

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:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



Your Name: _____

Address: _____

CityStateZip: _____

Date/Time Stamp (the property manager will enter this):
Also date/time stamp the application!

Winn Residential **Application**
Urban Edge Portfolio
2010 Columbus Ave, Suite 2
Roxbury MA 02119

617-989-1052

Suggestion: use a
#9 Double-Window
Envelope

STEP ONE: Read this paragraph and then fill in the answers to these two questions:

Complete every question on every page! Do not leave even one question blank! We may return, or even throw away any applications that are missing even a single answer. You must answer each question no matter how many times that question is asked, because we may need to separate the pages and store them in different places.

☐ Yes ☐ No Did you fill in the circle in the table above (above) for the Household Size and Income Category?

☐ Yes ☐ No Do you understand that you must answer every question on every page of this application, no matter how many times it is asked?

How did you hear about our property? _____

Name of Assisting Social Service Agency (if any): _____

Complete Mailing Address of Assisting Social Service Agency _____**THIS IS AN IMPORTANT DOCUMENT. PLEASE HAVE IT TRANSLATED IF NEEDED.**

Este es un aviso importante. Sirvase mandarlo traducir.

Este é um aviso importante. Por favor mande traduzi-lo.

C'est important. Veuillez faire traduire.

Questa é una notizia molto importante. Per piacere falla tradurre.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Es ê un avizu importanti. Di favor, manda traduzil.

Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σπουδαιε Πληροφορεια – Παρακαλω να το μεταφρασετε

這是重要的通知，請將之翻譯成中文

○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

STEP TWO:

1. Fill in the circles next to the waitlists that interest you. ○ = ●
If you don't select any lists, we will decide which lists to put you on.
2. If you are offered a unit and turn it down, you may be moved to the bottom of all the waitlists.
3. All waitlists include wheelchair accessible units unless otherwise specified.

Very Low Income Waitlists*

To qualify for these waitlists, your Income must be 50% AMI income or less

Bancroft Apartments

- ☐ 2BR *no wheelchair access*
- ☐ 3BR Bancroft Apts *no wheelchair access*
- ☐ 4BR Bancroft Apts *no wheelchair access*

Dimock-Bragdon Apartments

- ☐ 1BR *no wheelchair access*
- ☐ 2BR
- ☐ 3BR
- ☐ 4BR *no wheelchair access*

Jamaica Plain Apartments

- ☐ 1BR
- ☐ 2BR *no wheelchair access*
- ☐ 3BR *no wheelchair access*
- ☐ 4BR *no wheelchair access*

Montebello Apartments

- ☐ 1BR Montebello Apts
- ☐ 2BR Montebello Apts *no wheelchair access*
- ☐ 3BR Montebello Apts *no wheelchair access*
- ☐ 4BR Montebello Apts *no wheelchair access*
- ☐ 5BR Montebello Apts

Market Waitlists

To qualify for these waitlists you'll need to make more than 60% AMI income - or else you be receiving mobile rental assistance.

Harvard Hill Apartments

- ☐ 1BR *no wheelchair access*
- ☐ 2BR *no wheelchair access access*
- ☐ 3BR *no wheelchair access access*

UE Limited Apartments

- ☐ UE Ltd no wheelchair access
- ☐ UE Ltd no wheelchair access
- ☐ UE Ltd no wheelchair access
- ☐ UE Ltd no wheelchair access

Tax Credit Waitlists

To qualify for these waitlists you'll need to make more than 50% AMI income and less than 50% AMI income - or else you be receiving mobile rental assistance

Cleaves Court Apartments

- ☐ 1BR 60% AMI no wheelchair access
- ☐ 2BR 60% AMI
- ☐ 3BR 60% AMI

Dixwell Apartments

- ☐ 2BR no wheelchair access
- ☐ 3BR no wheelchair access

Montebello Apartments

- ☐ 1BR
- ☐ 2BR *no wheelchair access*
- ☐ 3BR *no wheelchair access*
- ☐ 4BR *no wheelchair access*
- ☐ 5BR

UE Limited Wheelchair Apts, no voucher needed

- ☐ 3BR wheelchair access (don't need voucher)
- ☐ 2BR wheelchair access (don't need voucher)

Waitlists requiring a Mobile Voucher

To qualify for these waitlists you must have the type of mobile rental assistance specified.

UE Limited Apartments requiring a Section 8 voucher

- ☐ 1BR must have **Section 8 voucher**
- ☐ 2BR must have **Section 8 voucher**
- ☐ 3BR must have **Section 8 voucher**
- ☐ 4BR must have **Section 8 voucher**

UE Limited Apartments requiring an MRVP voucher

- ☐ 1BR must have **MRVP voucher**
- ☐ 2BR must have **MRVP voucher**
- ☐ 3BR must have **MRVP voucher**
- ☐ 4BR must have **MRVP voucher**

PERSONAL:

Date _____

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

1. _____	Relationship _____
2. _____	Relationship _____
3. _____	Relationship _____
4. _____	Relationship _____
5. _____	Relationship _____
6. _____	Relationship _____
7. _____	Relationship _____
8. _____	Relationship _____
9. _____	Relationship _____
10. _____	Relationship _____

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:
Present Address _____

Present Phone _____ **Second Phone (if any)** _____

☐ Own: Dates of Current Occupancy From: _____ to: Present Time \$ _____
Monthly Mortgage Payments

☐ Rent: Dates of Current Occupancy From: _____ to: Present Time \$ _____
Monthly Rental Payments

If Rents _____
Present Landlord Name _____ Address _____ Landlord Phone _____

Previous Address _____

☐ Dates of Previous Occupancy From: _____ to: _____ \$ _____
Monthly Rental Payments

If Rents _____
Former Landlord Name _____ Address _____ Landlord Phone _____

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year Other Income (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.



**RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members - and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally-assisted or state-assisted housing? ☐ Yes ☐ No

2. Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If **Yes**, list where and when: _____

3. Are you or any member of your household currently engaging in the use of illegal drugs? ☐ Yes ☐ No

4. Have you or any member of your household ever been convicted of a felony? ☐ Yes ☐ No
If **Yes**, please explain: _____

5. Are you or any member of your household currently abusing alcohol? ☐ Yes ☐ No

6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? ☐ Yes ☐ No

If **Yes**, please explain: _____

7. Are you or any member of your household subject to a lifetime registration requirement under a *State Sex Offender* registration program? ☐ Yes ☐ No

8. List all addresses where you and other adult household members have previously resided over the past 5 years:

All household members 18 and older must sign below:

The applicant hereby certifies that the above information is true and correct. The applicant(s) understand that making false statements on this form is grounds for rejection or termination of my/our lease. I/We authorize (Academy Homes I) to verify the above information, and I/we consent to the release of the necessary information to determine my eligibility.

Applicant _____ **Date** _____

Co-Applicant _____ **Date** _____

Other Adult _____ **Date** _____

Other Adult _____ **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 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*.

Head of Household's Signature _____

Print the Head of Household's name: _____

Date you completed this application: _____
mm / dd / yyyy

Head of Household's Date of Birth: _____
mm / dd / yyyy

Head of Household's Social Security Number: _____