

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
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



CHOCOLATE FACTORY APARTMENTS
PRELIMINARY RENTAL APPLICATION FOR
AFFORDABLE and WORKFORCE 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.

PROPERTY NAME: **CHOCOLATE FACTORY APARTMENTS, Mansfield, MA**

Mail or Drop off Completed Application To:

Office Info Only -Application Received:

CHOCOLATE FACTORY APARTMENTS

Date:

C/O Wingate Management

4 Norton Glen Terrace

Time:

AM OR PM

Norton, MA 02766

EMAIL To:

CHOCOLATEFACTORY@WINGATECOMPANIES.COM

APPLICATION FOR ADMISSION

Note: **Please fill in all sections completely.** Failure to do so will result in processing delays or rejection of your application. If the question does not pertain to you please write N/A. Should you need help in completing this application, please contact us at 781-902-8199.

1. Contact Information: Please provide the following requested information.

Name of Applicant /Head of Household:

First Name	Middle Initial	Last Name	Suffix
------------	----------------	-----------	--------

Mobile/Cell phone	Work phone	Home phone	
-------------------	------------	------------	--

Email Address

Current Primary Address Information:

Primary Residents - Street	Apt. #
----------------------------	--------

City

State

Zip Code

Current Mailing Address: only if different from the address listed above:

Mailing address – Street Address, PO Box or C/O

City

State

Zip Code

Please provide a second contact person or alternative address:

First Name	Middle Initial	Last Name	Suffix
Mobile/Cell phone	Work phone	Home phone	
Mailing Address			

2. Current Housing Situation:

No. of BR's in your current housing situation: _____

Do you RENT _____ or OWN _____? (check one)

If owned, do you receive monthly rental income from the property? [] Yes [] No

Are you receiving a housing subsidy? [] Yes [] No

If YES, please list type and amount: _____ \$ _____

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and Cable TV). \$ _____

What are the reasons for moving?

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES CONSIDERATIONS:

A. Are you currently Homeless or at risk of becoming homeless?

If yes, did you become homeless in any of the following ways?

Check all that apply:

[] Displaced by natural forces (i.e. flood, fire, earthquake)

[] Displaced by urban renewal or eminent domain.

[] Displaced by condemnation of home or code violations.

[] No fault loss of housing – such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing facility.

[] Victim of abuse (domestic violence)

[] Severe Medical Emergency

Please provide some additional details about your housing situation:

On what day did you become or will become, displaced from your primary residence?

____/____/____



B. Where is your current place of employment?

City/Town

State

Zip Code

3. Housing Type Needed:**SIZE OF APARTMENT NEEDED:**

- ☐ STUDIO
☐ 1 BR
☐ 2 BR

UNIT TYPE REQUESTED:Wheelchair Adapted Unit ☐ Yes ☐ No

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.

4. FAMILY COMPOSITION - List all those who will occupy the apartment
 INCLUDE YOURSELF. *(Any person not listed will not be allowed to move in.)*

Race: *(Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)*

- ☐ American Indian/ Alaskan Native ☐ Black (not of Hispanic origin)
☐ Hispanic ☐ White (not of Hispanic origin) ☐ Asian or Pacific Islander

	Name (FIRST & LAST NAME)	Relationship to Head	(Optional) GENDER	Birth Date (MM/DD/YY)	Social Security # last 4 digits	Are you a FULL-TIME STUDENT?
1		HEAD			XXX-XX-	<input type="checkbox"/> YES <input type="checkbox"/> NO
2					XXX-XX-	<input type="checkbox"/> YES <input type="checkbox"/> NO
3					XXX-XX-	<input type="checkbox"/> YES <input type="checkbox"/> NO
4					XXX-XX-	<input type="checkbox"/> YES <input type="checkbox"/> NO



INCOME BY HOUSEHOLD MEMBER:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

INCOME		
List ALL sources of income for ALL Members as requested below. If a section doesn't apply, cross out or write NA.		
Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
2.	Social Security	\$
3.	Social Security	\$
4.	Social Security	\$
1.	SSI Benefits	\$
2.	SSI Benefits	\$
3.	SSI Benefits	\$
4.	SSI Benefits	\$
1.	Pension (list source)	\$
2.	Pension (list source)	\$
1.	Veteran's Benefits (list claim #)	\$
2.	Veteran's Benefits (list claim #)	\$
1.	Unemployment Compensation	\$
2.	Unemployment Compensation	\$
3.	Unemployment Compensation	\$
4.	Unemployment Compensation	\$
	Title IV/TANF	\$
	GPA (General Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
Is this employer located in Mansfield,	Employment amount	\$
	Employer:	
	Position Held	

MA [] YES or [] No		How long employed:	
Household Member Name	Source of Income	Monthly Amount	
Is this employer located in Mansfield, MA [] YES or [] No	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
Is this employer located in Mansfield, MA [] YES or [] No	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
Is this employer located in Mansfield, MA [] YES or [] No	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Alimony		
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you are entitled to receive.	\$	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list amount you receive.	\$	
	Child Support		
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list the amount you are entitled to receive.	\$	
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive.	\$	
	Other Income	\$	

	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		
		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or no</i> from someone who is not a member of the household as listed on Page 3)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		

INCOME FROM ASSETS:

ASSETS			
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 Name	Last 4 digits of account number	Balance
		#	\$
		#	\$
Savings Accounts	Bank Name	Last 4 digits of account number	Balance
		#	\$
		#	\$
Certificates	Bank Name	Last 4 digits of account number	Balance
	#	#	\$
	#	#	\$
	#	#	\$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy			Cash Value \$
(WHOLE or UNIVERSAL POLICIES ONLY)			Cash Value \$
Do not list Death Policies			
Mutual Funds	Name:	Annual Int./Dividend paid \$	Value \$
	Name:	Annual Int./Dividend paid \$	Value \$
	Name:	Annual Int./Dividend paid \$	Value \$
Stocks	Name:	Annual Int./Dividend paid \$	Value \$
	Name:	Annual Int./Dividend paid \$	Value \$
	Name:	Annual Int./Dividend paid \$	Value \$
Bonds	Name:	Annual Int./Dividend paid \$	Value \$
	Name:	Annual Int./Dividend paid \$	Value \$
Investment Property			Appraised Value \$

Real Estate Property: Do you own any property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property		
Location of property (Address)		
Appraised Market Value	(+)	\$
Mortgage or outstanding loans balance due	(-)	\$
Amount of annual insurance premium	(-)	\$
Amount of most recent tax bill	(-)	\$
If you are the current occupant(s), do you plan to <input type="checkbox"/> rent or <input type="checkbox"/> sell the property if Your Chocolate Factory Application is accepted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 3?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe:		
Do they have access to the asset(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/dispensed of any property in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property:		
Market value when sold/dispensed		\$
Amount sold/dispensed for		\$

Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to Relatives or set up an Irrevocable Trust Account)?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe the asset:		
Date of disposition:		
Amount disposed	\$	
Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please list:		
ADDITIONAL INFORMATION – regarding you and family members listed on page 3		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , describe:		
Are you or any member of your family subject to a state lifetime sex offender Registration program in any state?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , list the name of member & provide a complete list of all states in which any household member has resided:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Credit Reference #1:		
Address:		Phone #:

Credit Reference #2:			
Address:		Phone #:	
EMERGENCY CONTACT			
Name:		Relationship:	
Address:		Phone #:	
VEHICLE & PET INFORMATION (if applicable) List any cars, trucks, or other vehicles owned.			
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any pets?			Yes No
<i>If yes, describe:</i>			

How did you hear about us?

Newspaper Advertisement	<input type="checkbox"/>	Please Specify: _____
Craigslist	<input type="checkbox"/>	
Resident Referral	<input type="checkbox"/>	
Housing Authority Referral	<input type="checkbox"/>	
Drive by/Walk in	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Please Specify: <u>via the HousingWorks.net website</u>

Signature Page:

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 background check report may also be requested. I /We certify that I /We understand that false statements of information are punishable under applicable 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 over the age of 18

Date

Co-Applicant over the age of 18

Date

Co-Applicant over the age of 18

Date

MCFA Chocolate Factory 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.

