

Respond to questions that are not applicable by writing "N/A". Incomplete applications will be returned or discarded.

The name of the waitlist I'm applying to is: \_\_\_\_\_

First: how did you hear about this property? \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Second Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Long-Term Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**MAIL TO:**  
**Harvard Hill • UE Ltd Apts**  
Winn Residential  
2010 Columbus Ave Suite 2  
Roxbury MA 02119  
617-989-1052

**Allow 3 wks for response**

What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm / dd / yyyy

What is your gender? \_\_\_\_\_

What is your **race** (white, black, asian, etc)? \_\_\_\_\_

Do you have a **Social Security Number**? ☐ Yes ☐ No If "Yes" you must provide the SSN for the person listed above:.

The **SSN** for the person listed above is: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (you must provide all 9 digits!)

What was your **mother's last name** when she was born? (we ask this to protect your privacy) \_\_\_\_\_

How many people will be living in the unit? \_\_\_\_\_ **people**. What unit size are you seeking? \_\_\_\_\_ **BR**

Describe your **Income Sources** (Job, SSI, TAFDC, Food Stamps, etc,) \_\_\_\_\_

What is your family's **total annual** income? \$ \_\_\_\_\_ (do **NOT** write an hourly, weekly, or monthly amount!)

If you get **Rental Assistance** is it: ☐ Sec 8 ☐ MRVP/AHVP ☐ HomeBase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible** unit?

☐ YES ☐ NO Do you need a **"no-steps"** unit?

☐ YES ☐ NO Do you need **reasonable accommodations due to a disability**?

If so, you may explain now, or at the time of unit offer: \_\_\_\_\_

**CHECK ALL PROPERTIES WHERE YOU ARE ELIGIBLE TO APPLY:**

Some waitlists may be closed: Before sending this application, check <http://www.housingworks.net/> to see what is available

☐ UE Ltd 1BR must have **Section 8 voucher**

☐ Harvard Hill 1BR Market no wheelchair access

☐ UE Ltd 1BR must have **MRVP voucher**

☐ Harvard Hill 2BR Market no wheelchair access

☐ Harvard Hill 3BR Market no wheelchair access

☐ UE Ltd 2BR must have **Section 8 voucher**

☐ UE Ltd 1-4BR Market no wheelchair access

☐ UE Ltd 2BR must have **MRVP voucher**

☐ UE Ltd 1-4BR Market no wheelchair access

☐ UE Ltd 2BR wheelchair access (don't need voucher)

☐ UE Ltd 1-4BR Market no wheelchair access

☐ UE Ltd 1-4BR Market no wheelchair access

☐ UE Ltd 3BR must have **Section 8 voucher**

☐ UE Ltd 3BR must have **MRVP voucher**

☐ UE Ltd 3BR wheelchair access (don't need voucher)

☐ UE Ltd 4BR must have **Section 8 voucher**

☐ UE Ltd 4BR must have **MRVP voucher**

**THIS SECTION FOR OFFICE ONLY:**  
**Date/Time Stamp**



**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 \_\_\_\_\_

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?.

If yes - you will be asked to complete a *Request for Reasonable Accommodation* ☐ unit for mobility impaired ☐ unit for visually impaired  
☐ unit for hearing impaired ☐ grab bars

**RESIDENCY & EMPLOYMENT:**

☐ Own: Date of Current Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_  
Month Year Month Year Monthly Mortgage Payments

☐ Rent: Date of Current Occupancy From: \_\_\_\_\_ to: \_\_\_\_\_ \$ \_\_\_\_\_  
Month Year 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) \_\_\_\_\_

**RESIDENCY & EMPLOYMENT (continued):**

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

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Former Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**FINANCIAL INFORMATION**

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank- Cert of Dep. \_\_\_\_\_ Branch Address \_\_\_\_\_ C.D. Acct. No. \_\_\_\_\_

Have you sold or given away any real property or other assets in the past two years? ☐ Yes ☐ NoIf yes, did you receive Fair Market Value for the Asset? ☐ Yes ☐ No**CORI INFORMATION**Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ No

If yes, you must indicate the nature of the crime and the date of conviction \_\_\_\_\_

**APPLICANTS TERMS (Applicant Read Carefully)**

This application is for Apartment No. \_\_\_\_\_ or similar type of occupancy beginning (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.

Any 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.



## 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 public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit record and criminal record check will be used, in part, to determine 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 names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

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

Print your name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

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