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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

←Your Full Name  
←Address Line 1  
← City State Zip  
← Your Email  
← Case Manager Email if any



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

Fold on this line \_\_\_\_\_

## Four Ways to Apply: Only Pick One!

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/3TOISjM>

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

- Madison Park CDC c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

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

- Winn Residential Office, 122 Dewitt Drive, Roxbury MA 02120 617-445-8338

**Staff: Enter Date/Time Stamp at Left**

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME in the row below:

HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME in the row below:

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

DO YOU HAVE A SOCIAL SECURITY NUMBER or ITIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	YOUR DATE OF BIRTH	AGE	GENDER
Enter your FULL and COMPLETE SSN or ITIN below:		Type as: MM-DD-YYYY, no exceptions		F M T-MTF T-FTM

ETHNICITY	RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial)

REQUESTED ACCOMMODATIONS: Do you need any of these:	<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"/> No-Steps unit (elevator to any floor)	<input type="checkbox"/> Vision Impaired Unit
<input type="checkbox"/> First-Floor unit only	<input type="checkbox"/> Need an Interpreter:
	<input type="checkbox"/> Hearing Impaired Unit
	<input type="checkbox"/> Domestic Violence Victim
	<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 - you must select one of these answers

<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
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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 anyone in HH subject to a lifetime sex offender registration in any state?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

HOUSEHOLD SIZE AND COMPOSITION:	ANNUAL INCOME	DOCUMENTED DISABILITY?
<input type="text"/> ← # Adults <input type="text"/> ← # Children <input type="text"/> ← Total # in Household	\$ <input type="text"/>	<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 Viol <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

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 and Apt # or PO Box:



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 and Apt # or PO Box: Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City	State	Zip
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# 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:

### Present Address

### Former Address

Annual Gross Salary \$ (how much you make in a year)

#### INCOME & ASSETS MENT (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 \$ \_\_\_\_\_

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. \_\_\_\_\_

#### APPLICANTS TERMS (Applicant Read Carefully)

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.

Date You Completed this Application \_\_\_\_\_

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.



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

- ➡ If you do not select your preferred waitlists below, we will assign you to all the lists where you will be eligible. If you request choices that you do not qualify for, we will perform a pre-screening and place you only where you ARE eligible; however, you can always update your information at any later date, and this may then make you eligible for different lists at the same properties.
- ➡ On any given day, some waitlists may be closed to new applicants.

### AFFORDABLE HOUSING

(You pay a **fixed** rent regardless of income)

- ☐ **9 WILLIAMS 60% AMI Tax Credit** ..... 1, 2, 2M, 3  
No priorities or preferences **NOT ACCEPTING APPLICATIONS**
- ☐ **BERYL GARDENS Tax Credit, Lo 50%, and Hi 60%** ..... 3 BR units M  
No priorities or preferences Utilities are not included
- ☐ **DUDLEY GREENVILLE 30% AMI Home** ..... 2 BR only incl MVH  
No priorities or preferences
- ☐ **DUDLEY GREENVILLE 60% AMI Tax Credit** ..... 1, 2, 3 BR, 2-3 MH)  
No priorities or preferences
- ☐ **HAYNES Tax Credit 30% Max Inc+Min inc....** 1 and 2 BR units, incl MVH
- ☐ **HAYNES 60% AMI Tax Credit**..... 1 and 2 BR,incl MVH  
No priorities or preferences
- ☐ **MADISON MELNEA CASS 60% Tax Credit?** ..... 1, 2, 3 incl MVH  
No priorities or preferences **NOT ACCEPTING APPLICATIONS**
- ☐ **RUGGLES SHAWMUT 60% AMI Tax Credit**.....Studio,1, 2,and 3  
Presidential Nat Disaster, Handicapped or Disabled, no accessible Utilities are included

### INCOME RESTRICTED AND MARKET HOUSING

70% AMI and higher

- ☐ **9 WILLIAMS 70% AMI** ..... 2, 2H, 3  
No priorities or preferences **NOT ACCEPTING APPLICATIONS**
- ☐ **9 WILLIAMS Market Rate** ..... Studio, 1, 2  
No priorities or preferences **NOT ACCEPTING APPLICATIONS no accessible units**
- ☐ **HAYNES HOUSE 80% AMI** ..... 1 and 2BR, 2BR MVH  
No priorities or preferences
- ☐ **HAYNES HOUSE Market Rate**..... 1 and 2BR  
No priorities or preferences, no accessible
- ☐ **MADISON MELNEA CASS 110%** ..... 2,3 M
- ☐ **MADISON MELNEA CASS MARKET** ..... 1, 2  
No priorities or preferences, **NOT ACCEPTING APPLICATIONS** no accessible units
- ☐ **RUGGLES SHAWMUT Market Rent**.....Studio only  
Presidential Nat Disaster, Handicapped or Disabled, no accessible Utilities are included

### SUBSIDIZED HOUSING

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

- ☐ **HAYNES HOUSE 60% AMI MRVP PBV**..... 1 and 2 BR units, incl MVH
- ☐ **MADISON PARK III 60% AMI PBV** ..... 2, 2M, 3, 4BR  
Nat Disaster, Urban Renew, Health Code, Dom Viol + children
- ☐ **MADISON PARK IV 50% AMI** ..... 2, 3 BR, incl MVH  
Presidential Nat Disaster, **NOT ACCEPTING APPLICATIONS** Domestic Violence Handicapped or Disabled
- ☐ **RUGGLES SHAWMUT 50% AMI** ..... Studio, 1, 2, 3 BR incl MVH  
Presidential Nat Disaster, Handicapped or Disabled
- ☐ **ST. BOTOLPH 50% AMI** ..... Studio, 1, 2, 3, 4 BR  
Extremely Low Income priority, no accessible units

### ELDER HOUSING

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

- ☐ **SMITH HOUSE 50% AMI for those 55+ yrs** ..... 1BR units MV  
Nat Disaster, Urban Renew, Health Code