



Ace Flats Apartments

24 Gould Street
Reading, MA 01867

(833) 990-2740
aceflats@wingatecompanies.com

Dear Applicant,

Thank you for your interest in Ace Flats Apartments! Ace Flats is a brand new apartment community scheduled to open in Reading, MA in February of 2021. 14 apartments will be available at affordable rates to applicants whose household income does not exceed 80% of the Area Median Income for Reading, MA. Ten (10) of the Affordable units will be offered to applicants who currently live in the Town of Reading, work in the Town of Reading, or whose children attend school in the Town of Reading.

The initial lease-up of affordable units will be through a lottery. In order to be included in the initial lottery, we must receive the completed application for rental and attached additional information form by August 15th, 2020. Any application received after the deadline will be placed on the property's wait list following the completion of the initial lottery. Incomplete applications will be returned via regular mail for completion and will not be included in the lottery until they are completed and returned by August 15th.

Please note that each individual that will be residing in the apartment over the age of 18 years will need to complete an Application for Rental form enclosed here. The application will be considered incomplete if this form is not completed by each adult household member.

Ace Flats Apartments will be a smoke free community, and this includes all apartments and common areas. A smoke free property will help protect the health of residents and their families.

We look forward to providing you with a comfortable, affordable apartment opportunity for you and your family.

Should you have any questions or require additional information, please contact the rental office at (833) 990-2740 or aceflats@wingatecompanies.com.

We look forward to hearing from you!

Nicole Fitzgerald
Senior Property Manager

Attachments include: Application for rental, additional information sheet and informational flyer.

Wingate Management Company, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person listed below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of Housing & Urban Development's regulations implementing Sec. 504 (24 CFR Part 8 dated June 2, 1988). Contact: Site Manager



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Affordable Housing Opportunity in Reading!

(4) One-Bedroom, (8) Two-Bedroom and (2) Three-Bedroom apartment homes

Maximum household income limit 80% of AMI of Reading Metro Area

*Income limits will be updated as published by HUD at the time of lease-up

One-Bedroom Rents: \$1,805; Two-Bedroom Rents: \$2,166; and Three-Bedroom Rents: \$2,503

*Applicants with rental assistance vouchers are encouraged to apply

HH Size	80%
1	\$ 67,400
2	\$ 77,000
3	\$ 86,650
4	\$ 96,250
5	\$ 103,950
6	\$ 111,650

Applications are available by mail, e-mail, or in person as of **June 15th, 2020.**

In Person: 1925 Commonwealth Avenue Brighton, MA 02135
during normal business hours

Email: aceflats@wingatecompanies.com **Phone:** (833) 990-2740

Deadline: Completed applications must be postmarked by August 15th, 2020.

*Selection by lottery

Informational Meetings to be held on 07/01/20 and 07/07/20, from 5pm- 6pm via Virtual Zoom Meeting.

Zoom Meeting ID 7/1/20 - 935 8049 7689 Zoom Meeting ID 7/7/20 - 930 3875 4585

Please contact our office for additional details.



PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS (Required)*	
PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY		STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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PRESENT ADDRESS IS (Check one): OWNED HOME RENTED HOME RENTED APARTMENT PARENTS' HOME STUDENT HOUSING OTHER:

IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY		STATE		ZIP		TELEPHONE #	
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HOW LONG?		MONTHLY PAYMENT		ANTICIPATED MOVE-OUT DATE:		REASON FOR LEAVING:	
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PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY		STATE		ZIP		TELEPHONE #	
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PREVIOUS ADDRESS IS (Check one): OWNED HOME RENTED HOME RENTED APARTMENT PARENTS' HOME STUDENT HOUSING OTHER:

ARE YOU A STUDENT? YES NO IF YES, COMPLETE THE FOLLOWING: STATUS (CHECK ALL THAT APPLY):

SCHOOL: UNDERGRADUATE FULL TIME

GRADUATION YEAR: GRADUATE* PART TIME

WILL THIS BE YOUR STATUS DURING THE FULL LEASE TERM? YES NO *PLEASE PROVIDE GRADUATE SCHOOL ENROLLMENT

EXPLAIN IF NO:

Employment

EMPLOYER (COMPANY NAME)		HOW LONG?		MONTHLY GROSS INCOME	
ADDRESS		CITY		STATE	ZIP
JOB TITLE		SUPERVISOR'S NAME			SUPERVISOR'S TELEPHONE #
OTHER SOURCE(S) OF VERIFIABLE INCOME		WHEN RECEIVED		AMOUNT	MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)

ADDRESS		CITY		STATE	ZIP
JOB TITLE		SUPERVISOR'S NAME			SUPERVISOR'S TELEPHONE #

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #		STATE
1.					
2.					
3.					

Animals (animals require our consent)

TYPE	BREED	WEIGHT	NAME		LICENSE/TAG #
1.					
2.					

Person to Notify in Case of Emergency, Death or Incapacity (cannot be someone who intends to reside in the premises)**

NAME		RELATIONSHIP		PRIMARY TELEPHONE #		ALTERNATE TELEPHONE #	
ADDRESS			CITY		STATE	ZIP	

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:		

How did you hear about our community?

<input type="checkbox"/> Internet (which site?) _____	<input type="checkbox"/> Resident (name?) _____
<input type="checkbox"/> Drive-By <input type="checkbox"/> Rental Publication (Which One?) _____	<input type="checkbox"/> Rental Agency (Which One?) _____
<input type="checkbox"/> Locator Service (Which One?) _____	<input type="checkbox"/> Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

I have read and agree to the provisions as stated.

Applicant Signature _____	Total Holding Deposit*** (Per Apartment, if any): \$ _____
Date _____	Holding Deposit amount paid by this applicant: \$ _____
	Address of Apartment/Premises being held: _____

*** Email Address & Electronic Signatures.** Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link to your lease

An electronic signature is enforceable and replaces traditional pen and paper signatures.

If you will not be able to use this method of signature because you do not have an email address or access to the internet, please let us know so we can prepare a paper lease for signature.

Initial: _____

**** Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

Initial: _____

***** Holding Deposit Agreement.** You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

Initial: _____

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

Applicant hereby authorizes the Owner to verify the Applicant's college enrollment status and Applicant agrees to provide Owner with satisfactory proof of such status in order for Owner to comply with applicable City of Boston zoning occupancy laws. Applicant authorizes the Owner and/or Management to release this application to a third party for auditing purposes. Applicant agrees to provide confirmation of the information provided in this application upon request by the Owner and/or Management, or a third party, for auditing purposes.

Initial: _____

OFFICE USE ONLY

Apartment Number	_____
Apartment Size/Description	_____
Anticipated Move in Date	_____
Lease Start Date	_____
Lease End Date	_____
Quoted Monthly Apartment Rent	_____

Property Staff Initials _____



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Additional Information Required:

Do you have a section 8 voucher? Yes No

Bedroom Size Requested: 1 Bedroom 2 Bedroom 3 Bedroom

Wheelchair accessible Visual / Hearing Impairments

Does any member of your household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? Yes No

If Yes, Please Explain: _____

Please indicate if any of the following statements are true:

- I am a current resident of Reading, MA
- I am an employee of the Town of Reading, MA
- My current place of employment is located in Reading, MA
- There will be a child living in the apartment that currently attends school in Reading, MA

Signature

Date



WINGATE

Optional Information

Please note that response to this question is NOT mandatory. Please indicate which of the following best represents your Ethnicity and Race. Completion of this category is not required for eligibility for the Lottery. If you would not like to respond, please check the box indicating this at the bottom of this form.

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

I would prefer not to answer this question