

Full Name: _____
Address1: _____
Address2: _____
City State Zip: _____
Email: _____
Case Manager Email= (if any) _____



**MAIL TO: Chelsea TND Portfolio
c/o HousingWorks, Inc. P.O. Box 231104
Boston, MA 02123-1104**

Fold on this line _____

Four Ways to Apply: Pick One!

1. You can apply using your cell phone (this is the fastest way).



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

2. You can apply on your computer.

- Go to this URL - <https://form.jotform.com/waitlistupdate/winn-chelsea-tnd-portfolio>

Click to Apply Online

3. You can mail this paper application to the address below.

- HousingWorks, P.O. Box 231104 Boston, MA 02123-1104

4. You can walk this completed application to:

- Winn Residential Office, 4 Gerrish Ave Rear, Chelsea, MA, 02150-2943 .
(They will then send it to our P.O. Box - so it may take longer for us to receive your application.)

Staff: Enter Date/Time Stamp Below

[illegible][illegible][illegible]

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☐ Yes ☐ No

GENDER

MM - DD - YYYY

F M T-MTF T-FTM

[illegible]

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

☐ Hispanic ☐ non-Hispanic[illegible]☐ 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

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

☐ Yes ☐ No

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

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

☐ Yes ☐ No Breed, Size, Weight, Color:

DOCUMENTED DISABILITY?

← # Adults
 ← # Children
 ← Total # in Household
 \$

☐ Yes ☐ No

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

SECOND TELEPHONE

[illegible]

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**PREFERRED METHOD OF CONTACT FOR
VACANCY OFFERS AND UPDATES:**

☐ Email ☐ Mail ☐ Cellphone

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:

[illegible]

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:

[illegible]

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 Housing
 Displaced 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.	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: _____

Emergency Address _____ Emergency Phone _____

Emergency 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: Date of Current Occupancy _____ \$ _____
 Monthly Rental Payments

If Rents

Present Landlord's Name _____ Present Landlord's Phone _____

Present Landlord's Address _____

Previous Address _____

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

If Rents

Former Landlord Name Address Past Landlord Phone

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ .00 per year Other Income (Comm/Bonus) \$ _____

1. Are there any special accommodations that the household will required in order to enjoy equal opportunity to use and enjoy the apartment? ☐ Yes ☐ No If yes explain:

2. Are you currently living in a homeless shelter? ☐ Yes ☐ No

Shelter Name and Address: _____

Have you, or any member of your household, ever been convicted of a crime? ☐ Yes ☐ No

Please list the Name, Birthdate and Social Security Number of ALL household members

Name	Birth Date	Social Security Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur, and always in writing.

Signature: _____

Date: _____





Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Residential 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: _____

Head of Household's SSN: _____

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

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

Depending on your income, you should select the waitlists in either the *affordable* or the *subsidized* column.
If you do not make any choice, we will assign you to the lists where you would be eligible.

Date: _____ Name: _____

GROSS Annual Income: _____ # of Bedrooms Needed: Household Size: _____

Do you have a mobile Section 8 Certificate? _____ MRVP _____ AHVP _____ VASH VOUCHER? _____

Are you military or Veteran? ☐ Yes ☐ No

IN THE TABLE BELOW, FILL IN THE CIRCLES TO APPLY TO A PROPERTY

If a property is listed in grey ink, that waitlist is not accepting applications at the present time.

AFFORDABLE

(You pay a fixed rent regardless of income)

- ☐ 181 CHESTNUT ST 60% 80% and AMI 1 BR units
- ☐ 25 SIXTH STREET 60% AMI 1, 2, 3 BR units incl wchair
- ☐ 525 BEACH ST 60% AMI 1, 2, 3 BR units
- ☐ 571 REVERE ST 60% AMI 1, 2, 3 BR units
- ☐ 571 REVERE ST 90% AMI 1, 2, BR units
- ☐ 1005 BROADWAY 60% AMI 1, 2, 3 BR units
- ☐ ACADIA 60% AMI LIHTC and Market 1, 2, 3 BR units
- ☐ CHELSEA Legacy 60% AMI Studio, 1, 2, 3, 4 BR units including wchair
Consolidating four properties: Broadway I & II, Chelsea Homes, 210 Broadway.
- ☐ HIGHLAND TERRACE 60% AMI 1, 2, 3 BR units including wchair
- ☐ JANUS HIGHLANDS 60% AMI 1, 2, 3, 4 BR units including wchair
- ☐ ONE BEACH ST (55+ years) 60% AMI 1, 2 BR units incl wchair
Some set-asides for DMH clients
- ☐ SPENCER GREEN 60% AMI 1, 3 BR units incl wchair
- ☐ SPENCER ROW 60% AMI 1, 2, 3 BR units incl wchair
- ☐ ST. THERESE (62+ yrs.) 60% AMI (16 units) 1, 2 BR units incl wchair
Also 6 3BR homeownership and 44 add'l rentals next door
- ☐ TND HOMES 50% and 60% fixed rent 1, 2, 3, 4 BR units
Chelsea: Grove, Suffolk, Essex & Marlborough Sts
- ☐ TND N. BELLINGHAM VETERANS 8 Grove St Studios
- ☐ TND WALDEN HOUSE (55+ yrs.) 80% AMI 1, 2 BR units incl wchair

SUBSIDIZED

(You pay a portion of income as rent. Okay to make \$0, but you will be responsible for utilities.)

- ☐ 181 CHESTNUT ST 30% AMI 1 BR units
- ☐ 25 SIXTH STREET 30% AMI 1, 2, 3 BR units incl wchair
- ☐ 525 BEACH ST 50% AMI 1, 2, 3 BR units
- ☐ 571 REVERE ST 50% AMI 1, 2, 3 BR units
- ☐ 28 WASHINGTON ST (62+ yrs.) 60% AMI 1, 2, units
- ☐ 1005 BROADWAY 30% AMI 1, 2, 3 BR units
- ☐ ACADIA 30% and 60% AMI PBV 1, 2, 3 BR units
- ☐ HIGHLAND TERRACE 50% AMI 1-3 BR units including wchair
- ☐ ONE BEACH ST (55+ years) 50% AMI 1, 2 BR units incl wchair
Some set-asides for DMH clients
- ☐ BELLINGHAM SQ (62+ yrs. or disabled) 30% AMI 1 BR units
AKA 28 Washington St Apts AKA Lawrence Bldg
- ☐ ST. THERESE (62+ yrs.) 30% AMI (16 units) 1, 2 BR units incl wchair
Also 6 3BR homeownership and 44 add'l rentals next door
- ☐ TND LEWIS LATIMER 30% and 50% AMI (4 units) 1, 2, 3 BR units
HoH must be 18-24 yrs. at time of unit offer
- ☐ TND HOMES 50% AMI 1, 2, 3 BR units
Chelsea: 158-162 Shawmut St and Bellingham Hill Homes, 55 Library St
- ☐ TND N. BELLINGHAM VETERANS 8 Grove St Studios
Homeless or At-Risk Veterans only
- ☐ TND WALDEN HOUSE (55+ yrs.) 60% AMI 1, 2 BR units incl wchair