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 recipiency in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.









HEAD OF HOUSEHOLD'S (HoH) FIRST NAME in th	e row below:						
HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDD	LE NAME in the row be	elow:					
HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX:	BAEZ GONZALEZ)						SUFFIX
DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?	☐ Yes ☐ No	DATE OF	BIRTH		GENDE	ER	
Enter your <u>FULL</u> , <u>COMPLETE</u> SSN or ITIN below:		M M - D D - '	Y Y Y Y	F M	M T-MTF	T-FTM	
ETHNICITY	RACE	E: (Asian, Black, White, Na	ative American, Pacific I	slander, Mult	ti-racial)		
☐ Hispanic ☐ non-Hispanic							
REQUESTED ACCOMMODATIONS: Do you need	any of these:	☐ I don't ne	ed any of the acco	mmodatio	ons liste	d below	
☐ Fully Accessible Wheelchair Unit ☐ Ba	throom modifications	Uvision Imp	paired Unit	Need an Ir	nterpret	er:	
□ No-Steps unit (elevator to any floor)	\square Hearing Impa	aired Unit		☐ Domes	stic Viole	ence Victi	m
☐ First-Floor unit only	☐ Unit designed	for Environmental	Allergies	☐ Live-In	Aide or	PCA	
HEAD OF HOUSEHOLD'S CAREER STAGE:	☐ Employed	☐ Unemployed	Retired	☐ FT Stu	udent	☐ PT	Student
ANY VETERANS IN YOUR HOUSEHOLD:	☐ Yes ☐ No						
PERMANENT MOBILE RENTAL ASSISTANCE, if an	y - you must select one	e of these answers					
☐ I do not have mobile rental assistance	☐ Mobile Section 8 vouch	er 🗌 MRVP	☐ AHVP		VASH or	similar	
CRIMINAL RECORD AND SEX OFFENDER INFORM	ATION						
	Yes No Yes No egistration in any state?	→ →	Any Misdemean Any Misdemean No			Yes Yes	□ No □ No
Other HH Members: Any Felony Convictions? Is anyone in HH subject to a lifetime sex offender r	Yes No	→	Any Misdemean				
Other HH Members: Any Felony Convictions? Is anyone in HH subject to a lifetime sex offender r ANY PETS:	Yes No No egistration in any state?	Yes	Any Misdemean No		on?	Yes	□ No
Other HH Members: Any Felony Convictions? Is anyone in HH subject to a lifetime sex offender r ANY PETS: HOUSEHOLD SIZE AND COMPOSITION:	Yes No No egistration in any state?	Yes ed, Size, Weight, Color:	Any Misdemean		on?	Yes	□ No D DISABILITY?
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Other HH Members: Any Felony Convictions? Is anyone in HH subject to a lifetime sex offender r ANY PETS: HOUSEHOLD SIZE AND COMPOSITION: ## Adults ## Children CURRENT HOUSING STATUS: #Homeless HAVE YOU BEEN DISPLACED: No by Arbord Sexual Assault by Urbar PREFERRED TELEPHONE NUMBER: ## PROPOSITION: ## Children ## Current ## Children ## Childre	Yes No egistration in any state? Yes No Bree Total # in Hou Housing Loss 14 day ccessibility/health issues development, eminent doma	Yes I Ye	Any Misdemean No NNUAL INCOME No At risk. by Cost of living ition of home, code violation of home and the code violation	or Convicti	DOCI sness ndemic by Threa PREFERRE VACAN Email	Yes UMENTE Yes Stably by fire/the to life or some the content of the content	D DISABILITY? No Housed flood/earthquake afety Frontact for No UPDATES: Cellphone
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Other HH Members: Any Felony Convictions? Is anyone in HH subject to a lifetime sex offender r ANY PETS: HOUSEHOLD SIZE AND COMPOSITION: # Adults # Children CURRENT HOUSING STATUS: Homeless HAVE YOU BEEN DISPLACED: No by A by Domestic Violence or Sexual Assault by Urbar PREFERRED TELEPHONE NUMBER: EMAIL ADDRESS: BEST MAILING ADDRESS (include apt #): wh Street and Apt # or PO Box: CITY, STATE, AND ZIP CODE: City BACKUP ADDRESS sa Street and Apt # or PO Box:	Yes No egistration in any state? Yes No Bree Total # in Housing Loss 14 day coessibility/health issues development, eminent doma	Yes Yes	Any Misdemean No NNUAL INCOME No At risk by Cost of living tion of home, code viola NE Box a "care of Apt # or c/o Name State Box a "care of	or Convicti of homeless by Pai tions address	DOCIoness Indemic Independent by Threa Independent	Yes UMENTE Yes Stably by fire/fire to life or so CONTROLLY OFFERS AI Mail D-applicant	D DISABILITY? No





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

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Hỗ TRỢ NGÔN NGỮ THEO YÊU CẦU



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 lis	t an altern	nate co	ontact:		
Name:	Phon	e Num	ber:		
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
Member # Name of Present Employer			Telepho	ne	
Name of Present Employer			Telepho	ne	
Address					
Years Employed	_ Position			rrent Salary \$ []weekly []bi-we	
Member #					,
Name of Present Employer			Telepho	ne	
Address					
Years Employed	_ Position		Cu		 veekly []monthly
Member #				[]Weekiy []bi w	reckly []IIIOIItilly
Name of Present Employer			Telepho	ne	
Address					
Years Employed	_ Position		Cu		veekly []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.

Household Member	Type of Income	Gross Earnings (Before Taxes)
		per
		(week, month, year)
Household Member	ngs and Cash Value of a Life Ir <i>Type of Asset</i>	Gross Earnings (Before Taxes)
		per
		(week,month,year)

requests o	member of the household have any accessibility or reasonable accommodation or changes in a unit or development or alternate ways we need to communicate with
you? If ye	s, please explain?
What is you weekly wages	ur households total <u>ANNUAL GROSS</u> Income?(do NOT write hourly, monthly,
	Dusing Cost Per Month \$ Including Utilities? []Yes []No Have You Lived at Present Address? Years.
□Yes□N	Are you or any household member currently living, working, or attending school in Chelsea?
If yes, pleas	se explain:
	Do you currently a have Mortgage Preapproval? If yes, mortgage pre-approval should with this application.
☐ Yes ☐ N within the	Have you attended a home buyer counseling course from a HUD-certified agency last two years?
	No Will you or a member of your household be receiving gift or down payment or If so, please include a letter signed by the donor stating the amount and that the n is a gift.
	Are you currently a first-time homebuyer? - This is defined as not having owned real estate during the 3-year period ending on the date of purchase of the property, a trust.
If No, do th	e 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 Hea	d 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 recipiency 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