

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.

THIS SECTION IS 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

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

Enter the last four digits of your SSN or ITIN

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

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:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ 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: _____



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.

ENTERPRISE CENTER

~~CENTRE 50~~
~~50 Centre Street~~
~~Brockton, MA~~

ENSŌ Flats X
50 Centre Street
Brockton, MA

PRELIMINARY RENTAL APPLICATION

Phone #: (508) 434-4072

TDD: (800) 545-1833 x945

Fax #: (774) 776-2578

DATE: 5.25.22

How did you hear about us? _____

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. Please do NOT use white out.

Applicant: _____ Tel #: _____ Email: _____

Present Address _____
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)

CHOOSE ONLY ONE SIZE OF APARTMENT:

One Bedroom ☐ Two Bedroom ☐

Do you have a mobile voucher? ☐ Yes ☐ No If Yes, with what housing authority? _____

Sensory Unit Required? ☐ Yes ☐ No

Accessible Unit Required? ☐ Yes ☐ No

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。請將其譯成中文。
នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង



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? If yes, please explain. _____

Present Housing Cost Per Month \$_____ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

<u>FULL NAME OF EACH PERSON IN HOUSEHOLD</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>FULL TIME STUDENT</u>
1 _____	<u>Head of Household</u>	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone: _____

Address _____

Name of Previous Landlord/Official _____ Telephone: _____

Address _____

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 _____



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

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER: Please provide most recent paystub.

Member # _____

Name of Present Employer _____ Telephone: _____

Address _____

Years Employed _____ Position _____ Current Gross Salary \$ _____
Last years gross income _____ [] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone: _____

Address _____

Years Employed _____ Position _____ Current Gross Salary \$ _____
Last years gross income _____ [] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone: _____

Address _____

Years Employed _____ Position _____ Current Gross Salary \$ _____
Last years gross income _____ [] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER: Please provide verification.

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.

<u>Household Member</u>	<u>Type of Income</u>	<u>Gross Earnings (Before Taxes)</u>
_____	_____	_____ 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.

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



OTHER INFORMATION:

Are you claiming an artist preference? ☐ Yes ☐ No

(See explanation of artist attached to this application)

If yes, please explain artist preference: (what kind of artist are you): _____

If yes, please list yearly income from artist preference: _____

Have you, or any adults listed on the application, ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe: _____

Have you ever been evicted or served with a Notice to Quit? ☐ Yes ☐ No

If yes, describe reason(s): _____

Do you own a pet? ☐ Yes ☐ No If yes, please list below: _____

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 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 I/we have received a notice from 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

Other household members

Date

Other household members

Date

Trinity Management LLC 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 its programs or employment, or in its programs, activities, functions or services.



Consent for Release of Information
(For Use with State Subsidized Programs)

Trinity Management LLC.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized Trinity Management LLC to verify the accuracy of the information which I have provided, from the following sources (specify):

I hereby give you my permission to release this information to the Trinity Management LLC, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Trinity Management LLC Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date



RENTAL CRITERIA

Overall Standards

Fair Housing: This community does not discriminate on the basis of race, color, sex, religion, handicap, familial status, sexual orientation, national origin or any other class protected by applicable law.

Occupancy Standards: No more than two people per bedroom may occupy the apartment, unless there are special circumstances approved by Landlord. Infants up to twenty-four (24) months old are not considered for occupancy purposes.

Identification: All visitors and applicants must provide a valid driver's license or other U.S. or state-government issued photo identification in order to view and/or move in to the community. Non-U.S. citizens must provide a valid passport or valid visa.

Application Standards and Process

Application for Residency: An Application for Residency must be completed for each applicant who will be living in the apartment and who has reached the age of majority under state law, which in most states is 18 years or older. Application fees, if applicable, will be collected before an application can be processed.

Investigations Standards: Landlord (or its designates) may conduct an investigation of applicant, including thorough personal interviews with applicant's current and/or prior landlord(s), employer(s), and/or others with whom applicant is acquainted. These inquiries may include information regarding applicant's character, general reputation, personal characteristics, mode of living, credit report, and criminal background. Landlord will attach a summary of applicant's rights under the Fair Credit Reporting Act to applicant's application.

Income History: Except for applicants who receive or who will occupy an apartment unit that receives subsidies or voucher assistance, applicants must have a gross income source that can be verified and meets the minimum income requirements for the apartment being leased which are determined by multiplying the monthly rent by a specified factor of months as determined by the community. Applicants may be required to provide income verification, including but not limited to a pay stub, a letter from an employer, the most recent W2, the most recent tax return and/or certified verification from company accountant or bank. In instances where sufficient income requirements cannot be met, this community may elect to accept pre-paid rent, a co-signer or a guarantor. In instances where sufficient income requirements cannot be met because of the applicant's disability, the community will accept, at the applicant's option, either pre-paid rent, a co-signer or a guarantor if requested by the applicant.

Credit History: *Centre50/Enso Flats* may investigate and verify credit history. Landlord evaluates credit history information with a scoring method that weighs the indicators of future rent payment performance, but Landlord retains the right to reject an application no matter an applicant's ultimate scoring. An unsatisfactory credit report can disqualify an applicant from renting an apartment, including one that reflects past or current bad debts, late payments or unpaid bills, liens, judgments or bankruptcies. If an applicant is rejected for poor credit history, the applicant will be given the name, address and telephone number of the credit reporting agency that provided the credit report but not be told the content of the credit report. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report from the credit reporting agency, correct any erroneous information that may be on the report, and resubmit an application.

Criminal History: Applicants, occupants and co-signers will not be accepted if they do not satisfy the criminal history inquiries required by or background investigation allowed by the residency application. However, Landlord does not guarantee or represent that residents and/or occupants currently residing at the community qualify under the criminal background criteria required by the residency application. *Centre50/Enso maintains* a strict policy prohibiting registered sex offenders from residing within our communities. *This community* reserves the right to investigate lists of registered sex offenders in any manner including online, in newspapers or by contacting state agencies.

Rental History Information regarding payment and rental history of each applicant will be collected to verify tenancy. Landlord reserves the right to reject any applicant who has been previously evicted by a court of law.

Employment History: *Centre50/Enso may* confirm employment and reported salary level.

Co-Signers(s): In the event that a co-signer is required, he/she must complete an Application for Residency and meet the Resident Selection Criteria. A co-signer will be fully responsible for the rent obligations of the Lease Agreement if the occupying resident(s) defaults.

Applicant Signature

Date