

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:

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE,
please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG
FORMAT, please email, mail, or fax the form below to
HousingWorks. Include this page so we know who the
application is from! We will 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? ☐ = ☒ 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:



Address: **Sherwood Park** Phone: **508-877-0802** TTY: **(800) 643-3769** Spanish: **(800) 546-7111**
 1595 Concord St Fax: **508-877-0875** Email:

NAME:	<u>For Office Use Only</u> Management Initials: _____ Date/Time Received: _____
HOME PHONE:	
CELL PHONE:	
WORK PHONE:	EMAIL:

ADDRESS:

INSTRUCTIONS TO APPLICANT

- All lines must be filled in. You may write "NONE" or "NO" IN A LINE, but DO NOT leave a line blank or write N/A.
- All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION

Full Name of Household Members As they appear on SS Card	Relationship	Student Y/N		Date of Birth	Social Security Number or Alien Registration No.	SS Benefit Claim Number for anyone receiving benefits from Social Security	Age
		Elementary, Middle or High School	College, University, or Trade School				
1	Head						
2							
3							
4							
5							
6							

- Will any of the Household members listed above live anywhere except in your apartment or be temporarily absent from the apartment? No Yes
If YES, explain: _____
- Are any children listed above subject to a shared custody agreement? No Yes
If YES, explain: _____
- Is any household member a foster child or foster adult? No Yes
If YES, explain: _____
- Have you or any other member of your household ever used any names or Social Security numbers other than the one you are currently using? No Yes
If YES, list member(s) _____
- Is any member of your household enrolled in an institution of Higher Education, either full or part time? No Yes
If YES, list member(s) _____
If YES, list school(s) _____
- Is any household member a U.S. Veteran? No Yes
If YES, list household member(s) _____
- Have you been displaced from your housing? No Yes
If YES, indicate reason: Governmental Action _____ Private Action _____ Natural Disaster _____
If YES to Disaster, was it a Presidentially Declared Disaster Area? No Yes
- Do you expect any additions to the household within the next 12 months? No Yes
If YES, list reason: Pregnancy _____ Adoption _____ Foster Care _____ Other _____
- All applicants and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them, except for those individuals who do not contend eligible immigration status or tenants who were aged 62 or older as of January 31, 2010 whose initial determination of program eligibility was before January 31, 2010.*** Does this apply to anyone in your household? No Yes
If yes, list member(s): _____

RESIDENCE HISTORY

You must record all places you have lived for the past two years. Use an additional fee if necessary. Periods of homelessness may be explained on a separate sheet of paper

HOUSEHOLD INFORMATION

Present Address	I currently: <input type="checkbox"/> Rent this residence <input type="checkbox"/> Own this residence <input type="checkbox"/> Live with a renter at this residence <input type="checkbox"/> Live with the owner of this residence								
	Street Address:				From:		Landlord Name:		
	City		State:	Zip:	To: Present		Landlord Phone:		
	Reason for Moving:						Landlord Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$		City		State:
Previous Address	I: <input type="checkbox"/> Rented this reside <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence								
	Street Address:				From:		Landlord Name:		
	City		State:	Zip:	To:		Landlord Phone:		
	Reason for Moving:						Landlord Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$		City		State:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence								
	Street Address:				From:		Landlord Name:		
	City		State:	Zip:	To:		Landlord Phone:		
	Reason for Moving:						Landlord Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$		City		State:
Previous Address	I: <input type="checkbox"/> Rented this reside <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence								
	Street Address:				From:		Landlord Name:		
	City		State:	Zip:	To:		Landlord Phone:		
	Reason for Moving:						Landlord Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$		City		State:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence								
	Street Address:				From:		Landlord Name:		
	City		State:	Zip:	To:		Landlord Phone:		
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$		City		State:

You **must** report ALL states that All household members have lived in. This Includes the District of Columbia.

States	Household Members That Lived There	States	Household Members That Lived There

		Circle One		If 'Yes' you must answer the following:	
1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?		No	Yes	From Where? _____ When? _____	
2. Have you or any member of your household been evicted in the last five years? (for any reason)		No	Yes	From Where? _____ When? _____	
3. Do you or any member of your household ow money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?		No	Yes	To Whom? _____ How Much? _____	
4. Have you or any member of your household ever committed any fraud in a Federally assisted Housing Program, or been asked to repay money for knowingly misrepresenting information for such housing programs?		No	Yes	Explain: _____ _____	
5. Please check any that apply to your current housing: <input type="checkbox"/> Standard <input type="checkbox"/> Substandard <input type="checkbox"/> Conventional Public Housing <input type="checkbox"/> Lacking a fixed nighttime residence <input type="checkbox"/> Without or soon to be without housing					
6. From what source did you hear about this property? <input type="checkbox"/> Resident <input type="checkbox"/> DCHousingSearch.org <input type="checkbox"/> Sign at Property <input type="checkbox"/> Newspaper _____ <input checked="" type="checkbox"/> Website: _____ <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Other _____					



SOURCES OF INCOME

You **must** report income from **ALL** sources. This includes, but is not limited to, Employment, Public Assistance, Social Security, SSI Disability Compensation, SSP, Unemployment Compensation, Workers Compensation, Pension, Annuity, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Education Grants, Scholarships, Recurring Gifts/Contributions, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

HOUSEHOLD INFORMATION

Name of Employer, Agency or Person providing Income:				Type of Income:
Household member the income is paid to:			Name of Supervisor or Agency Contact:	Start Date:
Address:			Phone Number	<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mon/yr/etc.)	Average Annual Income from this source: \$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:
Household member the income is paid to:			Name of Supervisor or Agency Contact:	Start Date:
Address:			Phone Number	<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mon/yr/etc.)	Average Annual Income from this source: \$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:
Household member the income is paid to:			Name of Supervisor or Agency Contact:	Start Date:
Address:			Phone Number	<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mon/yr/etc.)	Average Annual Income from this source: \$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:
Household member the income is paid to:			Name of Supervisor or Agency Contact:	Start Date:
Address:			Phone Number	<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mon/yr/etc.)	Average Annual Income from this source: \$ _____

ASSET INFORMATION

You must report ALL Assets below. Use an additional sheet if necessary. **This includes, but is not limited to:** Cash; Checking, Savings, Debit, Pay Card, Money Market, and Certificate of Deposit accounts; Stocks; Bonds, Mutual Funds; Trust Funds, Retirement Accounts; Life Insurance; Personal Property held as an investment: real Estate, etc.

HOUSEHOLD INFORMATION

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

Name of Account Holder:	Name of Bank/Financial Institution:			Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:				
Account: No:	City	State	Zip	Bank Phone Number	

ASSETS OWNED OR DISPOSED OF	<u>No</u>	<u>Yes</u>	If 'Yes' you must answer the following:
1. Has any household member disposed of (given away or sold) an asset for less than what it was worth (Fair Market value) in the past two (2) years??	No	Yes	Date Disposed of: ____/____/____ Description of Asset _____
2. Has any household member sold an Real Estate in the last two years??	No	Yes	Date Disposed of: ____/____/____ Description of Asset _____ Sales Price: \$ _____
3. Does any household member have full or partial ownership of any Real Estate, Boat, or Mobile Home?	No	Yes	Description of Asset _____ Value: \$ _____ Annual Income from Asset: : \$ _____
4. Are any assets owned jointly with a person or people who are not a member of this household?	No	Yes	Value: : \$ _____ Percent owned by Applicant: _____

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below or else check the box at right. **[] This section does not apply to me**

Name of Provider:	Street Address:			Check all that apply: This expense allows me to <input type="checkbox"/> work <input type="checkbox"/> seek employment <input type="checkbox"/> attend school, or <input type="checkbox"/> none of these. Amount you pay: \$ _____ per _____
Phone	City	State:	Zip	
Name of Provider:	Street Address:			Check all that apply: This expense allows me to <input type="checkbox"/> work <input type="checkbox"/> seek employment <input type="checkbox"/> attend school, or <input type="checkbox"/> none of these. Amount you pay: \$ _____ per _____
Phone	City	State:	Zip	

CHILD CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below. **[] This section does not apply to me**

Name of Provider:	Street Address:			Check all that apply: This expense allows me to <input type="checkbox"/> work <input type="checkbox"/> seek employment <input type="checkbox"/> attend school, or <input type="checkbox"/> none of these. Amount you pay: \$ _____ per _____
Phone	City	State:	Zip	
Name of Provider:	Street Address:			Check all that apply: This expense allows me to <input type="checkbox"/> work <input type="checkbox"/> seek employment <input type="checkbox"/> attend school, or <input type="checkbox"/> none of these. Amount you pay: \$ _____ per _____
Phone	City	State:	Zip	

MEDICAL EXPENSES

If the Head or Spouse is 72+ years of age, or is Disabled/Handicapped, please fill out the **[] This section does not apply to me**

Name of Provider:	Street Address:			Description of Expenses: _____ _____.
Phone	City	State:	Zip	
Name of Provider:	Street Address:			Description of Expenses: _____ _____.
Phone	City	State:	Zip	
Name of Provider:	Street Address:			Description of Expenses: _____ _____.
Phone	City	State:	Zip	
Name of Provider:	Street Address:			Description of Expenses: _____ _____.
Phone	City	State:	Zip	

Elderly/Handicapped/Disabled Status

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please review the attached HUD definition of disability*. **[] This section does not apply to me**

Check any answer that applies. *Please refer to Definition B on the Rental Application attachment – Definitions of Disability.

Head of Household is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply
Co-Head of Household and/or Spouse is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply
Co-Head of Household is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply

Circle One

If 'Yes' you must answer the following:

1. Will any member of your household require a unit having handicapped accessible features?

No Yes

Type of accessibility required?

2. Are there any special accommodations or modifications that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

No Yes

Explain

3. Will the household include a live-in-aide(s)

No Yes

Name(s)

We are required by HUD to obtain the following information for the purpose of statistical reporting. Your response is strictly voluntary.

Does any family member have one of the following disabilities: _____ Mobility _____ Visual _____ Hearing.

WAIT LIST PREFERENCES

Applicants with preferences are selected from the wait list and receive an opportunity for an available unit earlier than those who do not have a preference. Preference is, in fact, only the order of applicants on the wait list. They do not make anyone eligible who was not otherwise eligible, And they do not change the resident screening criteria.

Please review the preferences below and indicate any that you believe apply to your household. Verification of eligibility for the preference will be required for final approval. The preferences will only be granted to applicant households that request them. Applicants can update their preference status at any time. Management requests that you update application and preference information in writing.

VAWA PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants seeking relocation to avoid, remedy, or address harassment based on protected status, or the emergency transfer of a resident due to domestic violence, dating violence, sexual assault, or stalking, in accordance with the violence against Women Against Women Act. (VAWA). The Agent shall obtain from the applicant such documentation as specified in 24 CFR 5.2007 (b)(i)

Applicants who would like to request this preference, or any additional protections under the violence against Women Act, should complete the attached certificate of domestic violence, dating violence, sexual assault, or stalking. (form HUD-5382) or provide the alternate documentation listed on that form.

DISPLACED IN A PRESIDENTIALLY DECLARED DISASTER ZONE PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants who have been displaced by government action or a presidentially declared disaster.

- ☐ **My household qualifies for this preference because the household has been displaced by:**
- ☐ **Government Action**
 - ☐ **A Presidentially Declared Disaster**
- ☐ **My household does not qualify for this preference.**

WORKING PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for working families. Working families means a family whose head of household, spouse, co-head of household, or sole member, is working full time, sixty-two years of age or older, or disabled.

- ☐ **My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:**
- ☐ **Working full time (minimum of 32 hours per week and employed to the same company for at least six (6) months. List the number of hours worked per week:**
 - ☐ **62 years of age or older**
 - ☐ **Disabled as defined by HUD (See Definition A. Reasonable Accommodations on the Rental Application Attachment)**
- ☐ **My household does not qualify for this preference.**

DISABLED HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person with a disability.

- ☐ **My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:**
- ☐ **Disabled as defined by HUD (See Definition A. Reasonable Accommodations on the Rental Application Attachment)**
- ☐ **My household does not qualify for this preference.**

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading, or incomplete, your application may be rejected, OR if moving has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
5. Have you or any member of your household Ever been convicted of violent criminal activity?	No	Yes	Who _____ When? _____ Details: _____
6. Have you or any member of your household ever been convicted of violent criminal activity?	No	Yes	Who _____ When? _____ Details: _____
7. Are you or any member of your household a current, illegal user of, or addicted to, a controlled substance?	No	Yes	Who _____ When? _____ Details: _____
8. Are you or any member of your household a current user of, or addicted to, marijuana?	No	Yes	Who _____ When? _____ Details: _____
9. Do you or any member of your household, have a pattern of alcohol abuse?	No	Yes	Who _____ When? _____ Details: _____
10. Have you, or any member of your household, ever been convicted of the illegal manufacturer or distribution of a controlled substance?	No	Yes	Who _____ When? _____ Details: _____
11. Have you or any member of your household ever been on parole, or are now on parole?	No	Yes	Who _____ When? _____ Details: _____
8. Have you already member of your household currently, or in the past, used illegal drugs?	No	Yes	Who _____ When? _____ Details: _____
9. Are you, or any member of your household, subject to a state sex offender lifetime registration requirement?	No	Yes	Who _____ In What State: _____

AUTOMOBILES AND OTHER VEHICLES

Make:	License Plate Number:	State:	Insurance Agent:	Phone:
Model:	License Expiration Date:	Street Address:	Policy No:	
Color:	Year:	Name on Registration:	City	State
			Zip:	Expiration Date:
Make:	License Plate Number:	State:	Insurance Agent:	Phone:
Model:	License Expiration Date:	Street Address:	Policy No:	
Color:	Year:	Name on Registration:	City	State
			Zip:	Expiration Date:

RENTERS INSURANCE

It is not required, but we recommend that you carry renter's insurance. Your personal belongings are not covered by our insurance. If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City:	State:
Zip:	Expiration Date:

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

- _____ (initial) I have read an understanding information in this application, in particular the instructions to applicant, and have agreed to comply with all information and instructions.
- _____ (initial) I I have read and understand the **Tenant Selection Plan** that is posted in the management office and summarizes the procedures for processing applications.
- _____ (initial) I I certified that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application **OR** if move-in has occurred, terminate my lease and a victory in my household.
- _____ (initial) I I understand that all changes in the income of any member of the household, as well as any changes in the size or make up of the household members, must be reported to management in writing immediately.
- _____ (initial) I If my application is approved and move in occurs, I certify that only those persons listed in the application will occupy the apartment and that they will maintain no other place of residence.
- _____ (initial) I If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth herein, including rules regarding pets, rent damages and security deposits.
- _____ (initial) I I authorize management to make any and all enquiries to verify this information, either directly or through information exchanged now or later, with rental and credit screening services, previous and current landlords, law enforcement agencies, or other sources of information released to appropriate federal, federal, state or local agencies. I authorize management to run a credit and criminal background check.
- _____ (initial) I I understand that it is a crime to normally provide false information for the purpose of obtaining or maintaining occupancy in, and/or for the purpose of securing a lower rent, in a subsidized housing development.
- _____ (initial) I I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a (initial) \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

WinnResidential does not discriminate on the basis of race, color, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, gender identity, familial status, marital status, disability or handicap, military/veteran status, source of income, age or other basis prohibited by local, state or federal law.

If you feel you have been discriminated against by this company, please call (617) 239-4596.

For office use only

This application is being placed on the following wait lists

Standard Apartments:

[Closed] 1 Bedroom [Closed] 2 Bedroom [Closed] 3 Bedroom [Closed] Studio

Apartments for Persons with a Mobility Impairment (Wheelchair Accessible):

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom

Apartments for Persons with a Hearing or Visual Impairment (Wheelchair Accessible):

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom