

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

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 COMPLETE SSN or ITIN below:

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?

☐ = ☒ 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

\$.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:

BLUE 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:

HOUSINGWORKS

OF CALIFORNIA

Date: _____

PERSONAL

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1. Last First M.I. D.O.B. Applicant SS#

2. Last First M.I. D.O.B. Relationship SS#

3. Last First M.I. D.O.B. Relationship SS#

4. Last First M.I. D.O.B. Relationship SS#

5. Last First M.I. D.O.B. Relationship SS#

6. Last First M.I. D.O.B. Relationship SS#

Present Address

Street City State Zip Code

Former Address

Street City State Zip Code

☐ Own: Date of Current Occupancy From Month Year To: Month Year \$ Monthly Mortgage Payment

☐ Rent: Date of Current Occupancy From Month Year To: Month Year \$ Monthly Rental Payment

☐ Rent: Date of Previous Occupancy From Month Year To: Month Year \$ Monthly Rental Payment

Telephone Number Email Address

Driver's License Number

Number of Autos Reg. No. of Auto #1 Reg. No. of Auto #2

Do you have any pets? ☐ No ☐ Yes # of pets Description

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, etc.)

Check One: ☐ Yes ☐ No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us?

INCOME & ASSETS

Affordable program applicants skip to Supplemental Applicant Questionnaire

<u>Currently employed by</u>		<u>Occupation</u>	
<u>Address</u>			
<u>Length of Employment</u>		<u>Supervisor</u>	<u>Phone</u>
<u>Annual Gross Salary</u>			
Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/child support, investments, etc.)			
<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
<u>Former Employer</u>		<u>Occupation</u>	
<u>Address</u>		<u>Dates of Employment</u>	
<u>Supervisor</u>		<u>Phone</u>	
<u>Bank Account - Type</u>			
<u>Bank Account - Type</u>			
<u>Other - Type</u>			
<u>Other - Type</u>			

APPLICANT'S TERMS

APPLICANT: PLEASE READ CAREFULLY

The Property does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status, gender identity, marital status or national origin.





THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL 617-660-4640 | TTY 617-660-4606 | FAX 617-660-5973
MASS GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

WinnResidential

(Organization)

is registered under the

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing.

As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

WinnResidential

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

WinnResidential

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

PRIORITIES

This section is optional. If you would like your application to be considered for a Priority, please complete the following.

____ Priority A – Homeless due to Displacement by Natural Forces

____ Priority B – Homeless due to Displacement by Public Action (Urban Renewal)

____ Priority C – Homeless due to Displacement by Public Action (Sanitary Code Violations)

____ Priority D – Homeless due to Domestic Violence

Please answer the following questions.

a. Do you currently use illegal drugs without prescription? Yes / No

b. Do you pay your rent on time? Yes / No

c. Have you ever been convicted of a crime? Yes / No

If yes, please indicate the nature and date of conviction(s) _____

I understand that this is a Preliminary Application and that a complete consumer credit report, criminal and eviction inquiry will be made through "The Registry or info Center". We check the Criminal Sex Offenders Registry. This information must be satisfactory according to Redwood Terrace's Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. **WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

Applicant's Signature-Head of Household

Date

Applicant's Signature-CO Head

Date

Other Adult Applicant

Date

Management Office

Date



Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

Head of Household only answer **Yes** or **No** to each of the following questions for the household:

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____
Explanation: _____ |
| _____ | _____ | 2. Are all members of the household full time students? |
| _____ | _____ | 3. Does anyone in the household attend an institute of higher education?
If yes, do they receive financial assistance for tuition?
If yes, name of household member receiving financial assistance for tuition _____ |
| _____ | _____ | 4. Do you or any member of your household have a Section 8 voucher?
If yes, name of Housing Authority _____ |
| _____ | _____ | 5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____ |
| _____ | _____ | 6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____ |

Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

Answer each YES –NO question. For each YES include the gross amount and frequency.

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$

	Worker's Compensation	\$
	AFDC / TANF / Welfare Grant	\$
	Are you entitled to receive alimony?	
	Do you receive alimony? (enter amount)	\$
	Do you have at least 50% custody of your children?	
	Are you entitled to receive child support?	
	Do you receive child support? (enter amount)	\$
	Military Pay	\$
	Net income from a business	\$
	Contributions from anyone outside the household	\$
	Does anyone else in the household have income?	
	Any income from assets?	\$
	Any income from sources not mentioned above?	\$
	Do you anticipate any changes to your income within the next 12 months? If yes, explain:	

Asset Information: List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

1. Are you a Military Veteran? Yes ____ No ____
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?
Yes ____ No ____
3. Do you pay for child care which allows you or another family member to work or to go to school?
Yes ____ No ____
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____

Elderly/Disabled Families Only

4. Do you have disability assistance expenses which allow an adult household member to work?
Yes No
If yes, list type, amount, and name of family member enabled to work _____

5. Do you have Medicare? Yes No

6. Do you participate in the Medicare Prescription Drug Plan? Yes No
If yes, list provider and premium amount _____

7. Do you have any other kind of medical insurance? Yes ____ No

8. Do you have any outstanding medical bills that you are making payments on? Yes No

9. Do you expect to have any medical expenses during the next 12 months not covered by insurance?
Yes No If yes, list type and amount _____

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Date _____



Rental Application Attachment Low Income Housing Tax Credit Program

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever been evicted from rental housing?
Yes _____ No _____
If yes, list where and when below:
2. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes _____ No _____
3. Have you or any member of your household ever been convicted of a felony?
Yes _____ No _____
If yes, please explain:
4. Are you or any member of your household currently abusing alcohol?
Yes _____ No _____
5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes _____ No _____
6. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Other Adult _____

Date _____

Other Adult _____

Date _____

The Resident Journey → The Prospect → Application Processing and Screening
REV 06/14/13

Page 1 of 1





This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sírvase 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。

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង

Этот очень важное сообщение обязательно переведите

Massachusetts Department of Housing and Community
Development Resident Notice and Consent Form

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 privately owned housing with state subsidy or federal subsidy administered by the state). 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 the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and 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

LOFT FIVE 50 PHASE I&2

550 Broadway, Lawrence, MA 01841
loftFive50.com • loftFive50@winnc.com • 978.681.1555

Studio, 1, 2 & 3 Bedroom - Smoke-Free Affordable Apartment Community

Income Qualification Guidelines Accepting Applications for the Waitlist Only

Funding through the LIHTC Program | Income Limits Effective 04/1/2022 - Rents Effective for Period through 03/31/23

Income Limits

30% AMI	Min Income	Max Income
1 person	\$22,183	\$24,180
2 Person	\$22,183	\$27,630
3 person	\$26,640	\$31,080
4 Person	\$26,640	\$34,530
5 Person	\$30,789	\$37,320
6 Person	\$30,789	\$40,080

30% AMI	Rent
1BR	\$551
2 Br	\$648
3 Br	\$738

Note - Phase 1&2 City/ low home default to 30% LIHTC Rent

Income Limits

60%AMI	Min Income	Max Income
1 Person	\$41,451	\$48,360
2 Person	\$ 44,400	\$55,260
3 Person	\$ 53,280	\$62,160
4 Person	\$ 53,280	\$69,060
5 Person	\$61,577	\$74,640
6 Person	\$ 61,577	\$80,160

PH 2 Fixed /

60%AMI	Rent	H Home no S8	PBV w/home
Studio	\$1134	\$965	TBD /CTI
1 Br	\$1,199	\$1,123	TBD /CTI
2Br	\$1,425	\$1,436	TBD /CTI
3 Br	\$1,636	\$1,751	TBD /CTI

Eff / 3/1/22
Utility Allowances
Studio - 75 One BR -96
Two BR -129 Three BR- 160

For all DHCD Home units - please refer to 2022 Home Rent Approval chart - Increases are restricted to 3% from current rent Units 111.216,113, 101,108,109,213,118.301,405.409 /122,147,125,134

Leasing Information	Apartment Home Features
Utilities: Heat, Hot Water & Sewer Included Lease Term: Twelve Months Application Fee: Not Applicable Security Deposit: \$500 Pets: Cats & Small Dogs Welcome \$25-35/month First Month's Rent: Required Parking: Free Outdoor Surface Parking	Open Concept Living Window Treatments Throughout Walk-In Closets On-Site laundry Facility Air Conditioning & Ceiling Fans in Each Residence Residents' Lounge, Gym, Theatre & Kid's Playroom Verizon FIOS & Comcast Services Available
A WinnResidential Managed Community www.winnc.com	

Submission of an application does not guarantee housing. Credit, income and background verifications apply.

Section 8 Housing Vouchers Welcomed!

Minimum Income does not apply to Section 8 Voucher Holders



www.LoftFive50.com T: 978.681.1555 TDD: 1-800-439-0183

