

← Your Full Name

← Address Line 1

← Address Line 2

← City State Zip

← Your Email

← Case Manager Email if any



Washington Columbia II / Four Corners Apartments
Winn Residential c/o HousingWorks.net
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://bit.ly/4ayOAdJ>

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

- WC II and EE c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

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

- Winn esidential Office, 95-B Washington Street, Dorchester MA 02121 617-445-1412


Washington Columbia II Apartments
1BR, 2BR, 3BR,

- ☐ 1BR Tax Credit 30% AMI
- ☐ 2BR Tax Credit 30% AMI
- ☐ 3BR Tax Credit 30% AMI

Four Corners Plaza Apartments

- ☐ 1BR 30% subsidized and 60% Fixed Rent units
- ☐ 2BR 30% subsidized and 60% Fixed Rent units
- ☐ 3BR 30% Subsidized and 60% Fixed Rent units

Staff: Enter Date/Time Stamp at Left

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 _____ 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) _____ \$ _____

RESIDENCY & EMPLOYMENT (continued):

Other Source of Income (i.e.- social security - retirement fund – disability - workmen's compensation – pension - alimony/child support – investments - etc.)

Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

Former Employer _____

Occupation _____

Address _____

Dates of Employment _____

Supervisor _____

Phone _____

FINANCIAL INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

Have you sold or given away any real property or other assets in the past two years? ☐ Yes ☐ NoIf yes, did you receive Fair Market Value for the Asset? ☐ Yes ☐ No**CORI INFORMATION**Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ NoIf yes, you must indicate the nature of the crime and the date of conviction _____
_____**APPLICANTS TERMS (Applicant Read Carefully)**

This application is for Apartment No. _____ or similar type of occupancy beginning (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

Any deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____

Dated _____

Agents Signature _____

Applicant's Signature _____



This Property does not discriminate against any person because of race - color - religion - sex - sexual orientation - handicap - familial status or national origin.



**RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing? ☐ Yes ☐ No

As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location? ☐ Yes ☐ No

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If **Yes**, list where and when: _____

3. Are you or any member of your household currently engaging in the use of illegal drugs? ☐ Yes ☐ No

4. Have you or any member of your household ever been convicted of a felony? ☐ Yes ☐ No
If **Yes**, please explain: _____

5. Are you or any member of your household currently abusing alcohol? ☐ Yes ☐ No

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? ☐ Yes ☐ No

If **Yes**, please explain: _____

7. Are you or any member of your household subject to a lifetime registration requirement under a *State Sex Offender* registration program? ☐ Yes ☐ No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

All household members 18 and older must sign below:

The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize Winn Residential to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.

Applicant _____ **Date** _____

Co-Applicant _____ **Date** _____

Other Adult _____ **Date** _____

Other Adult _____ **Date** _____

Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Management 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:

Date you completed this application:

mm dd yyyy

Head of Household's Date of Birth:

mm dd yyyy

Head of Household's Social Security Number: _____