

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net

HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

☐ **This waitlist is closed. The only waitlists open at present are:**

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator optional _____

Phone of Waitlist Administrator optional: _____ - _____ - _____ X _____

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

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? ☐ = X☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

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☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ 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

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE 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. 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:

BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

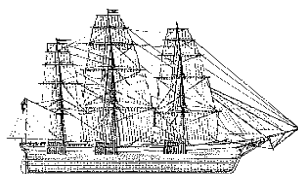
☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





METRO MANAGEMENT

80 Border Street, East Boston, Ma. 02128
Tel: (617)-567-7755 Fax: (617)-567-1842
Website WWW.EBCDC.COM

METRO 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 LANGUAGES.

EBNT Holdings LLC. (East Boston Neighborhood Trust) Application Received _____

Bedroom Size Preference	Income Qualification and Rent		
	60% AMI	80% AMI	100%AMI
Studio _____	1,364	N/A	N/A
1 Bedroom _____	1,431	N/A	2,253
2 Bedroom _____	1,717	2,200	N/A
3 Bedroom _____	1,964	2,522	2,850
4 Bedroom _____	2,164	2,789	3,100
5 Bedroom _____	N/A	N/A	3,225
6 Bedroom _____	N/A	N/A	3,600

Note: You must meet two criteria to qualify for the unit selected.

1. Your household must have at least one person per bedroom minus one. For example: in order to qualify for a 3 bedroom, you must be able to utilize at least 2 bedrooms at the time of application.
2. The combined income of all household members must not exceed the Max income guidelines below

Max Income to qualify for

Household Size	60% AMI Units	80% Units (CDBG Low/Mod)	100% Units
1 Person	\$58,900	\$78,300	\$98,150
2 Persons	\$67,300	\$89,500	\$112,200
3 Persons	\$75,700	\$100,700	\$126,200
4 Persons	\$84,100	\$111,850	\$140,200
5 Persons	\$90,850	\$120,800	\$151,450
6 Persons	\$97,600	\$129,750	\$162,650

Family sizes in excess of 6 persons are calculated by adding 8% of the four-person income limit for each additional family member.

Minimum household incomes are required so that no applicant will pay over 40% of their household Gross income towards rent. These minimum limits do not apply to households with housing assistance (Section 8 & MRVP, VASH) or for the units in this development that include a project-based housing assistance voucher.

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Metro Management office.

Applicant: _____
LAST MIDDLE FIRST

Present Address: _____
STREET APT. CITY STATE ZIP

Mailing Address: _____
(If different) STREET APT. CITY STATE ZIP

Home Telephone: _____ Business Telephone: _____

PRESENT LANDLORD

Name: _____ Telephone: _____ Fax: _____

Address: _____
STREET APT. CITY STATE ZIP

Is your current residency rented to you ☐ Yes ☐ No

If no, explain: _____

Are you currently under lease ☐ Yes ☐ No If yes, when does this lease expire: _____

Present housing cost per month \$ _____ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

Are you receiving rent assistance? ☐ Yes ☐ No If yes what Housing Authority _____

Did you receive any notice of termination? ☐ Yes ☐ No If yes explain _____

PREVIOUS LANDLORD (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: _____ Tel #: _____ Fax #: _____

Landlord Address: _____
Street Apt # Town/City State Zip

Applicant's Address: _____
Street Apt # Town/City State Zip

Was apartment rented to you? ☐ Yes ☐ No If No, Explain _____

of people residing at premise: _____ Length of tenancy: from _____ to _____ Amount of rent per month \$ _____

Were you then under a lease? ☐ Yes ☐ No If Yes, did you remain for its term? ☐ Yes ☐ No

Did you receive any notice of termination of tenancy? ☐ Yes ☐ No If Yes, explain _____

The reason for your leaving: _____

FAMILY COMPOSITION

Please complete the following information for each member of your family, including yourself, who will occupy the apartment.

Name	Relationship	Date of Birth	Sex	Occupation	Social Security Number (if applicable)	Full Time Student (circle one)
	Head					Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No
						Yes / No

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

☐ Yes ☐ No If yes, please explain. _____

Do you currently have a household pet? ☐ Yes ☐ No If Yes, what type? _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household.

1. Individual Employed: _____
Name of Present Employer _____ Telephone: _____
Address: _____
Years Employed: _____ Position: _____ Current Salary \$ _____
[☐] weekly [☐] bi-weekly [☐] monthly

2. Individual Employed: _____
Name of Present Employer _____ Telephone: _____
Address: _____
Years Employed: _____ Position: _____ Current Salary \$ _____
[☐] weekly [☐] bi-weekly [☐] monthly

3. Individual Employed: _____
Name of Present Employer _____ Telephone: _____
Address: _____
Years Employed: _____ Position: _____ Current Salary \$ _____
[☐] weekly [☐] bi-weekly [☐] monthly

5. Individual Employed: _____
Name of Present Employer _____ Telephone: _____
Address: _____
Years Employed: _____ Position: _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME (for all household members):	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security		
Supplemental Security Income (SSI)		
Pension / Annuity / Trust		
Public Assistance (TANF AFDC / EAFDC /GR)		
Unemployment Compensation		
Child Support / Alimony		
Student Financial Assistance		
Gift Contributions		
Other Income (<i>please specify</i>)		

[] Emergency Placements: Households displaced due to Natural Forces (e.g. fire not caused by a member of the household, flood); due to Public Action (e.g. urban renewal, sanitary code violations not of their own making); due to Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

☐ Haitian
 ☐ Asian
☐ Black (not of Hispanic origin)
 ☐ Hispanic
☐ White (not of Hispanic origin)

How did you hear about the Blue Line?

- ☐ Newspaper ☐ Friend ☐ Metro List ☐ Social Media
- ☐ Other, please explain

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **You authorize us to contact any references and landlords listed above and to obtain consumer credit reports, rental payment history and a Criminal Offender Record Information (CORI) report or other criminal background check as determined as necessary about you and any occupants.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management company describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Metro Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.