

Name: First MI Last: _____
Address1: _____
Address2: _____
City State Zip: _____
Email: _____
Case Manager Email: _____

THIS SECTION FOR APPLICANT:

Date completed: _____

**Winn Residential Theroch Apartments
c/o HousingWorks
P.O. Box 231104
Boston, MA 02123**

← Applicant: Mail application to the address at left.

617-825-4011

Fold Here

Applying for: *Indicate what Bedroom Size you are seeking:*

Theroch

- | | |
|----------------------------|--|
| <input type="radio"/> 1 BR | <input type="radio"/> 1 BR Wheelchair |
| <input type="radio"/> 2 BR | <input type="radio"/> 2 BR Wheelchair |
| <input type="radio"/> 3 BR | <input type="radio"/> 3 BR Wheelchair |
| <input type="radio"/> 4 BR | <input type="radio"/> 4 BR Wheelchair |
| <input type="radio"/> 5 BR | no 5BR wheelchair |



Yes No Did you fill in the circles (above) for the waitlists that interest you?

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?* We will reject or discard your application if you fail to do so.

How did you hear about our property? _____

Name and Address of Assisting Social Service Agency: _____

Date/Time Stamp (the property manager will enter this):

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 Head of Household 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
ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
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 Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
Fully Accessible Wheelchair Unit Blind Accessible Unit Need an Interpreter - language
No-Steps unit (elevator to any floor) Deaf Accessible Unit Domestic Violence Victim
First-Floor unit only Unit for Environmental Allergies Personal Care Attendant

- HEAD OF HOUSEHOLD'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

- 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 1. Homeless 2. Housing Loss in 14 days 3. Homeless under other federal status
4. Homeless because Fleeing domestic violence 5. At risk of homelessness 6. Stably Housed

- HAVE YOU RECENTLY BEEN DISPLACED? No Accessibility or Personal Health Issues Cost of Living Domestic Violence or Sexual Assault
Condemnation of Home, code violations Fire, flood, earthquake Pandemic Threat to Life or Safety Urban Development, eminent

- 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.

Address Line 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS
Address Line 1 Apt # or "care of" name
City State Zip

- UNIT SIZE OTHER PRIORITIES AND PREFERENCES? It is important to claim these if you can!

- # BEDROOMS NEEDED
Disability Elder Local Resident Local Employee Local Student Homeless Veteran
Rent-burdened 40% Rent-burdened 50% HUD VAWA Certificate Community Based Housing



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

1.	Last	First	M.I.	D.O.B.	HoH Relationship	SS# or write "None"
2.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
3.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
4.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
5.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
6.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
7.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
8.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
9.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"
10.	Last	First	M.I.	D.O.B.	Relationship	SS# or write "None"

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: _____

Address _____ Phone _____

Email _____

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 _____
 Street _____ City _____ State _____ Zip Code _____

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

Own: Dates of Current Occupancy _____
 From: yyyy-mm-dd _____ to: **Present Time** \$ _____
 Monthly Mortgage Payments

Rent: Dates of Current Occupancy _____
 If Rents _____ \$ _____
 Monthly Rental Payments

Present Landlord's Name _____
 Landlord's Address _____ Landlord's 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 No

If 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:
 1. _____
 2. _____
 3. _____

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

- 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 (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: _____