 - ←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

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://form.jotform.com/waitlistupdate/winn-chelsea-tnd-portfolio

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

• Amory and Egleston c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

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

Winn Residential Office, 4 Gerrish Ave Rear, Chelsea, MA, 02150-2943 617-884-0692

**Staff: Enter Date/Time Stamp Below** 

Fold on this line \_



# 1-, 2-, & 3-Bedrooms for Families & Seniors (62+)

# **LOTTERY PRE-APPLICATION INSTRUCTIONS:**

- Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- Two housing lotteries will be conducted for Swifts Landing (family apartments + age-restricted apartments for seniors 62+). Please indicate on the last page of the Pre-application which lotteries you would like to be entered for. If all members of the household are 62 years of age or older, you may choose to be entered into both lotteries. Please note, the age-restricted apartments are all 1-bedrooms.
- All Pre-applications MUST be submitted via US Mail to: Swifts Landing, PO BOX 56033, Philadelphia, PA 19130
- Pre-application must be postmarked by 9/24/24 to be entered into the lottery.
- The lotteries will be conducted on 10/4/24 via Facebook Live. A link to virtually attend will be available at SwiftsLanding.com.
- The full application and interview process will begin immediately following the lottery with all eligible applicants catalogued into their lottery selection slot.
- The following income restrictions apply: (Effective 7/2024, subject to change)

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent		
	1 person	\$29,246 - \$34,260	200/	\$853		
1 Bedroom	2 people	\$29,246 - \$39,180	30%	\$853		
1 Bearoom	1 person	\$60,720 - \$68,520	60%	\$1,771		
	2 people	\$60,720 - \$78,360	00%	<b>λ1,//</b> 1		
	1 person	\$25,590 - \$34,260	30%	\$853		
1 Bedroom	2 people	\$25,590 - \$39,180	30%			
SENIOR 62+	1 person	\$53,130 - \$68,520	60%	\$1,771		
	2 people	\$53,130 - \$78,360	00%	\$1,771		
	2 people	\$34,937 - \$39,180				
	3 people	\$34,937 - \$44,070	30%	\$1,019		
	4 people	\$34,937 - \$48,960				
	2 people	\$72,720 - \$78,360				
2 Bedroom	3 people	\$72,720 - \$88,140	60%	\$2,121		
	4 people	\$72,720 - \$97,920				
	2 people	\$89,143 - \$156,720				
	3 people	\$89,143 - \$176,280	120%	\$2,600		
	4 people	\$89,143 - \$195,840				
	3 people	\$40,183 - \$44,070				
	4 people	\$40,183 - \$48,960	30%	\$1,172		
	5 people	\$40,183 - \$52,890	30%	\$1,172		
3 Bedroom	6 people	\$40,183 - \$56,820	1			
3 Deurouili	3 people	\$83,829 - \$88,140				
	4 people	\$83,829 - \$97,920	60%	\$2,445		
	5 people	\$83,829 - \$105,780	0070	λς, <del>44</del> 3		
	6 people	\$83,829 - \$113,640				





Address: PO Box 56033

Philadelphia, PA 19130

Phone: 774.326.4232 Fax: 508.689.7680

Email: SwiftsLanding@pennrose.com

TTY: 711



To be completed by office staff: Application Number
Date Application Rec'd Time Application Rec'd Initials of Staff Member

# Lottery Pre-Applications MUST BE Sent via U.S. Mail and Addressed to: Swifts Landing, PO Box 56033, Philadelphia, PA 19130

			HEAD OF HO	USEHOLI	)				M F
NAME:					SSN:			L	
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CURRENT ADDRESS:					_ HOME	#:			
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(City)	(State)		(Zip Co	ode)	WORK	#:			
EMAIL:					_ D.O.B:				
How did you hear ab	out us?						E STATE: E NUMBER:		
			HOUSEHOLD	MEMBER	RS				
Name	DOB	M/F	Relationship	Soc.	Sec. Nu	mber	DL State &	Numb	er
			NUAL HOUSE						(6: 1.0.)
Gross Employmen	n+ /\\/ 2 g o c	(61	oss Income Befo	ore Deduc	\$			nor	(Circle One) Year / Month
Social Security Inc	_				\$			per per	Year / Month
Social Security Dis					\$			per	Year / Month
Public Assistance (Welfare/TANF)			Ś			per	Year / Month		
Child Support			\$			per	Year / Month		
Pension					\$			per	Year / Month
Payments from Gi	g Income (Uber, I	Lyft, Instac	art, Venmo, Cas	sh App, etc				per	Year / Month
Assets (Approxima	ate Total Balance	of Checkin	g, Savings, 401	(k), IRA <u>,</u> et	c.) \$			per	Year / Month
Other Income (Ple	ease Specify):				\$			per	Year / Month







**Preferences for Determining Waiting List Position (if applicable)** 

( app)				
Do you or any member of your household have a DISABILITY?				
Do you or a member of your household live, work, or have children that go to school in Wareham, MA?			Ν	
Is the Head of Household or Spouse 62 years of age or older?			Ν	
Are you currently employed?			Ν	
Are you a student or recent graduate of an educational or training program?			N	
Do you have a portable section 8 voucher (HCVP)?			N	
If yes above, through what agency?				
What year did you last file taxes?			N	
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			N	
required:				
Unit for visually impaired	Unit for hearing impaired			
No steps	Other:			
	ehold have a DISABILITY?  old live, work, or have children in the control of the	ehold have a DISABILITY?  old live, work, or have children that go to school in Wareham, MA?  62 years of age or older?  e of an educational or training program?  icher (HCVP)?  ?  etures? (e.g. unit for mobility impaired, visually impaired, hearing no steps, etc.)  required:  Unit for visually impaired  Unit for hearing impaired	ehold have a DISABILITY?  Old live, work, or have children that go to school in Wareham, MA?  Y  22 years of age or older?  Y  24 of an educational or training program?  Y  25 cher (HCVP)?  Y  26 retures? (e.g. unit for mobility impaired, visually impaired, hearing no steps, etc.)  required:  Unit for visually impaired  Unit for hearing impaired	

#### **Additional Questions**

Two housing lotteries will be conducted for Swifts Landing (family apartments + ageapartments for seniors 62+). <b>Please circle which lotteries you would like to be enter</b> <i>You may choose both if all members of the household are 62 years of age or older.</i>	Family	Senior (1 BR)	
Do you have any pets that will be residing with you?  Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security de	Υ	N	
If yes to above, how many?			
How many bedrooms are you interested in? (1BR, 2BR, 3BR) 1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference	e:	

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code. \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process. \_\_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process. \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: Types of Program Assistance (For Office Use ONLY) \*\*Important: You must notify us promptly should any information on this application change Tax Credit 60% 100% **PBV** 30% July 2024





