

Name: First MI Last:

Address1:

City State Zip:

Email:

Case Manager Email:

Apply via cell phone or computer:

- Open camera on phone.
- Aim camera at the QR code.
- Open with your browser.
- Select your language at top right.
- It's secure, safe, HIPAA compliant.



...or, Apply via your computer (click button below)

Indigo Block Apartments - Winn Residential  
c/o HousingWorks. Inc.  
P.O. Box 231104  
Boston, MA 02123-1104  
Allow at least 4 weeks for response

...or, Mail application to address at left.

WE NEED THE FOLLOWING FIVE ANSWERS SO THAT WE CAN PUT YOU ON THE RIGHT WAITLISTS:

1. Your total Household Size, include everyone who live in the unit: \_\_\_\_\_ persons

Fold on this line \_\_\_\_\_

2. Your total Annual Income: \$\_\_\_\_\_.00

3. Desired Bedroom Size ☐ 1 BR ☐ 2BR ☐ 3BR

4. I need a unit modified for: ☐ Mobility-Impairment ☐ Hearing-Impairment ☐ Vision-Impairment

5. Permanent mobile rental assistance (Pick ONLY ONE answer):

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

**THIS SECTION FOR LANDLORD:**

*Applicant appears to be eligible for:*

<input type="radio"/> <b>1BR 30% AMI (3 units)</b> Homeless Set Asides <i>backup list for HomeStart</i>	<input type="radio"/> <b>2BR 30% AMI (2 units)</b> Homeless Set Asides <i>backup list for HomeStart</i>	<input type="radio"/> <b>3BR 30% AMI (3 units)</b> Homeless Set Asides <i>backup list for HomeStart</i>
	<input type="radio"/> <b>2BR 50% AMI (4 units)</b>	<input type="radio"/> <b>3BR 50% AMI (1 unit)</b>
<input type="radio"/> <b>1BR 60% AMI (7 units)</b> <input type="radio"/> 2 units for mobility impairment <input type="radio"/> 1 unit modified for hearing / vision <input type="radio"/> 2 DMH Set Asides	<input type="radio"/> <b>2BR 60% AMI (23 units)</b> <input type="radio"/> 2 units modified for mobility impairment <input type="radio"/> 1 unit modified for hearing / vision	<input type="radio"/> <b>3BR 60% AMI (1 unit)</b>
<input type="radio"/> <b>1BR 70% AMI (5 units)</b>	<input type="radio"/> <b>2BR 70% AMI (6 units)</b> <input type="radio"/> 1 unit modified for mobility impairment	<input type="radio"/> <b>3BR 70% AMI (2 units)</b> <input type="radio"/> 1 units for mobility impairment
<input type="radio"/> <b>1BR 90% AMI (7 units)</b>	<input type="radio"/> <b>2BR 90% AMI (13 units)</b> <input type="radio"/> 1 unit for hearing or vision impairment	<input type="radio"/> <b>3BR 90% AMI (3 units)</b>

Date Time Stamp – for Office Use Only

Date You Completed the Application:

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

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:

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:

1. To help us determine whether you qualify for one of the following MassHousing Preferences in housing, please circle the letter corresponding to the Priority you think best matches your current circumstances:

1<sup>st</sup> Priority    2<sup>nd</sup> Priority    3<sup>rd</sup> Priority    4<sup>th</sup> Priority    Not Applicable

(a) 1st Priority - Homelessness due to Displacement by Natural Forces: An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) fire not due to the negligence or intentional act of applicant or a household member;
- (ii) earthquake, flood or other natural cause; or
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

(b) 2nd Priority - Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:

- (i) any low rent housing project as defined in M.G. L. c. 121B, § 1, or
- (ii) a public slum clearance or urban renewal project initiated after January 1, 1947, or
- (iii) other public improvement.

(c) 3rd Priority - Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

Note: For purposes of this subsection, “enforcement” is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.

(d) 4th Priority – Involuntary Displacement by Domestic Violence, Rape/Dating Violence, Sexual Assault or Stalking:

An applicant, otherwise eligible and qualified, who has been, or is being, involuntarily displaced by domestic violence, rape, sexual assault or stalking (DVRSAS), as such terms are defined in M.G.L. c. 186, § 23. An applicant is involuntarily displaced by DVRSAS if:

- (i) The applicant has vacated a housing unit because of DVRSAS; or
- (ii) The applicant lives in a housing unit with a person who engages in DVRSAS.

***In addition, for Federally Assisted Housing and Developments Receiving Federal Housing Assistance (i.e. programs listed in 42 U.S.C. 14043e-11(a)(3), including Low Income Housing Tax Credits), which are subject to the Violence Against Women Reauthorization Act of 2013 (42 U.S.C. 14043e-11) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L:***

An applicant, otherwise eligible and qualified, who is a victim of domestic violence, dating violence, sexual assault, or stalking (DVDVSAS), as defined in HUD’s Final Rule – Violence Against Women Reauthorization Act of 2013 (81 FR 80724).

2. If you are currently homeless, but do not qualify for one of the above displacement priorities, you may still qualify for a preference under the City of Boston Homeless Set-Aside Preference Program. To help us determine whether you qualify, please circle the number corresponding to the preference you think best matches your current circumstances: 1 OR 2; and 3, if applicable. (see next page)

Households must meet either definition (1) or definition (2). Households who *also* meet definition (3) will be ranked higher on the interest list.

1. Literally Homeless includes any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - a. Has a primary residence that is a public or private place not meant for human habitation;
  - b. Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **OR**
  - c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Fleeing/Attempting to Flee Domestic Violence includes any individual or family who:
  - a. Is fleeing, or is attempting to flee, domestic violence;
  - b. Has no other residence; **AND**
  - c. Lacks the resources or support networks to obtain other permanent housing

Applicants who answer yes to this question, will also be directed to apply with Homestart, the City of Boston's Homeless Set Aside Program Administrator.

**3. Are you a City of Boston Resident?** Boston Resident shall mean an applicant or co-applicant that, at the time of application is a documented and full time resident of the City of Boston, including current residents, current City of Boston employees and families with students in Boston Public Schools.

Are you seeking preference as a resident of the City of Boston? ☐ Yes ☐ No

Residing in Boston, as defined by any individual or family who:

- a. Is currently Literally Homeless (defined in section A.1) in Boston; **OR**
- b. Has been displaced from Boston due to lack of emergency shelter capacity or because fleeing domestic violence (the displaced preference is only available to families)

If yes, attach proof of residency – two of the following: A dated letter from transitional housing or a homeless shelter • Signed lease (At-will lease counts) • Car registration / insurance cover page • Renter's Insurance • Heating bill (Gas, Electric, Oil) • Cable / Data / Internet bill • City of Boston voter registration / Resident listing • Cell / Landline phone bill

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

5. Are you a Person Considered Eligible for a Community Based Housing Unit? Check Yes if you: (1) have a disability, and (2) are institutionalized or at risk of institutionalization. Yes \_\_\_\_ No \_\_\_\_ Eligibility shall be certified by Massachusetts Rehabilitation Commission (MRC).

6. Do you wish to be added to the waitlist for the Massachusetts Rental Voucher Program (MRVP)?

Maximum Income requirement of 50% of AMI Yes \_\_\_\_ No \_\_\_\_

Maximum Income requirement of 60% of AMI Yes \_\_\_\_ No \_\_\_\_

7. Are you a current resident of \_\_\_\_\_? Note: Current Residents are not eligible to transfer to units assisted under the MRVP, HUD S8PBV, or DND Homeless Set Aside programs.

**Winn Residential** acting as management agent for **Indigo Block Apartments** (the "Development") will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, marital status, source of income, age, gender identity, genetic information, or other basis prohibited by local, state or federal law in any aspect of tenant selection in the access or admission to the Development, its employment, or in its programs, activities, functions or services.



### PERSONAL:

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

	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

No. of Autos \_\_\_\_\_ Reg. No. of Auto No. 1 \_\_\_\_\_ Reg. No. of Auto No. 2 \_\_\_\_\_

No. of Pets \_\_\_\_\_ Type \_\_\_\_\_

In Case of Emergency Notify (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired  
☐ unit for hearing impaired ☐ grab bars

### RESIDENCY & EMPLOYMENT:

#### Present Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Phone \_\_\_\_\_

Second Phone (if any) \_\_\_\_\_

☐ Own: Dates of Current Occupancy \_\_\_\_\_ From: yyyy-mm-dd \_\_\_\_\_ to: **Present Time** \$ \_\_\_\_\_ Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy \_\_\_\_\_ If Rents \_\_\_\_\_ \$ \_\_\_\_\_ Monthly Rental Payments

Present Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone \_\_\_\_\_

#### Previous Address

Dates of Previous Occupancy \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_ Monthly Rental Payments

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

Currently employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \$ \_\_\_\_\_ .00 per year Other Income (Comm/Bonus) \_\_\_\_\_ \$ \_\_\_\_\_

**RESIDENCY & EMPLOYMENT (continued):**

Other Source of Income (i.e.- social security - retirement fund – disability - workmen's compensation – pension - alimony/child support – investments - etc.)

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Former Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

**FINANCIAL INFORMATION**

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Cert of Dep. \_\_\_\_\_ Branch Address \_\_\_\_\_ C.D. Acct. No. \_\_\_\_\_

Have you sold or given away any real property or other assets in the past two years? ☐ Yes ☐ NoIf yes, did you receive Fair Market Value for the Asset? ☐ Yes ☐ No**CORI INFORMATION**Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ No

If yes, you must indicate the nature of the crime and the date of conviction \_\_\_\_\_

**APPLICANTS TERMS (Applicant Read Carefully)**

This application is for Apartment No. \_\_\_\_\_ or similar type of occupancy beginning (date) \_\_\_\_\_

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application \_\_\_\_\_

Dated \_\_\_\_\_

Agents Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



**RENTAL APPLICATION ATTACHMENT**  
**For State and Federally Regulated Properties**

**Federal law requires us to get drug and criminal background information about all adult household members applying for assisted 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 lived in any federally-assisted or state-assisted housing? ☐ Yes ☐ No

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If **Yes**, list where and when: \_\_\_\_\_  
\_\_\_\_\_

3. Are you or any member of your household currently engaging in the use of illegal drugs? ☐ Yes ☐ No

4. Have you or any member of your household ever been convicted of a felony? ☐ Yes ☐ No  
If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Are you or any member of your household currently abusing alcohol? ☐ Yes ☐ No

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? ☐ Yes ☐ No

If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Are you or any member of your household subject to a lifetime registration requirement under a *State Sex Offender* registration program? ☐ Yes ☐ No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

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

**All household members 18 and older must sign below:**

**The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize Winn Residential to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.**

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other Adult** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other Adult** \_\_\_\_\_ **Date** \_\_\_\_\_



1. Do you have a Section 8 Certificate? \_\_\_\_ An MRVP voucher? \_\_\_\_ AHVP voucher? \_\_\_\_ VASH Voucher? \_\_\_\_ I have no Voucher \_\_\_\_

If yes, who issued the Certificate? \_\_\_\_\_

2. Please list the name, birthdate and social security # of each child in the Household:

Name	Relationship	Birth Date	Social Security #
------	--------------	------------	-------------------

3. Number of bedrooms needed? \_\_\_\_\_

4. Have you, or has any member of your household, ever been convicted of a crime?

☐ Yes ☐ No

If yes, please indicate the nature and date of conviction

\_\_\_\_\_

5. Are there any special accommodations that the household will required 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?)

☐ Yes ☐ No

If yes, you will be asked to complete a *Request for Reasonable Accommodation*.

6. Have you sold or given away any real property or other assets in the past two years?

☐ Yes ☐ No

If yes, did you receive Fair Market value for the Asset?

☐ Yes ☐ No

If no, you may be requested to provide additional information.

7. *Statistical Purposes Only*

***Race of Head of Household***

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Do not wish to answer	

***Ethnicity of Head of Household***

☐ Hispanic ☐ Non-Hispanic

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date (mm/dd/yyyy)



## Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Head of Household's Signature \_\_\_\_\_

Print the Head of Household's name: \_\_\_\_\_

Date you completed this application: \_\_\_\_\_

Head of Household's Date of Birth: \_\_\_\_\_  
mm      dd      yyyy

Head of Household's Social Security Number: \_\_\_\_\_