

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

Date Generated:

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ 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 Received. Application will be stamped to show when it was received:

Multi Property Update Form vs 2.9 – YOU MUST ANSWER EVERY QUESTION

Mail your completed form to: HousingWorks, P.O. Box 231104, Boston MA 02123.

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 <u>or</u> ITIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	YOUR DATE OF BIRTH	AGE	GENDER
Enter your <u>FULL</u> and <u>COMPLETE</u> 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:

☐ 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"/> Vision Impaired Unit | <input type="checkbox"/> Need an Interpreter: |
| <input type="checkbox"/> No-Steps unit (elevator to any floor) | <input type="checkbox"/> Hearing Impaired Unit | <input type="checkbox"/> Domestic Violence Victim | |
| <input type="checkbox"/> First-Floor unit only | <input type="checkbox"/> Unit designed for Environmental Allergies | <input type="checkbox"/> Live-In Aide or PCA | |

HEAD OF HOUSEHOLD'S CAREER STAGE:

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

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes ☐ NoPERMANENT 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 <u>anyone</u> 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:

<input type="text"/> ← # Adults	<input type="text"/> ← # Children	<input type="text"/> ← Total # in Household	ANNUAL INCOME \$ <input type="text"/>	DOCUMENTED DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CURRENT HOUSING STATUS:

☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom Viol ☐ 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

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

☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street and Apt # or PO Box:

Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

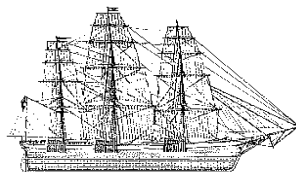
City State Zip

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: _____ | | | | | |



METRO MANAGEMENT

80 Border Street, 3rd Floor East Boston, MA 02128
Tel: (617)-567-7755 Fax: (617)-567-1842

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 FORMATS.

Application Received Date _____

SITES:

Senior Housing: 62 + Older

- ☐ Barnes School (Non-smoking)
- ☐ Lewis Mall (Non-smoking)
- ☐ Cheverus School (Non-smoking)
- ☐ Villa Michelangelo (Non-smoking)
- ☐ Dalrymple School (Non-smoking)
- ☐ 41 North Margin (Non-smoking)
- ☐ Grace Apartments 55+ (Non-smoking)

SIZE OF APARTMENT NEEDED:

0BD 1BD 2BD 3BD 4BD
☐ ☐ ☐ ☐ ☐

UNIT TYPE REQUESTED

Wheelchair Adapted Unit
☐ Yes ☐ No

Elderly / Disabled:

- ☐ Lyman School (Non-smoking)
- ☐ Landfall (Non-smoking)

Hearing/ Visual Adapted Unit
☐ Yes ☐ No

L.C.A. II / Scattered Sites/Greenway/Paris Village/ East Boston AOP(Please circle)

- ☐ Market Rent
- ☐ Basic Rent
- ☐ Low Rent

APPLICATION FOR ADMISSION

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: _____



Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/ Alaskan Native ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ Hispanic
☐ White (not of Hispanic origin)

PRESENT LANDLORD

Name: _____ Telephone: _____

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.

List all states where applicant has resided _____

What are your reasons for moving? _____

How did you hear about this housing development? _____

REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official _____ Telephone: _____

Address: _____

Name of Previous Landlord/Official _____ Telephone: _____

Address: _____

NOTE: If you are unable to provide a landlord or other housing reference, please provide other references that have known you for one year or more and are not related to you.

Name of Reference _____ Telephone: _____

Address: _____

Name of Reference _____ Telephone: _____

Address: _____



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

[illegible]

Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

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?

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



OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Child Care, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
_____	_____	per _____
		(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes ____ No ____ If so, please explain.

2. Does your present apartment contain health code violations? Yes ____ No ____ If so, please describe: _____

3. Is your present apartment too small for your family? Yes ____ No ____

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ____ No ____

If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.



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. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** 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.

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Eligibility for HUD-assisted or insured housing. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available **without regard to actual or perceived sexual orientation, gender identity, or marital status.**

If the Agent has determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for the 60-day period, during which the applicant shall try to obtain documentation. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant shall be determined to be ineligible and removed from the waiting list. The Agent may, however, extend the time period for an additional 60 days if the applicant is at least 62 years old and unable to submit the required documentation within the first 60-day period.