

Full Name: _____
Address1: _____
Address2: _____
City State Zip: _____
Email: _____
Case Manager Email= (if any) _____



**You may only submit this application
between these dates:**

January 25, 2024 to April 24, 2024

25 Sixth St Apartments Lottery - CONDO UNITS ONLY
c/o HousingWorks. Inc.
P.O. Box 231104
Boston, MA 02123-1104

Fold on this line _____

Four Ways to Apply: Only Pick One!

You can apply using your cell phone (this is the fastest way).

- **Open the camera on phone.**



- Aim the camera at the QR code at left.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.

... or, you can apply on your computer.

- Go to this URL - <https://form.jotform.com/waitlistupdate/winn-chelsea-tnd-25-sixth-condo>

... or, you can mail this paper application to the address below.

- **Sixth St Lottery c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104**

...or, you walk this completed application to:

- **Winn Residential Office, 4 Gerrish Ave, Chelsea MA 02150.**
(They will then send it to the P.O. Box for you!)

Staff: Enter Date/Time Stamp Below

Staff: Enter Application Number with R- Below - SIX DIGITS

C- _____



25 Sixth St, Chelsea, MA 02150

Opening Summer 2024

Thank you for your interest in 25 Sixth St Condo Lottery!

Please read the instructions below before completing the application:

- The lottery intake application period is between **January 25, 2024** and **April 24, 2024**.
- Applications must be hand-delivered or postmarked no later than **Monday, April 24th, 2024 @ 7:00pm**. Mail to HousingWorks, P.O. Box 231104, Boston MA 02123-1104 or deliver to Winn Residential, 4 Gerrish Ave. Rear, in Chelsea, MA 02150.
Applications received or postmarked after this date will be put on a waitlist and will not be included in the lottery selection. Winn Residential Hours of Operation: Monday, Wednesday, and Thursday, 9am-4pm; Tuesday, 9am-7pm; Friday 9am-3pm.
- Information sessions will be held via Zoom, **date to be announced**.
- Incomplete applications will not be accepted.
- Translation services are available by request. La traducción será proporcionado a petición.
- Only the information provided in this packet should be returned.
Additional information, such as proof of income, birth certificates, etc., is not needed at this time.

➤ **SELECTION WILL BE BY LOTTERY**

Applicants will be notified by mail of the date and time of lottery.

If translation or a reasonable accommodation is needed in filling out the application, please call the management office at (617) 884-0692. The Neighborhood Developers, Sixth Street, and Winn Residential do not discriminate because of race, color, sex, sexual orientation, gender identity, religion, age, handicap, disability, national origin, genetic information, ancestry, children, familial status, marital status or public assistance reciprocity in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.





25 SIXTH STREET CONDO APPLICATION

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.

LANGUAGE ASSISTANCE IS AVAILABLE UPON REQUEST.

SERVICIO DE TRADUCCIÓN DISPONIBLE BAJO PETICIÓN

A ASSISTÊNCIA LINGUÍSTICA ESTÁ DISPONÍVEL MEDIANTE SOLICITAÇÃO

ASISTANS LANG SE DISPONIB SOU DEMANN

L'ASSISTANCE LINGUISTIQUE EST DISPONIBLE SUR DEMANDE

HỖ TRỢ NGÔN NGỮ THEO YÊU CẦU

ភាសាអង់គ្លេសតាមការសុំ

RETURN COMPLETED APPLICATIONS TO: Winn Residential c/o HousingWorks, P.O. Box 231104, Boston MA 02123

You must answer every question on this application: respond to questions that are not applicable by writing "N/A"
Incomplete applications may be returned or discarded.

Your Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

In the event we are unable to reach you please list an alternate contact:

Name: _____ Phone Number: _____

How many people will be living in the unit? ☐ 2 ☐ 3 ☐ 4 ☐ 5 people ☐ 6 people

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

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1_____	Head of Household	_____	_____	_____	Yes or No
2_____	_____	_____	_____	_____	Yes or No
3_____	_____	_____	_____	_____	Yes or No
4_____	_____	_____	_____	_____	Yes or No
5_____	_____	_____	_____	_____	Yes or No
6_____	_____	_____	_____	_____	Yes or No

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the above family composition.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member #_____

Name of Present Employer_____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member #_____

Name of Present Employer_____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member #_____

Name of Present Employer_____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

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.

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

<i>Household Member</i>	<i>Type of Asset</i>	<i>Gross Earnings (Before Taxes)</i>
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____
_____	_____	_____per_____
		(week,month,year)

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?

What is your households total **ANNUAL GROSS** Income? _____ (do NOT write hourly, monthly, weekly wages)

Present Housing Cost Per Month \$_____ Including Utilities? []Yes []No
How Long Have You Lived at Present Address? _____ Years.

☐ Yes ☐ No Are you or any household member currently living, working, or attending school in Chelsea?

If yes, please explain: _____

☐ Yes ☐ No Do you currently have Mortgage Preapproval? If yes, mortgage pre-approval should be included with this application.

☐ Yes ☐ No Have you attended a home buyer counseling course from a HUD-certified agency within the last two years?

☐ Yes ☐ No Will you or a member of your household be receiving gift or down payment assistance? If so, please include a letter signed by the donor stating the amount and that the contribution is a gift.

☐ Yes ☐ No Are you currently a first-time homebuyer? - This is defined as not having owned residential real estate during the 3-year period ending on the date of purchase of the property, including in a trust.

If No, do the following exceptions apply:

- ☐ Displaced homemakers, where the displaced homemaker (an adult who has not worked full-time, full-year in the labor force for a few years but has, during such years, worked primarily without remuneration to care for the home and family), while a homemaker, owned a home with their partner or resided in a home owned by the partner.
- ☐ Single parents, where the individual owned a home with their partner or resided in a home owned by the partner and is a single parent (is unmarried or legally separated from a spouse and either has 1 or more children of whom the individual has custody or joint custody or is pregnant).

Race of Head of Household:

- ☐ White ☐ Black ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander ☐ Do not wish to answer

Ethnicity of Head of Household:

- ☐ Hispanic ☐ Non- Hispanic ☐ Do not wish to answer

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. 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.

Signature: _____

Date: _____

25 Sixth Street and Winn Management do not discriminate because of race, color, sex, sexual orientation, religion, disability, national origin, genetic information, ancestry, children, familial status, marital status of public assistance reciprocity in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.



Equal Housing Opportunity



Additional Resources

- For information regarding the Massachusetts affordable mortgage products and participating lenders, please visit: <https://www.mymassmortgage.org/>.
- The Neighborhood Developers, Inc. recommends all applicants take a first time homebuyer education course, which can be found here: <https://www.chapa.org/housing-courses/homebuyer-workshops>