

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:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also 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](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 Stamp – for Office Use Only*

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

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

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:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$ .00 ☐ 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:

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: \_\_\_\_\_





WINGATE

WATER MILL APARTMENTS

142 Water Street  
Leominster, MA 01453

T 978.840.1420 • F 978.334.0515  
www.WingateCompanies.com

Dear Applicant:

Thank you for your interest in the Water Mill Apartments, Leominster's newest affordable apartment community.

The decision has been made for this property to be smoke free, including all apartments. A smoke free property will help to protect the health of the residents and their families. To the applicants who smoke, you are welcome to apply, as long as you refrain from smoking at the Water Mill Apartments.

As part of our healthy living community, we are also providing indoor bike racks for residents to promote an active lifestyle

In keeping with our environmentally friendly living, we regret that pets are not allowed.

We look forward to providing you with a comfortable, affordable apartment opportunity for you and your family.

Should you have any questions or require additional information, please contact the rental office at (978) 840-1420 or [watermill@wingatecompanies.com](mailto:watermill@wingatecompanies.com).

We look forward to hearing from you!

*Pokasta Maria Guedes*  
Assistant Property Manager-COS/C3P

Attachments Included

\*\*\*\*\*

Querido solicitante:

Gracias por su interés en los Water Mill Apartments, la más nueva comunidad de viviendas accesibles de Leominster.

La decisión se ha hecho para que esta propiedad sea libre de humo, incluyendo todos los apartamentos. Una propiedad libre de humo ayudará a proteger la salud de los residentes y sus familias. Para los solicitantes que fuman, se le invitó a aplicar, siempre y cuando se abstenga de fumar en el Water Mill Apartments.

Como parte de nuestra comunidad de vida saludable, también estamos proporcionando portabicicletas para los residentes, para promover un estilo de vida activo.

De acuerdo con nuestra vida respetuosa del medio ambiente, lamentamos que las mascotas no están permitidas.

Esperamos poder ofrecerle una oportunidad de apartamento confortable y asequible para usted y su familia.

Si tiene alguna pregunta o necesita información adicional, comuníquese con la oficina de alquiler al (978) 840-1420 o [watermill@wingatecompanies.com](mailto:watermill@wingatecompanies.com).

¡Esperamos con interés escuchar de usted!

*Pokasta Maria Guedes*  
Asistente de Gerencia-COS / C3P

Documentos Adjuntos



# WATER MILL APARTMENTS

A NEWLY RESTORED HISTORIC BUILDING

## AFFORDABLE RENTAL APARTMENTS

142 Water Street, Leominster MA 01453

40 APARTMENTS – 1 BEDROOMS, 2 BEDROOMS, 3 BEDROOMS AND 4 BEDROOMS

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

Household Size	1	2	3	4
Income Limit	42,120	48,120	54,120	60,120

Bedrooms	1	2	3	4
Rents	\$900*	\$1,024*	N/A	N/A

Effective on 04/18/22 \*Subject to change

### 30% Rent Restrictions Apply – Maximum Income By Household Size

Household Size	1	2	3	4	5	6	7	8
Income Limit	21,060	24,060	27,060	30,060	32,490	34,890	37,290	29,690

Bedrooms	1	2	3	4
Rents	N/A	PBVP**	PBVP**	PBVP**

\*\*Rents based on 30% of adjusted income. As of 04/01/22

### HOME Program Maximum Income By Household Size

Household Size	1	2	3	4	5	6
Low HOME Income Limit	35,100	40,100	45,100	50,100	54,150	58,150

Household Size	1	2	3	4	5	6
High HOME Income Limit	56,150	64,150	72,150	80,150	86,600	93,000

Effective on 06/01/22 \*Subject to change

## Applications Available Now

**Request an Application:** Water Mill Apartments  
142 Water Street  
Leominster, MA 01453

**Phone Number:** 978-840-1420

**Fax Number:** 978-334-0515

**Email:** [WaterMill@WingateCompanies.com](mailto:WaterMill@WingateCompanies.com)

*Water Mill Apartments and 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.*







WATER MILL APARTMENTS

142 Water Street  
Leominster, MA 01453

T 978.840.1420 • 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 (8 pay stubs/2 months' worth), 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. 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 978-840-1420 or email me at [watermill@wingatecompanies.com](mailto:watermill@wingatecompanies.com)

Sincerely,

*Fokasta Maria Guedes*

Assistant Property Manager-COS/C3P

[yguedes@wingatecompanies.com](mailto:yguedes@wingatecompanies.com)

Wingate Companies





WATER MILL APARTMENTS

142 Water Street  
Leominster, MA 01453

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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 (8 recortes de cheques/talonarios de pago / 2 meses), 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 978-840-1420 o envíeme un correo electrónico a [watermill@wingatecompanies.com](mailto:watermill@wingatecompanies.com).

Sinceramente,

*Fokasta Maria Guedes*  
Assistant Property Manager-COS/C3P  
[yguedes@wingatecompanies.com](mailto:yguedes@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



<b><u>FOR OFFICE USE ONLY</u></b>
<b>DATE/ TIME REC'D:</b>
<b>NO. OF BDRMS:</b>
<b>INCOME:</b>
<b>LOTTERY NO:</b>

## **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:	<b>Project: WATER MILL APARTMENTS</b>
	<b>Address: 142 WATER STREET</b>
	<b>LEOMINSTER, MA 01453</b>
Please complete this application and return to:	<b>Name: WATER MILL APARTMENTS</b>
	<b>Address: 142 WATER STREET</b>
	<b>LEOMINSTER, MA 01453</b>
	<b>978-840-1420 (OFFICE) 978-334-0515 (FAX) WaterMill@WingateCompanies.com</b>

### **A. GENERAL INFORMATION**

**Applicant Name(s):** \_\_\_\_\_

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

Street                      Apartment #

City                      State                      ZIP

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

<b>Other Phone:</b> _____	<b>EMAIL:</b> _____
---------------------------	---------------------



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?:**

via the HousingWorks.net website

### 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?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	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?	Yes	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 Dependant 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	\$

Application

Page 4 of 11



	Scheduled Payments from Investments	\$
--	-------------------------------------	----

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer Name: Supervisor Name: Employer Address	
	Phone: Fax: Email:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	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



	<b>Child Support</b>	
	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.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$
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
<b>If yes to any of the above, explain:</b>		
Is the income received?	Yes	No

<b>D. ASSETS</b>			
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, Type of property</i>		
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, describe:</i>		
Do they have access to the asset(s)?	Yes	No

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

Application





Date of disposition:	
Amount disposed	\$

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:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	LL's Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	



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

*Water Mill Apartments and 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

Page 10 of 11



# WATER MILL APARTMENTS

142 Water Street  
Leominster, MA 01453  
(978) 840-1420

## 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 a 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 978-840-1420, come to the Management office or email at [WaterMill@wingatecompanies.com](mailto:WaterMill@wingatecompanies.com).

Water Mill Apartments and 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





## WATER MILL APARTMENTS

142 Water Street  
Leominster, MA 01453

T 978.840.1420 • 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

Veterans Administration

Educational Institutions

State Unemployment Agencies

Previous Landlords (including Public Housing Agencies)

Banks and other Financial Institutions

Welfare Agencies

Child Support and Alimony Providers

Retirement Systems

Medical and Child Care Providers

#### 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





☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խոսողո՞ւմ ե՞սք հնչող՞ կատարե՞ք այս քառակուսում,  
եթե խոսում կամ կարողում եք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

ឈ្មោះអ្នកក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.

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"/>	ให้กาเครื่องหมายลงในช่องดำฟานถ่านหรือทุกภาษาไทย.	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