

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

← **Applicant: Complete ALL fields at left**

or you can apply using your cell phone!

- Open camera on phone.
- Aim at the QR code or click URL.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.
- If you apply by phone, no need to complete this form



<https://hipaa.jotform.com/waitlistupdate/winn-chelsea-tnd-portfolio>

← **Applicant: Mail application to the address at left.**



Fold on this line ———

Date you completed and signed this application:

GROSS Annual Income: _____

of Bedrooms Needed _____

Total Household Size: _____

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

Are you military or Veteran? Yes No

Date/Time Stamp (Office 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? 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

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:



Applicant: Fill in the circles for all the properties that interest you.

Depending on your income, you should apply for 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.

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

AFFORDABLE WAITLISTS <i>(You must pay a fixed rent regardless of income)</i>	SUBSIDIZED <i>(You pay a portion of income as rent. Okay to make \$0, but you will be responsible for utilities.)</i>
<input type="radio"/> 181 CHESTNUT ST 60% 80% Market AMI1 BR unit	<input type="radio"/> 181 CHESTNUT ST 30% AMI 1 BR units
<input type="radio"/> 525 BEACH ST 60% AMI1, 2, 3 BR units	<input type="radio"/> 525 BEACH ST 50% AMI 1-3 BR units
<input type="radio"/> 571 REVERE ST 60% AMI 1, 2, 3 BR units	<input type="radio"/> 571 REVERE ST 50% AMI1, 2, 3 BR units
<input type="radio"/> 571 REVERE ST 90% AMI Workforce 1, 2 BR units	
<input type="radio"/> 1005 Broadway 60% AMI 1, 2, 3, BR units	<input type="radio"/> 1005 Broadway 30% AMI 1, 2, 3, BR units
<input type="radio"/> ACADIA 60% AMI 1, 2, 3, BR units	<input type="radio"/> ACADIA 50% AMI1, 2, 3, BR units
<input type="radio"/> CHELSEA LEGACY 60% AMI . Studio, 1, 2, 3, 4 BR units including wchair <small>Consolidating four properties: Broadway I, Broadway II, Chelsea Homes, 210 Broadway</small>	
<input type="radio"/> HIGHLAND TERRACE 60% AMI 1, 2, 3 BR units including wchair	<input type="radio"/> HIGHLAND TERRACE 50% AMI1-3 BR units including wchair
<input type="radio"/> JANUS HIGHLANDS 60% AMI1, 2, 3, 4 BR units including wchair	
<input type="radio"/> ONE BEACH ST (55 + yrs.) 60% AMI 1, 2BR units <small>Some set-asides for DMH clients</small>	<input type="radio"/> ONE BEACH ST (55 + yrs.) 50% AMI1, 2 BR units <small>Some set-asides for DMH clients</small>
<input type="radio"/> SPENCER GREEN 60% AMI 1, 3 BR units incl wchair	
<input type="radio"/> SPENCER ROW 60% AMI 1, 2, 3 BR units incl wchair	
<input type="radio"/> OST. THERESE (62+ yrs) 60% AMI (14 units) 1, 2 BR Units <small>Also 6 3BR homeownership and 44 add'l rentals next door</small>	<input type="radio"/> OST. THERESE (62+ yrs) 30% AMI (14 units) 1, 2 BR Units <small>Also 6 3BR homeownership and 44 add'l rentals next door</small>
<input type="radio"/> TND HOMES 50% and 60% fixed rent1, 2,3, 4 BR units <small>Chelsea: Grove, Suffolk, Essex, & Marlborough Sts</small>	<input type="radio"/> BELLINGHAM SQ 62+ yrs or disabled 30% AMI 1 BR units <small>AKA 28 Washington St Apts AKA Lawrence Bldg</small>
<input type="radio"/> TND N. BELLINGHAM VETERANS 8 Grove St Studios	<input type="radio"/> OST. THERESE (62+ yrs) 30% AMI (14 units) 1, 2 BR Units <small>Also 6 3BR homeownership and 44 add'l rentals next door</small>
<input type="radio"/> TND WALDEN HOUSE (55 + yrs.) 60% fixed rents 1-2 BR units	<input type="radio"/> TND LEWIS LATIMER 30% and 50% AMI (4 units)2 BR Units <small>HoH must be 18-24 yrs at time of unit offer</small>
	<input type="radio"/> TND HOMES 50% AMI 1, 2, 3 BR units <small>Chelsea: 158-162 Shawmut St</small>
	<input type="radio"/> TND N. BELLINGHAM VETERANS 8 Grove St Studios <small>Homeless or At-Risk Veterans only</small>
	<input type="radio"/> TND WALDEN HOUSE (55 + yrs.) 50% fixed rents 1-2 BR units

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
------	------------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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