

Your Name: _____

Address: _____

CityStateZip: _____



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.



Amory Portfolio - Winn Residential

c/o HousingWorks
P.O. Box 231104
Boston, MA 02123-1104A 02119

617-427-9400

Fold Here _____

Suggestion: use a
#9 Double-Window
Envelope

Step One: Indicate which waitlists interest you and answer the questions:

These properties require a voucher and a minimum income - the rent is not a percentage of your income.

- | | |
|---|---|
| <input type="radio"/> Amory Terrace 60% AMI 1BR | <input type="radio"/> Egleston Crossing 60% AMI Studio |
| <input type="radio"/> Amory Terrace 60% AMI 2BR | <input type="radio"/> Egleston Crossing 60% AMI 1BR |
| <input type="radio"/> Amory Terrace 60% AMI 3BR | <input type="radio"/> Egleston Crossing 60% AMI 2BR |
| <input type="radio"/> Amory Terrace 60% AMI 4BR | <input type="radio"/> Egleston Crossing wheelchair 60% AMI 1BR |
| <input type="radio"/> Amory Terrace wheelchair 60% AMI 1BR | <input type="radio"/> Egleston Crossing wheelchair 60% AMI 2BR |
| <input type="radio"/> Amory Terrace wheelchair 60% AMI 2BR | |

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 (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 ITiwn

M M - D D - Y Y Y Y

F M T-MTF T-FTM

ETHNICITY

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

Hispanic non-Hispanic

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 No

PERMANENT 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? Any Misdemeanor Conviction?
Other HH Members: Any Felony Convictions? Any Misdemeanor Conviction?
Is anyone in HH subject to a lifetime sex offender registration in any state?

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 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)

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
7.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
8.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	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) _____

Address _____ Phone _____ - _____ - _____

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: _____ to: _____ \$ _____
Month Year Month Year Monthly Mortgage

Payments Rent: Dates of Current Occupancy From: _____ to: _____ \$ _____
Month Year Month Year Monthly Rental Payments

If Rents _____
Present Landlord Name A address Landlord Phone

Previous Address _____
Street City State Zip Code

Dates of Previous Occupancy From: _____ to: _____ \$ _____
Month Year Month Year 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.





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*.

Applicant Signature _____

Print your name as well! _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
mm / dd / yyyy

Date you completed this application _____ / _____ / _____
mm / dd / yyyy

**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 ____/____/____