

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**HOUSINGWORKS**  
For Everyone

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX \_\_\_\_\_
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |  |   |
|--|--|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_



# A WINGATE MANAGED COMMUNITY

**Somerville Properties**  
**Tenant Application Form**  
**T 617-591-0577 \* F 617-623-5557**

## For Office Use Only

Check here if  
Pre-  
Application is  
on file. ☐

Application Date: \_\_\_\_\_ Time: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_ Application

Received By: \_\_\_\_\_ As Agent for Owner

Property/Address: \_\_\_\_\_ Date: \_\_\_\_\_

**MANAGEMENT WILL PROVIDE HELP IN COMPLETING THIS DOCUMENT. IF IT IS NECESSARY, YOU MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

### Instructions

- Each household member over 18 must complete a separate application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write NIA
- All information should 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.
- As long as your application is on file with us it is your responsibility to contact us whenever your address or telephone number or income situation changes or whenever you need to add or remove a household member from your application.
- After we receive your completed application we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan posted in the Management office.

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Full- Time Student (Y/N)	Part- Time Student (Y/N)	Social Security Last 4 numbers



**Current Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Type:**

1st Choice: ☐ Studio ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other \_\_\_\_\_

2nd Choice: ☐ Studio ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment) ☐ Yes ☐ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

**Housing References:**

List the **past 5 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____
	<b>Phone:</b> _____			
	<b>Current Rent Amount:</b> _____	<b>Check Utilities Paid by you:</b> <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other		
2.	_____	_____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____
	<b>Phone:</b> _____			
3.	_____	_____	<b>Own</b> <input type="checkbox"/> <b>Rent</b> <input type="checkbox"/>	From: _____ To: _____
	<b>Phone:</b> _____			

Please list ALL states where any household member has lived since the age of 18, and the last address in each state not listed above in Housing References.

<u>State</u>	<u>Years</u> <u>From/to</u>	<u>Household Member</u>	<u>Last Street Address in that State</u>	<u>City</u>	<u>Country</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**Household Information (continued)**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

2. Do you expect the number of household members to change in the future? ☐ Yes ☐ No  
If YES, explain how many members will be added or reduced, and when that change will take place.

\_\_\_\_\_

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

4. Are any or ALL members of the household full-time students? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_

Are any of the above convictions a felony? ☐ Yes ☐ No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No If YES, Please explain \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain \_\_\_\_\_

\_\_\_\_\_

6. Do you live in subsidized housing now or have you in the past? ☐ Yes ☐ No

If YES, where? \_\_\_\_\_ Do you have a Housing Voucher ☐ Yes ☐ No

From \_\_\_\_\_ To \_\_\_\_\_

Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_

7. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? ☐ Yes ☐ No

If YES, to whom? \_\_\_\_\_ How much\$ \_\_\_\_\_

8. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

\_\_\_\_\_



9. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No  
If YES, give reason \_\_\_\_\_ Date of filing: \_\_\_\_\_
10. Have you ever lived at any other property managed by Wingate Management Company, LLC ☐ Yes ☐ No  
If YES, where? \_\_\_\_\_
11. Why do you want to move from your current residence? \_\_\_\_\_
12. How did you hear about us? via the HousingWorks.net website \_\_\_\_\_
13. Do you know or are you related to any of our residents or staff? \_\_\_\_\_  
\_\_\_\_\_

**Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?**

☐ Yes ☐ No

***IF YES, answer the following questions...***

Are any full-time students(s) married and filing a joint tax return?

☐ Yes ☐ No

Are any student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?

☐ Yes ☐ No

Are any student(s) a TANF or Title IV recipient?

☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

☐ Yes ☐ No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

☐ Yes ☐ No

PROPERTY NAME is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, disability, or handicap. In addition, the project has an obligation to provide "reasonable accommodations" to applicants/residents if they and/or any family member have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Are you or any member of your household requesting a reasonable accommodation in relation to this housing application or your housing needs?

☐ Yes ☐ No

If Yes, please complete the reasonable accommodation request form.

Do you or any member of your household require a personal care attendant in order to accommodate a disability while living at PROPERTY NAME?

☐ Yes ☐ No

If yes, please complete the Personal Care Attendant form.



## **Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ Yes ☐ No

*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company &amp; Address</u>	<u>Phone Number</u>	<u>Amount</u> <i>(or note if self-employed)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Unemployment benefits or worker's compensation?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?

☐ Yes ☐ No

*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- (b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency

Name of Agency: \_\_\_\_\_

☐ Court of Law

Name of Court: \_\_\_\_\_

☐ Directly from Individual

Name of Person: \_\_\_\_\_

☐ Other

Explain: \_\_\_\_\_

- (c) If money is not actually received, are you taking legal action to remedy?

☐ Yes ☐ No

Explanation: \_\_\_\_\_



5. Social Security, SSI or any other payments from the Social Security Administration?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
7. Regular payments from a severance package?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
8. Regular payments from any type of settlement? (For example, insurance settlements)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
9. Disability, death benefits or life insurance dividends?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
10. Regular gifts or payments from anyone outside of the household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(This includes anyone supplementing your income or paying any of your bills.)			
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
11. Educational grants, scholarships, or other student benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
12. Regular payments from lottery winnings or inheritances?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	
13. Regular payments from rental property or other types of real estate transactions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	
_____	_____	_____	
_____	_____	_____	







4. Stocks, bonds or securities?

☐ Yes ☐ No

Household Member

Source (Broker's Name)

Amount

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

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

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

Are any of the above listed trusts irrevocable? ☐ Yes ☐ No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?

☐ Yes ☐ No

Household Member

Location of Account

Amount

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

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

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

6. Cash on hand?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

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

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

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

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?

☐ Yes ☐ No

Household Member

Life Insurance Company

Amount

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

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

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

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

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

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

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

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

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

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

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

10. Do you have a safe deposit box containing contents with a monetary value?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

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

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

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

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

☐ Yes ☐ No

Household Member

Description of Asset Disposed

Amount Received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Explanation: \_\_\_\_\_



Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_  
2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

☐ Displaced by Government Action or Presidentially Declared Disaster.

☐ Victim of Domestic Violence.

☐ Working, Elderly, or Disabled.

☐ Other or Local Preference: \_\_\_\_\_



All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the 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 also understand that such action may result in criminal penalties.

I consent to have management 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 occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and \_\_\_\_\_ Wingate Management Company, LLC the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

