



←Your Name

←Address Line 1

← City State Zip

← Your Email

← Case Manager Email if any

MAIL TO:

Property c/o HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104

**← MAIL, OR SEE BELOW:
DO NOT FAX THIS APPLICATION.**

Date Generated:

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://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

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

☐ 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? | <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? ☐ Yes ☐ 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 |
|------|-------|-----|

| | |
|---|---|
| # 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: |



**The Block at 22 Everett
22 Everett Street
Westwood, MA 02090**

Affordable Rental Pre-Lottery Application

Mailed applications must be Postmarked no later than
Friday, September 26th, 2025 and mailed to:

Maloney Properties LLC
Attention: The Block at 22 Everett Lottery
27 Mica Lane, Wellesley MA 02481

**Supporting Documentation (Income, Assets, Taxes, etc.) is NOT required to
be submitted with the application.**

Free language assistance and reasonable accommodations available. For assistance and
more information, please call Maloney Properties LLC (617) 639-3064 Extension 773
| US Relay 711 or email: TheBlock@MaloneyProperties.com



IMPORTANT:

You may only submit one application per household. Duplicate applications will be discarded and only one application per household will be accepted.

**The Block at 22 Everett
22 Everett Street Westwood, MA 02090**

Affordable Rental Pre-Lottery Application

Head of Household:

| | |
|------------------------|--|
| Name: | |
| Street Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Email Address: | |
| Phone #: | |

Head of Household (2):

| | |
|------------------------|--|
| Name: | |
| Street Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Email Address: | |
| Phone #: | |

Maloney Properties will contact applicants by email and phone only. If an email address is not provided, we will send notifications through postal mail and follow up by phone.

1. Please complete the chart below for all household members that would be residing in the unit, including yourself:

| Full Name | Age | Head of Household or Occupant | Relationship to Head of Household (<i>i.e. Daughter, Son, Mother, Father, etc.</i>) |
|-----------|-----|-------------------------------|---|
| | | Head of Household | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Race & Ethnicity (Optional Disclosure):

This response is for the race and ethnicity of the head of household only.

There is no penalty for persons who do not complete this section of the application. This information will only be used in aggregate, for the purposes of reporting and analysis.

Please check all boxes that apply:

- ☐ Alaskan Native and Native American
- ☐ Asian
- ☐ Black or African American (not of Hispanic origin)
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (not of Hispanic origin)
- ☐ Other (please specify): _____

2. What is the total number of people in the household applying for the unit?

(this number should include all household members who will live in the unit including yourself & any household members under the age of 18)

My Household Size is: _____

3. Does your household receive housing assistance such as Section 8 / MRVP / VASH / Other? (If yes, household minimum income does not apply)

- ☐ Yes, household receives housing assistance.
- ☐ No

If yes, please list the type of housing assistance/housing authority that issues your assistance:

4. Which Unit Size(s) are you applying for?

(You may apply for more than one option)

- ☐ 1-Bedroom
☐ 2-Bedroom
☐ 3-Bedroom

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

- ☐ Yes
☐ No

If yes, please Explain:

Income Information:

The affordable units will all be in the 60% AMI & 80% AMI income categories.

| Household Size | 60% AMI Low Income | 80% AMI Low Income |
|----------------|--------------------|--------------------|
| 1 | \$69,480 | \$92,650 |
| 2 | \$79,440 | \$105,850 |
| 3 | \$89,340 | \$119,100 |
| 4 | \$99,240 | \$132,300 |
| 5 | \$107,220 | \$142,900 |
| 6 | \$115,140 | \$153,500 |

** 2025 Area Median Incomes for the Boston, Cambridge, Quincy, MA-NH MSA*

6. Please list all sources of gross income anticipated to be received by any/all household members in the next 12 months, including but not limited to: Employment, Self-employment (net business income), unemployment, Social Security, SSI, SSP, Public Assistance, Pension payments, child support, alimony, regular gift/contributions, etc.

| Full Household Member Name | Source of Income | Estimated Current Annualized Gross Income |
|----------------------------|------------------|---|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Asset Information:

7. **Please list household members' assets**, including but not limited to: Checking accounts, Savings accounts, trust accounts, certificate of deposits (CDs), credit unions, saving bonds, life insurance policies, 401K, SSA Direct Express Debit cards, etc.

| Full Name | Type of Account | Current Account Balance |
|-----------|-----------------|-------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Please note that Maloney Properties reserves the right to request additional documentation after reviewing the application. Failure to provide any additional documentation requested by Maloney Properties by the given deadline will result in your application not being entered into the lottery.

In carrying out this marketing program and buyer selection process, neither the Owner nor its Lottery Agent, will discriminate based on race, color, creed, religion, sex, familial status, sexual

orientation, national or ethnic origin, handicap, citizenship, ancestry or marital status, public assistance, gender identity or any other basis prohibited by law.

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to affordable person with disabilities an equal opportunity to use and enjoy the housing.

Timeline:

Application Deadline:

The deadline for completed applications by mail, postmarked no later than
Friday, September 26th, 2025

Applications must be mailed to:

Maloney Properties LLC
Attention: The Block at 22 Everett Lottery
27 Mica Lane, Wellesley MA 02481

Lottery Drawing:

Friday, October 3rd, 2025 *(tentative and subject to change; we will inform you of the date after the deadline)*

Post-Lottery Documentation and Approval:

Applicants will be given 7 days after touring to submit all required documentation (i.e., paychecks, bank statements, taxes, etc.). Maloney Properties will screen the application for income eligibility and reject any households who do not qualify.

Maloney Properties can take 1-2 weeks for approval of a household's application.

Applicants will have 7 days from approval to execute a lease and 60 days from approval to occupy the unit.

Questions:

Maloney Properties' staff are available to answer any questions during the process.

Please feel free to contact us:

Email: TheBlock@MaloneyProperties.com

Phone: (617) 639-3064 Extension 773 | US Relay 711

Website: www.TheBlockAffordables.com

Signature Clause:

I understand that the Lottery Agent is relying on this information to prove my household's eligibility for The Block at 22 Everett, 22 Everett Street, Westwood, MA. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have the Lottery Agent verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my income must be eligible to be entered the lottery.

All ADULT household members must sign below:

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|



Equal Housing Opportunity