

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

Apply via cell phone or computer:

- Open camera on phone.
- Aim camera at the QR code.
- Open with your browser.
- Select your language at top right.
- It's secure, safe, HIPAA compliant.



Winn Residential Academy Homes I
c/o HousingWorks, Inc.
P.O. Box 231104
Boston, MA 02123-1104
617-989-9824



Mail this application to the address you see at left.

Check box if you can claim any of these priorities (you can provide documentation at a later date)

Fold Here

Priority - Displaced by Domestic Violence

Priority - Displaced by Health Code Substandard Hsng

Priority - Displaced by Nat Disaster

Priority - Displaced by Public Action



After determining your income category, indicate which wait lists interest you:

Very Low Income 50% Waitlists

These 50% lists are closed at present. You may not apply.

You pay a percentage of your income as rent.

- | | | |
|-----------------------|--|--|
| ☐ | | ☐ wheelchair access |
| ☐ | | ☐ wheelchair access |
| ☐ | | ☐ wheelchair access |
| ☐ | | ☐ wheelchair access |
| ☐ | | ☐ wheelchair access in 5BR |

Tax Credit 60% or Market Waitlists:

This list is open year round.

You'll need >50% AMI income or else have rental assistance

- | | |
|----------------------------|--|
| ☐ 1 BR | ☐ 1BR with wheelchair access |
| ☐ 2 BR | ☐ 2BR with wheelchair access |
| ☐ 3 BR | ☐ 3BR with wheelchair access |
| ☐ 4 BR | ☐ 4BR with wheelchair access |
| ☐ 5 BR | has <u>no</u> wc access |

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

☐ 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?

via the HousingWorks.net website

Name and Address of Assisting Social Service Agency (or mark "N/A": _____

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

Please write exactly like this:

J a n e

Did you know? You can update us using your CELLPHONE instead!

<https://form.jotform.com/waitlistupdate/hws-wl-update-form>

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME in the row below:

HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME in the row below:

HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX: BAEZ GONZALEZ)

SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?☐ Yes☐ No

DATE OF BIRTH

GENDER

We will reject all forms with a partial SSN or ITINw

M M - D D - Y Y Y Y

F M T-MTF T-FTM

ETHNICITY

☐ Hispanic☐ non-Hispanic

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial)

REQUESTED ACCOMMODATIONS: Do you need any of these:

☐ I don't need any of the accommodations listed below☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter: _____☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ NoPERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction?

☐ Yes☐ No

→

Any Misdemeanor Conviction?

☐ Yes☐ No

Other HH Members: Any Felony Convictions?

☐ Yes☐ No

→

Any Misdemeanor Conviction?

☐ Yes☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state?☐ Yes☐ No

ANY PETS:

☐ Yes☐ No

Breed, Size, Weight, Color:

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom Viol☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR

VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #):

☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street and Apt # or PO Box:

Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City

State:

zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street and Apt # or PO Box:

Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City

State:

zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate☐ Victim of Hate Crime☐ Community Based HousingDisplaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other: _____

PERSONAL:

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

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

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

Are you or any member of your household ever been: 1) subjected to a lifetime registration requirement under a State Sex Offender registration program in any state? _____ 2) convicted of a sex-related crime? _____

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 ☐ 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

☐ 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: _____

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

Head of Household's Social Security Number: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ (Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____ (Organization)
with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

* Father's Full Name: _____

* Mother's Full Name: _____ 1 _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



Current Address

* Street Address: _____
Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date