Page 1 of 11



Amount of current monthly rental or mortgage payment: \$ _____

Do you have a Section 8 Voucher? ☐ Yes ☐ No

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Three BR ☐ Four BR

☐ Wheelchair accessible ☐ Visual/Hearing Impairments

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:

Briefly describe your reasons for applying:

How did you hear about our property?:

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Application



Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her children who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	Yes	No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	Yes	No



C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF (aka: Welfare/Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Application



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$

Application



	Child Support	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	Yes	No
Is any member of the household legally entitled to receive income assistance?	Yes	No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 (etc.)?	Yes	No
If yes to any of the above, explain:		
Is the income received?	Yes	No

D. ASSETS			
If your assets are too numerous to list here, please request an additional form.			
If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401K	#	Bank	Balance \$
	#	Bank	Balance \$
Retirement Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$

Application



Life Insurance Policy #			Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>		Yes	No
<i>If yes</i> , Type of property			
Location of property			
Appraised Market Value		\$	
Mortgage or outstanding loans balance due		\$	
Amount of annual insurance premium		\$	
Amount of most recent tax bill		\$	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?		Yes	No
<i>If yes</i> , describe:			
Do they have access to the asset(s)?		Yes	No

Have you sold/dispensed of any property in the last 2 years?		Yes	No
<i>If yes</i> , Type of property:			
Market value when sold/dispensed		\$	
Amount sold/dispensed for		\$	
Date of transaction:			

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		Yes	No
<i>If yes</i> , describe the asset:			
Date of disposition:			
Amount disposed		\$	

Application



Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	LL's Address:	
	Bus. Phone:	
	Fax/Email:	
	How Long?	
Prior Landlord	Name:	
	LL's Address:	
	Bus. Phone:	
	Fax/Email:	
	How Long?	
Prior Landlord	Name:	
	LL's Address:	
	Bus. Phone:	
	Fax/Email:	
	How Long?	

Application



Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify (1):	
Address:	
Relationship:	Phone #:
In case of emergency notify (2):	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	



CERTIFICATION

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by development's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand inquiries may be made to verify the statements herein. All information is regarded as confidential in nature and a consumer credit and criminal background report will also be requested. I/We certify the I/We understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities which is attached to this application.

This application is signed under the pains and penalties of perjury.

(Application must be signed by all household members 18 years of age or older)

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

Wingate Management LLC do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their program or employment, or in its programs, activities, functions or services.

FOR OFFICE USE ONLY:

Water Mill Apts	1/2/3/4 BDS	<input type="checkbox"/>
Carter School Apts	1/2/3 BDS	<input type="checkbox"/>
128 Fairmount Street	1/2/3 BDS	<input type="checkbox"/>
42 Clarendon Street	3 Bedrooms	<input type="checkbox"/>
105 Plymouth Street	2 Bedrooms	<input type="checkbox"/>
143 Marshall Street	2 Bedrooms	<input type="checkbox"/>
30 Summer Street	2 Bedrooms	<input type="checkbox"/>
50-62 Prichard Street	2/3 Bedrooms	<input type="checkbox"/>
186 Prichard Street	2 Bedrooms	<input type="checkbox"/>
69 Academy Street	1/2 Bedrooms	<input type="checkbox"/>
470 Main Street	1/2 Bedrooms	<input type="checkbox"/>

Application



Wingate Management LLC

470 Main Street
Fitchburg MA 01420
(978) 400-0164

Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies in how we do things that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair to some other part of the housing site that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and have an equal opportunity to enjoy the housing and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information.

You can ask for this kind of change, which is called REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable, (defined as not an undue financial and administrative burden or fundamental change to the nature of the program) we will try to make the change you requested.

We will give you an answer within fifteen days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

Management reserves the right to make the final decision on all factors related to the situation. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other manner, we will help you.

For a REASONABLE ACCOMMODATION REQUEST FORM, please contact management at 978-400-0164, come to the Management office or email at FitchburgLeasing@wingatecompanies.com.

Wingate Management LLC do not discriminate on the basis of race, color, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy in the access or admission to their program or employment, or in its programs, activities, functions or services.

Application

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WINGATE

WINGATE MANAGEMENT COMPANY LLC

470 Main Street
Fitchburg MA 01420

T 978.400.0164 • F 978.334.0515
www.WingateApartmentHomes.com

CONSENT FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I/We, the undersigned below, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application or recertification. I/we authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Departments' service provider.

INFORMATION COVERED

I/We understand previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies
Veterans Administration	Child Support and Alimony Providers
Educational Institutions	Retirement Systems
State Unemployment Agencies	Medical and Child Care Providers
Previous Landlords (including Public Housing Agencies)	
Banks and other Financial Institutions	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years of age and older must signed this form.

SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date

Wingate Management Company, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person listed below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988). Contact: Site Manager





This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំពូកដ៏សំខាន់ ព្រមទាំងសំខាន់បំផុត

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community
Development Resident Notice and Consent Form for
State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other (specify) _____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? _____

5) What is the number of children under 6 years of age in the household that reside in the unit?

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խնդրում ենք նշում կատարել այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish