Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

Apply via cell phone or computer:

- Open camera on phone.
- Aim camera at the QR code.
- Open with your browser.
- Select your language at top right.It's secure, safe, HIPAA compliant.
- It's secure, safe, HIPAA compliant.

OR visit this link:

Olmsted Green I II III and the Grove Winn Residential c/o HousingWorks. Inc. P.O. Box 231104 Boston, MA 02123-1104

Allow at least 30 days for response

Mail this form to the address at left.

Date Generated:



1. Respond to questions that are not applicable by writing "N/A". Incomplete applications will be returned or discarded.

- 2. Waitlists can close! Before sending this application, check <u>https://www.housingworks.net/search/housing</u> to see what you can apply for *today*.
- 3. Write your answers like this: **J a n e** Not like this: *J a n e*
- 4. Priority Status will vary with each property: Do you wish to try to claim any priorities? Specify:
- 5. How did you hear about our property? through the HousingWorks.net website.
- 6. Name and Address of Assisting Social Service Agency (f applicable): _

FILL IN THE CIRCLES NEXT TO THE PROPERTIES & WAITLISTS YOU NEED

Note the important <u>rent difference</u> between the <u>affordable</u> properties and the <u>subsidized</u> properties.

If you are not certain what to apply for, leave blank and we will assign you to all eligible lists.

Affordable and Income Restricted Properties

Minimum and Maximum Income Limits will apply Mobile Voucher Holders welcome

Olmsted Green I Apts.

O 2 Bedrooms 60% AMI

O 3 Bedrooms 60% AMI – includes HANDICAP units

Olmsted Green III Apts.

O 2 Bedrooms 60% Hi Home- includes HANDICAP units

- $O\ 2$ Bedrooms 30% set asides for homeless families backup list
- O 3 Bedrooms 60% AMI

The Grove

- O1 Bedrooms 110% AMI
- O2 Bedrooms 60% AMI
- O2 Bedrooms 110% AMI
- O2 Bedrooms Market Rents
- O3 Bedrooms 60% AMI
- O3 Bedrooms 110% AMI

Olmsted Green II Hi/Lo Home

- O 2 Bedrooms 50% Lo Home includes HANDICAP units
- O 2 Bedrooms 60% Hi Home includes HANDICAP units
- O 3 Bedrooms 50% Lo Home includes HANDICAP units
- O 3 Bedrooms 60% Hi Home includes HANDICAP units

Olmsted Green IV

- O1 Bedrooms 60% AMI
- O2 Bedrooms 50% AMI
- O2 Bedrooms 60% AMI
- O3 Bedrooms 50% AMI
- O3 Bedrooms 60% AMI

Date Time Stamp – for Office Use Only



DATA PAGE FOR APPLICATIONS vs 2.5 Office or Portfolio:

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use cursive.					
2. The adult completing this application is considered the <i>Head of Household</i> . HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:					
The of Household's (non) riks i value oner, type of white 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 N	JMBER or ITIN?	DATE OF B	ודקו	NODE ID GENDER	
Enter the complete SSN or ITIN below:		Y Y Y Y - M M		ice will enter this F M T	
ETHNICITY: (Hispanic or Non-Hispanic	r, Client Refused) RACE: (A	sian, Black, White, Native Americar	n, Pacific Islander, Multi-racial, Cli	ent Refused – do not write Spanish)	
REQUESTED ACCOMMODATIONS: Do you need any of these? $\Box = \chi$ \Box I don't need any of the accommodations listed below					
Fully Accessible Wheelchair Unit Bathroom modifications Vision Impaired Unit Need an Interpreter					
		Hearing Impaired Unit			
First-Floor unit only	·	esigned for Environmental Alle	_	ive-In Aide or PCA	
HEAD OF HOUSEHOLD'S CAREER S			Retired FT Studen	t PT Student	
ANY VETERANS IN YOUR HOUSEHOLD:					
PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers					
I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar					
CRIMINAL RECORD AND SEX OFFENDER INFORMATION					
Head of Household: Any Felony/Conviction? Yes No Any Misdemeanor Conviction? Yes No					
	ony Convictions? Yes	_	Any Misdemeanor Conviction?	Yes No	
Is <u>anyone</u> in HH subject to a lifetime sex offender registration in any state?					
ANY PETS: Yes No Breed, Size, Weight,					
HOUSEHOLD SIZE AND COMPOSIT	ION:		ANNUAL INCOME	DOCUMENTED DISABILITY?	
← # Adults ← # Ch	nildren ←	Total # in Household	\$.00	Yes No	
CURRENT HOUSING STATUS:	Homeless Housing	Loss 14 days 🗌 Fleeing Dom. V	/iolence 🗌 At risk of homele	essness Stably Housed	
HAVE YOU BEEN DISPLACED: No by Accessibility/health issues by Addiction behaviors by Cost of living by Pandemic by fire/flood/earthquake by Domestic Violence or Sexual Assault by Urban development, eminent domain by Condemnation of home, code violations by Threat to life or safety					
PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE PREFERED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:					
				🗆 Email 🔷 Mail	
BEST EMAIL ADDRESS:					
BEST MAILING ADDRESS (include apt #): 🛛 where I currently live 🖓 a shelter 🖓 a P.O. Box 🖓 a "care of" address 🖓 a co-applicant's address					
Street or PO:			Apt # or c/or Name:		
City, State, and Zip Code:					
City:			State:	Zip:	
BACKUP ADDRESS	same as above	a shelter a P.O. Bo	ox 🗌 a "care of" address	a co-applicant's address	
Street or PO: Apt # or c/or Name:					
City, State, and Zip Code:					
City:			State:	Zip:	
# BEDROOMS NEEDED \rightarrow		ITIES and PREFERENCES APPL			
	Disability E	_	cal Employee 🗌 Local Student	Homeless Veteran	
自与去家	Rent-burdened 40% Rent-burdened 50% Fleeing domestic violence HUD VAWA Certificate				
HOLE AND	Victim of Hate Crime Community Based Housing				
	Displaced by: Urban Renewal Sanitation Code Natural Forces Other:				