

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

# PLEASE ANSWER ALL QUESTIONS



- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-#### ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - language
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

- ☐ HEAD OF HOUSEHOLD'S CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other 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 Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

# BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



**Somerville Community Corporation  
Affordable Housing Opportunity- Waiting List Open  
7 Memorial Road  
Somerville, MA 02145**

**Properties Now Accepting Applications as of March 22, 2021:**

- Saint Polycarp Village 1, 2, and 3
- Union Square Apartments
- 34 Linden Street
- 33 Bow Street

**Program description:**

- Affordable Housing under the Low-Income Housing Tax Credit Program (LIHTC)
- Resident income is restricted to 60% of the area median income
- Non-Smoking community

# of bedrooms	Rent	Maximum Income Limit (% AMI)	Minimum Income Requirement***
1 BR	\$1360	60%	\$40,800
2 BR	\$1621	60%	\$48,630
3 BR	\$1862	60%	\$55,860
4 BR	\$2061	60%	\$61,830

\*\*\*Minimum incomes do not apply to households receiving housing assistance such as Section 8, MRVP, or VASH.

**Eligibility Requirements:**

- Must meet all income and background eligibility requirements under the Tenant Selection Plan
- Minimum 1 person per BR; Maximum 2 people per BR

**Maximum Income per Household Size – 60% AMI**  
(2020 limits, provided by Boston-Cambridge-Quincy, MA HUD Metro Area)

Household size	1	2	3	4	5	6	7	8
Maximum Income	\$53,760	\$61,440	\$69,120	\$76,740	\$82,920	\$89,040	\$95,160	\$101,340

**Application Process:**

- Applications available as of March 22, 2021 via email, mail, or pick up by appointment at the management office
  - Due to COVID precautions, the management office is not open for walk-ins.
  - Email Requests to [SCC@Wingatecompanies.com](mailto:SCC@Wingatecompanies.com)
  - Call to request an application by mail 617-591-0577
- Completed application can be returned by email to [SCC@wingatecompanies.com](mailto:SCC@wingatecompanies.com) or by mail to: Somerville Community Corporation 7 Memorial Road Somerville, MA 02145

**For more information, language assistance, or reasonable accommodations for persons with disabilities or to request an application to be sent by mail. Please call: 1 (617) 591-0577 or email [SCC@Wingatecompanies.com](mailto:SCC@Wingatecompanies.com)**

**Equal Housing Opportunity** Somerville Community Corporation and Wingate Management Companies does not to discriminate in the selection of applicants on the basis of race, color, national origin, disability, ancestry, familial status, genetic information, marital status, public assistance recipient, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.



**Date:** \_\_\_\_\_

**MANAGEMENT WILL PROVIDE HELP IN COMPLETING THIS DOCUMENT. IF IT IS NECESSARY, YOU MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

**Instructions**

- Each household member over 18 must complete a separate application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information. Write the correct information above and initial the change.
- As long as your application is on file with us it is your responsibility to contact us whenever your address or telephone number or income situation changes or whenever you need to add or remove a household member from your application.
- After we receive your completed application we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan posted in the Management office.

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name	Relationship to Head of Household	Sex (M/F)	Birth Date	Full or Part Time Student FT-PT-N/A	Social Security #

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

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Type:**

Bedroom Size: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR

Would you or anyone in your household benefit from a special needs unit?  
 (Mobility, vision, or hearing impairment) ☐ Yes ☐ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

**Housing References:**

List the **past 5 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/> From: _____ Rent <input type="checkbox"/> To: _____	
	Phone: _____			
	Current Rent Amount: _____	Check Utilities Paid by you: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other		
2.	_____	_____	Own <input type="checkbox"/> From: _____ Rent <input type="checkbox"/> To: _____	
	Phone: _____			
3.	_____	_____	Own <input type="checkbox"/> From: _____ Rent <input type="checkbox"/> To: _____	
	Phone: _____			

Please list ALL states where any household member has lived since the age of 18, and the last address in each state not listed above in Housing References.

<u>State</u>	<u>Years</u> <u>From/to</u>	<u>Household Member</u>	<u>Last Street Address in that State</u>	<u>City</u>	<u>Country</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Household Information (continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

2. Do you expect the number of household members to change in the future? ☐ Yes ☐ No

If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

4. Are any or ALL members of the household full-time students? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony? ☐ Yes ☐ No If YES, Please explain \_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No If YES, Please explain \_\_\_\_\_

Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain \_\_\_\_\_

6. Do you live in subsidized housing now or have you in the past? ☐ Yes ☐ No

If YES, where? \_\_\_\_\_

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

If yes, name of Housing Authority \_\_\_\_\_

Were you evicted? \_\_\_\_ If YES, why? \_\_\_\_\_

7. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? ☐ Yes ☐ No

If YES, to whom? \_\_\_\_\_ How much\$ \_\_\_\_\_

8. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

9. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, give reason \_\_\_\_\_ Date of filing: \_\_\_\_\_

10. Have you ever lived at any other property managed by Wingate Management Company, LLC ☐ Yes ☐ No

If YES, where? \_\_\_\_\_

11. Why do you want to move from your current residence? \_\_\_\_\_

12. How did you hear about us? \_\_\_\_\_

13. Do you know or are you related to any of our residents or staff? \_\_\_\_\_



**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) a single parent living with his/her minor child who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?

☐ Yes ☐ No

Are any student(s) a TANF or Title IV recipient?

☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

☐ 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

SCC Properties is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, disability, or handicap. In addition, the project has an obligation to provide "reasonable accommodations" to applicants/residents if they and/or any family member have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Are you or any member of your household requesting a reasonable accommodation in relation to this housing application or your housing needs?

☐ Yes ☐ No

If Yes, please complete the reasonable accommodation request form.

Do you or any member of your household require a personal care attendant in order to accommodate a disability while living at SCC Properties?

☐ Yes ☐ No

If yes, please complete the Personal Care Attendant form.

### **Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ Yes ☐ No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company &amp; Address</u>	<u>Phone Number</u>	<u>Amount</u> (or note if self-employed)
-------------------------	--------------------------------------	---------------------	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Unemployment benefits or worker's compensation?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
-------------------------	------------------------	---------------

_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
-------------------------	------------------------	---------------

_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?

☐ Yes ☐ No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
-------------------------	------------------------	---------------



\_\_\_\_\_

\_\_\_\_\_

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency

Name of Agency: \_\_\_\_\_

☐ Court of Law

Name of Court: \_\_\_\_\_

☐ Directly from Individual

Name of Person: \_\_\_\_\_

☐ Other

Explain: \_\_\_\_\_

(c) If money is not actually received, are you taking legal action to remedy?

☐ Yes ☐ No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?

☐ Yes ☐ No

Household Member

SSA Office

Amount

\_\_\_\_\_

\_\_\_\_\_

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

7. Regular payments from a severance package?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

8. Regular payments from any type of settlement? (For example, insurance settlements)

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

9. Disability, death benefits or life insurance dividends?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

10. Regular gifts or payments from anyone outside of the household?

☐ Yes ☐ No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

11. Educational grants, scholarships, or other student benefits?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

12. Regular payments from lottery winnings or inheritances?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

13. Regular payments from rental property or other types of real estate transactions?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

14. Any other income sources or types not listed above?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_

\_\_\_\_\_

15. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No

If YES, explain: \_\_\_\_\_

16. Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 1, including agencies such as HomeBase or any other source/agency, etc.)?

☐ Yes ☐ No

If YES, explain: \_\_\_\_\_



**Zero Income Verification:**Are YOU or is ANY OTHER ADULT member of your household claiming zero income?☐ Yes ☐ No If YES, who? \_\_\_\_\_**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

## 1. Checking or savings account?

☐ Yes ☐ No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 2. CDs, money market accounts or treasury bills?

☐ Yes ☐ No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 3. Trust funds?

Are any of the above listed trusts irrevocable?

☐ Yes ☐ No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

## 4. Stocks, bonds or securities?

☐ Yes ☐ No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

## 5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?

☐ Yes ☐ No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

## 6. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?

☐ Yes ☐ No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

## 7. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

## 8. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

## 9. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

☐ Yes ☐ No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____
_____	_____	_____

Explanation: \_\_\_\_\_





**Do you or anyone listed above own a vehicle?**

**Vehicle Identification:**

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and agent of Wingate Management Company, LLC the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

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

Signature	Date
Signature	Date
Signature	Date
Signature	Date

