

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

MAIL APPLICATION TO:

Wardman/Walnut Washington/

Wilshire/ Westminster/Walker Park ← **Applicant: Mail application to the address at left.**

9 Wardman Rd, REAR

Roxbury, MA 02119

Tel: 617-989-0168

Fold on this line ———



Priority Status: may vary with each property: Do you wish to try to claim any priorities? Specify: _____

How did you hear about our property? via the HousingWorks.net website

Name and Address of Assisting Social Service Agency: _____

CHECK THE BOXES FOR THE PROPERTIES OR WAITLISTS THAT INTEREST YOU:

Affordable / Market properties:

Minimum and Maximum Income Limits apply

The rent is a fixed amount

Westminster Apts

- ☐ 1BR includes wheelchair units.
- ☐ 2BR includes wheelchair units.

Walker Park Apts

All sizes include units for:
-mobility
-vision
-hearing impaired applicants

- ☐ 1BR units.
- ☐ 2BR units.
- ☐ 3BR units - no accessible units

Subsidized properties:

You pay a percentage of your income as rent.

Walnut-Washington Apts

This is a Non-Smoking Bldg

- ☐ 1BR includes wheelchair units.
- ☐ 2BR includes wheelchair units.
- ☐ 3BR includes wheelchair units.
- ☐ 4BR no wheelchair units.

Wardman Apts

- ☐ 1BR includes wheelchair units.
- ☐ 2BR includes wheelchair units.
- ☐ 3BR includes wheelchair units.
- ☐ 4BR no wheelchair units.

Wilshire Apts

- ☐ 1BR no wheelchair units.
- ☐ 2BR no wheelchair units.

DATE TIME STAMP

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

PERSONAL:

Date _____

1.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
2.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
3.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
4.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
5.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
6.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
7.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#
8.	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Gender	D.O.B.	Age	Relationship	SS#

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) _____ Relationship: _____

Complete Address _____ Phone _____

Address City St Zip

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 _____
 Full Address - - - - - > including apt or care/of name # City State Zipcode

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

☐ Own: ☐ Rent

\$ _____
 Monthly Rent or Mortgage Payments

Dates of Current Occupancy From: _____ to: Present Time

If Rents _____ LL's Address _____
 Present Landlord Name City State Zip Landlord Phone

Previous Address _____
 Street and apt # City State Zip Code

Dates of Previous Occupancy From: _____ to: _____ \$ _____
 Monthly Rent or Mortgage Payments

If Rents _____ LL's Address _____
 Previous Landlord Name City State Zip Landlord Phone

Currently employed by _____ Occupation _____
 Company Name

Street where employed City where employed State where employed Zip Code where employed

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year Other Income Type (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 Winn Residential 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** _____



1. Do you have a Section 8 Certificate? ____ An MRVP voucher? ____ AHVP voucher? ____ VASH Voucher? ____ I have no Voucher ____

If yes, who issued the Certificate? _____

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

Name	Relationship	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

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Do not wish to answer	

Ethnicity of Head of Household

☐ Hispanic ☐ Non-Hispanic

Signature of Head of Household

Date (mm/dd/yyyy)

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: _____

