

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

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

Turnover is slow as this property only has a few units and people tend to stay a long time.

Your Full Name: _____

Telephone _____ - _____ - _____ Second Tel: _____ - _____ - _____

Email Address: _____

Long-Term Mailing Address: _____

City/State/Zip: _____

MAIL TO:

Winn Residential
Stony Brook Gardens
99 Lamartine St
Jamaica Plain, MA 02130
617-989-0218

What is your date of birth (mm/dd/yyyy)? ____ / ____ / ____ What is your gender? _____

Are you: What is your race (white, black, asian, etc)? _____

Does the Head of Household have a Social Security Number? ☐ Yes ☐ No If "Yes" you must provide the SSN for the HoH.

The SSN for the HoH 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: _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

Priority Status: We place applications in the order they applied, and do not consider priorities or preferences.

How did you hear about our property? _____

CHECK ALL PROPERTIES YOU WISH TO APPLY FOR:

You pay a fixed amount regardless of your income. Having a voucher is helpful or necessary!

☐ 1 Bedroom 65% AMI – no wheelchair access

☐ 2 Bedroom 65% AMI 

☐ 3 Bedroom 65% AMI 

☐ 4 Bedroom 65% AMI – no wheelchair access

DATE / TIME STAMP



Winn Residential

RENTAL APPLICATION

Please Print Slowly and Clearly

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 _____ Today's Date ____/____/____

Print your name: _____ Date of Birth: ____/____/____
mm / dd / yyyy

Social Security Number: _____ - _____ - _____