

← Your Full Name

← Address Line 1

← Address Line 2

← City State Zip

← Your Email

← Case Manager Email if any



**MAIL TO: Chelsea TND Portfolio
c/o HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104**

Four Ways to Apply: Only Pick One!

Fold on this line _____

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-portfolio>






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

- Amory and Egleston c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

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

- Winn Residential Office, 4 Gerrish Ave Rear, Chelsea, MA, 02150-2943 617-884-0692

Staff: Enter Date/Time Stamp Below

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:			
HEAD OF HOUSEHOLD'S <u>COMPLETE</u> MIDDLE NAME:			
HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):			
DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF BIRTH	
Enter the COMPLETE SSN or ITIN below:		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? <input type="checkbox"/> = X <input type="checkbox"/> I don't need any of the accommodations listed below			
<input type="checkbox"/> Fully Accessible Wheelchair Unit <input type="checkbox"/> Bathroom modifications <input type="checkbox"/> Vision Impaired Unit <input type="checkbox"/> Need an Interpreter			
<input type="checkbox"/> No-Steps unit (elevator to any floor) <input type="checkbox"/> Hearing Impaired Unit <input type="checkbox"/> Domestic Violence Victim			
<input type="checkbox"/> First-Floor unit only <input type="checkbox"/> Unit designed for Environmental Allergies <input type="checkbox"/> Live-In Aide or PCA			
HEAD OF HOUSEHOLD'S CAREER STAGE: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> FT Student <input type="checkbox"/> PT Student			
ANY VETERANS IN YOUR HOUSEHOLD: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERMANENT MOBILE RENTAL ASSISTANCE, if any - <u>you must select one of these answers</u>			
<input type="checkbox"/> I do not have mobile rental assistance <input type="checkbox"/> Mobile Section 8 voucher <input type="checkbox"/> MRVP <input type="checkbox"/> AHVP <input type="checkbox"/> VASH or similar			
CRIMINAL RECORD AND SEX OFFENDER INFORMATION			
Head of Household: Any Felony/Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other HH Members: Any Felony Convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Misdemeanor Conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is <u>anyone</u> in HH subject to a lifetime sex offender registration in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ANY PETS: <input type="checkbox"/> Yes <input type="checkbox"/> No Breed, Size, Weight,			
HOUSEHOLD SIZE AND COMPOSITION:		ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household		\$.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENT HOUSING STATUS: <input type="checkbox"/> Homeless <input type="checkbox"/> Housing Loss 14 days <input type="checkbox"/> Fleeing Dom. Violence <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Stably Housed			
HAVE YOU BEEN DISPLACED: <input type="checkbox"/> No <input type="checkbox"/> by Accessibility/health issues <input type="checkbox"/> by Addiction behaviors <input type="checkbox"/> by Cost of living <input type="checkbox"/> by Pandemic <input type="checkbox"/> by fire/flood/earthquake <input type="checkbox"/> by Domestic Violence or Sexual Assault <input type="checkbox"/> by Urban development, eminent domain <input type="checkbox"/> by Condemnation of home, code violations <input type="checkbox"/> by Threat to life or safety			
PREFERRED TELEPHONE NUMBER:		SECOND TELEPHONE	PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:
			<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone
BEST EMAIL ADDRESS:			
BEST MAILING ADDRESS (include apt #): <input type="checkbox"/> where I currently live <input type="checkbox"/> a shelter <input type="checkbox"/> a P.O. Box <input type="checkbox"/> a "care of" address <input type="checkbox"/> a co-applicant's address			
Street or PO: Apt # or c/or Name:			
City, State, and Zip Code:			
City: State: Zip:			
BACKUP ADDRESS <input type="checkbox"/> same as above <input type="checkbox"/> a shelter <input type="checkbox"/> a P.O. Box <input type="checkbox"/> a "care of" address <input type="checkbox"/> 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?	
		<input type="checkbox"/> Disability <input type="checkbox"/> Elder <input type="checkbox"/> Local Resident <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Student <input type="checkbox"/> Homeless Veteran	
		<input type="checkbox"/> Rent-burdened 40% <input type="checkbox"/> Rent-burdened 50% <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> HUD VAWA Certificate	
		<input type="checkbox"/> Victim of Hate Crime <input type="checkbox"/> Community Based Housing	
		Displaced by: <input type="checkbox"/> Urban Renewal <input type="checkbox"/> Sanitation Code <input type="checkbox"/> Natural Forces <input type="checkbox"/> Other: _____	
			



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) _____ \$ _____

1. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? ☐ Yes ☐ No If yes explain:

2. Are you currently living in a homeless shelter? ☐ Yes ☐ No

Shelter Name and Address: _____

Have you, or any member of your household, ever been convicted of a crime? ☐ Yes ☐ No

Please list the Name, Birthdate and Social Security Number of ALL household members

Name	Birth Date	Social Security Number
------	------------	------------------------

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

I understand the management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. 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, and always in writing.

Signature: _____

Date: _____





Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Residential 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: _____

Head of Household's SSN: _____

Head of Household's Date of Birth: _____
mm-dd-yyyy

Date you completed this application: _____
yyyy-mm-dd

Depending on your income, you should **select the waitlists in either the *affordable* or the *subsidized* column.**
If you do not make any choice, we will assign you to the lists where you would be eligible.

Date: _____ Name: _____

GROSS Annual Income: _____ # of Bedrooms Needed: _____ Household Size: _____

Do you have a mobile Section 8 Certificate? _____ MRVP _____ AHVP _____ VASH VOUCHER? _____

Are you military or Veteran? ☐ Yes ☐ No

IN THE TABLE BELOW, FILL IN THE CIRCLES TO APPLY TO A PROPERTY

If a property is listed in grey ink, that waitlist is not accepting applications at the present time.

AFFORDABLE

(You pay a fixed rent regardless of income)

- ☐ **181 CHESTNUT ST 60% 80% and AMI** 1 BR units
- ☐ **25 SIXTH STREET 60% AMI** 1, 2, 3 BR units incl wchair
- ☐ **525 BEACH ST 60% AMI** 1, 2, 3 BR units
- ☐ **571 REVERE ST 60% AMI** 1, 2, 3 BR units

- ☐ **571 REVERE ST 90% AMI** 1, 2, BR units
- ☐ **1005 BROADWAY 60% AMI** 1, 2, 3 BR units
- ☐ **ACADIA 60% AMI LIHTC and Market** 1, 2, 3 BR units
- ☐ **CHELSEA Legacy 60% AMI** Studio, 1, 2, 3, 4 BR units including wchair
 Consolidating four properties: Broadway I & II, Chelsea Homes, 210 Broadway.
- ☐ **HIGHLAND TERRACE 60% AMI** 1, 2, 3 BR units including wchair
- ☐ **JANUS HIGHLANDS 60% AMI** 1, 2, 3, 4 BR units including wchair
- ☐ **ONE BEACH ST (55+ years) 60% AMI** 1, 2 BR units incl wchair
 Some set-asides for DMH clients
- ☐ **SPENCER GREEN 60% AMI** 1, 3 BR units incl wchair
- ☐ **SPENCER ROW 60% AMI** 1, 2, 3 BR units incl wchair
- ☐ **ST. THERESE (62+ yrs.) 60% AMI (16 units)** 1, 2 BR units incl wchair
 Also 6 3BR homeownership and 44 add'l rentals next door

- ☐ **TND HOMES 50% and 60% fixed rent** 1, 2, 3, 4 BR units
 Chelsea: Grove, Suffolk, Essex & Marlborough Sts
- ☐ **TND N. BELLINGHAM VETERANS** 8 Grove St Studios
- ☐ **TND WALDEN HOUSE (55+ yrs.) 60% AMI** 1, 2 BR units incl wchair

SUBSIDIZED

(You pay a portion of income as rent. Okay to make \$0, but you will be responsible for utilities.)

- ☐ **181 CHESTNUT ST 30% AMI** 1 BR units
- ☐ **25 SIXTH STREET 30% AMI** 1, 2, 3 BR units incl wchair
- ☐ **525 BEACH ST 50% AMI** 1, 2, 3 BR units
- ☐ **571 REVERE ST 50% AMI** 1, 2, 3 BR units
- ☐ **28 WASHINGTON ST (62+ yrs.) 60% AMI** 1, 2, units

- ☐ **1005 BROADWAY 30% AMI** 1, 2, 3 BR units
- ☐ **ACADIA 30% and 60% AMI PBV** 1, 2, 3 BR units

- ☐ **HIGHLAND TERRACE 50% AMI** 1-3 BR units including wchair

- ☐ **ONE BEACH ST (55+ years) 50% AMI** 1, 2 BR units incl wchair
 Some set-asides for DMH clients
- ☐ **BELLINGHAM SQ (62+ yrs. or disabled) 30% AMI** 1 BR units
 AKA 28 Washington St Apts AKA Lawrence Bldg

- ☐ **ST. THERESE (62+ yrs.) 30% AMI (16 units)** 1, 2 BR units incl wchair
 Also 6 3BR homeownership and 44 add'l rentals next door
- ☐ **TND LEWIS LATIMER 30% and 50% AMI (4 units)** 1, 2, 3 BR units
 HoH must be 18-24 yrs. at time of unit offer
- ☐ **TND HOMES 50% AMI** 1, 2, 3 BR units
 Chelsea: 158-162 Shawmut St and Bellingham Hill Homes, 55 Library St
- ☐ **TND N. BELLINGHAM VETERANS 8 Grove St** Studios
 Homeless or At-Risk Veterans only
- ☐ **TND WALDEN HOUSE (55+ yrs.) 60% AMI** 1, 2 BR units incl wchair