

Date/Time Stamp Box  
Waitlist Administrator will enter this

Do NOT staple this cover page to the application!  
Use it as the top page, but don't staple it.

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

FOR THE APPLICANT TO COMPLETE:

Dear Waitlist Administrator:

I am applying to the following waitlist: \_\_\_\_\_

My signature below affirms that there is nothing preventing me from becoming a resident in this particular area of the state, so I am not sending a frivolous application. My household size is \_\_\_\_\_, my gross annual income is \_\_\_\_\_, and my desired bedroom size is \_\_\_\_\_.

Thank you, Signature of Head of Household: \_\_\_\_\_

----- Cut or tear here, then fax the section below -----

FOR THE RECEIVING HOUSING PROGRAM TO USE:

This Application was generated on \_\_\_\_\_ via the housingworks.net website. We believe this waitlist is open as of that date. Knowing this gives you two options that will save you time and money:

- 1. This should be the correct application, but it includes our added two pages that help simplify the mailing for disabled persons, and that also help you to file applications. Our two-page addition also ensures a higher percentage of *legible* responses. **You may of course discard these two pages, if you wish.**
- 2. Our service prevents the sending of applications to closed waitlists. If this particular waitlist is *closed*, you should not have received this application. Further, if you are receiving frivolous applications from an agency that includes this cover page, it suggests that that agency is abusing our system - and we can use leverage to get them to stop – **but only if you fax this page to us.**

ATTN: HousingWorks

FAX: 617-536-8561

FROM:

PROBLEM: We received one or more applications with this cover page, but:

- ☐ This particular waitlist is closed. (HW will immediately close this list on receipt)
- ☐ This is the wrong application, and we are enclosing the correct one for use by:
  - ☐ Any eligible and interested user.
  - ☐ Only those who need an accommodation (unable to get application in person).

YOUR POSITION AT THE HOUSING PROGRAM: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

Write like this:	J	O	H	N	Not like this:	J	o	h	n	As a HousingWorks-registered advocate, your clients must answer every question.
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<div><input type="radio"/></div>	Head of Household’s FIRST Name in the boxes below, write your <u>first</u> name <u>as it appears on your birth certificate</u>																			
	Head of Household’s MIDDLE Name write your <u>full</u> middle name, not just the initial																			
<div><input type="radio"/></div>																				
<div><input type="radio"/></div>	Head of Household’s LAST Name (ex: Baez-Gonzalez)																			

<div><input type="radio"/> Yes <input type="radio"/> No</div> Does the Head of Household have a Social Security Number? If “Yes” you must provide the <u>full</u> SSN!																			
Head of Household’s SOCIAL SECURITY NUMBER											GENDER		Head of Household’s DATE OF BIRTH						
													Month		Day		Year		
<div><input type="radio"/></div>					-			-				<div><input type="radio"/></div>				<div><input type="radio"/></div>			

ETHNICITY Also provide your race at right!										RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, or Latino here – and do <b><u>NOT</u></b> write your country!											
<div><input type="radio"/></div>	<div><input type="radio"/> Hispanic <input type="radio"/> non-Hispanic</div>										<div><input type="radio"/></div>										

<div><input type="radio"/></div>	YOUR MOTHER’S MAIDEN NAME																			
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YOUR HOME TELEPHONE										SECOND TELEPHONE (if you have one)									
<div><input type="radio"/></div>					-			-						-			-		
YOUR EMAIL ADDRESS																			
<div><input type="radio"/></div>																			

WHERE CAN WE REACH YOU <b><u>A YEAR FROM NOW</u></b> ? If necessary, use the address of a relative, friend, or agency.																			
Specify: This is <input type="radio"/> a P.O. Box <input type="radio"/> a Street address - <b>include your apartment #</b> <input type="radio"/> a "care of" address																			
<div><input type="radio"/></div>																			
City, State, and Zip Code:																			
<div><input type="radio"/></div>																			

SECOND CONTACT or MAILING ADDRESS																			
Specify: This is <input type="radio"/> a P.O. Box <input type="radio"/> a Street address - <b>include your apartment #</b> <input type="radio"/> a "care of" address																			
<div><input type="radio"/></div>																			
City, State, and Zip Code:																			
<div><input type="radio"/></div>																			

HOUSEHOLD SIZE include yourself					# of Bedrooms needed					How much money does your family receive in a <u>year</u> ?															
<div><input type="radio"/></div>	Persons					<div><input type="radio"/></div>	bedrooms					<div><input type="radio"/></div>	\$					,					.	0	0

INCOME SOURCES fill in the circles next to any income source that your household currently receives <input type="radio"/> = <input checked="" type="radio"/>																			
<div><input type="radio"/></div>	<input type="radio"/> Job		<input type="radio"/> Pension		<input type="radio"/> Unemployment		<input type="radio"/> SSI/SSDI/SS Retirement		<input type="radio"/> Veteran’s Payments		<input type="radio"/> Other								
	<input type="radio"/> GA/TANF/TAFDC/Welfare				<input type="radio"/> Disability		<input type="radio"/> Worker’s Comp		<input type="radio"/> Child Support/Alimony				<input type="radio"/> Food Stamps						

MOBILE RENTAL ASSISTANCE Do you <u>currently</u> have rental assistance that you use in <u>our</u> apartments?																			
<div><input type="radio"/></div>	<div><input type="radio"/> I will not bring rental assistance <input type="radio"/> Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH <input type="radio"/> Temporary, expires on ___/___/_____</div>																		

CRIMINAL RECORD INFORMATION																			
<div><input type="radio"/></div>	<div><input type="radio"/> Ever convicted of a crime? Explain: _____ <input type="radio"/> Sex Offender Conviction?</div>																		

ACCOMMODATIONS – DO YOU NEED																			
<div><input type="radio"/></div>	<div><input type="radio"/> Wheelchair Access <input type="radio"/> No-Steps Unit <input type="radio"/> First-Floor Unit <input type="radio"/> Reasonable Accommodation <i>based on disability or language</i></div>																		
The office will complete this row					This is: <input type="radio"/> an <i>Internal Transfer</i> <input type="radio"/> Reject this Application														



PERSONAL:

Date

Please complete for those who will occupy the apartment (Applicant- co-applicant- children- other)

1.

Last

First

M.I.

D.O.B.

Applicant

SS#

2.

Last

First

M.I.

D.O.B.

Applicant

SS#

3.

Last

First

M.I.

D.O.B.

Applicant

SS#

4.

Last

First

M.I.

D.O.B.

Applicant

SS#

5.

Last

First

M.I.

D.O.B.

Applicant

SS#

6.

Last

First

M.I.

D.O.B.

Applicant

SS#

Present Address

Street

City

State

Zip Code

Former Address

Street

City

State

Zip Code

Present Phone Residence

No. of Autos

Reg. No. of Auto No. 1

Reg. No. of Auto No. 2

No. of Pets

Type

In Case of Emergency Notify (Name)

Address

Phone

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired- unit for visually impaired- unit for hearing impaired- grab bars)

Check One: ☐ YES ☐ NO If yes - you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY & EMPLOYMENT:

☐ Own: Date of Current Occupancy

From:

Month

Year

to:

Month

Year

\$

Monthly Mortgage Paments

☐ Rent: Date of Current Occupancy

From:

Month

Year

to:

Month

Year

\$

Monthly Rental Payments

If Rents

Present Landlord Name

Address

Phone

If Rents

Former Landlord Name

Address

Phone

Currently employed by

Occupation

Address

Length of Employment

Supervisor

Phone

Annual Gross Salary

Other (Comm/Bonus)

Other Source of Income (i.e.- social security- retirement fund- disability- workmans compensation- pension- alimony/child support- investments- etc.)

Type

Amount

Type

Amount

Type

Amount

Type

Amount

Former Employer

Occupation

Address

Dates of Employment

Supervisor

Phone

BANKING INFORMATION

Bank- Checking Account

Branch Address

Checking 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)

This application is for Apartment No. or similar type of occupancy on (date)

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.

The 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.

Deposit with application

Dated

Agents Signature

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.

WHITE-LESSOR'S COPY YELLOW-LESSEE'S COPY



**RENTAL APPLICATION ATTACHMENT**

1. Do you have a Section 8 Certificate? ☐ Yes ☐ No

If yes, who issued the Certificate? \_\_\_\_\_

2. Please list the name, birthdate and social security # of each child in the Household:

Name	Birth Date	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Number of bedrooms needed? \_\_\_\_\_

4. Have you, or has any member of your household, ever been convicted of a crime?

☐ Yes ☐ No

If yes, please indicate the nature and date of conviction

\_\_\_\_\_

5. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. – unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars?)

☐ Yes ☐ No

If yes, you will be asked to complete a Request for Reasonable Accommodation.

6. Have you sold or given away any real property or other assets in the past two years?

☐ Yes ☐ No

If yes, did you receive Fair Market value for the Asset? ☐ Yes ☐ No

If no, you may be requested to provide additional information.

7. *Statistical Purposes Only*

*Race of Head of Household*

☐ White ☐ Black ☐ American Indian or Alaskan native  
☐ Asian or Pacific Islander ☐ Do not wish to answer

*Ethnicity of Head of Household*

☐ Hispanic ☐ Non-Hispanic

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **Authorization to Perform a Credit and Criminal Investigation**

I hereby authorize Winn Management to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions as well as financial institutions, credit bureaus and/or other agencies, both public and private that have relevant information on my credit and criminal history. I am aware that information received by Winn Management through this credit and criminal check will be used, in part, in determining the acceptability of my rental application. Should this investigation reveal adverse information, which if accurate, would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the name(s) and telephone numbers/addresses of any and all agencies supplying such information together with a summary of my rights under the Federal Fair Credit Reporting Act.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_