

SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR 4BR 5BR

UNIT TYPE REQUESTED:

Market Rent Wheelchair Adapted Unit
 Basic Rent Yes No
 Low Rent Hearing/Visual Adapted Unit
 Yes No

Do you have a portable voucher? _____

If yes, from what housing authority? _____

Does any member of the 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. _____

Present housing cost per month \$ _____ Including Utilities? Yes No

How long have you lived at your present address? _____ Years.

Do you own any pets? _____

Are you or a family member enlisted in or a veteran of the U.S. Military? Yes No

What are your reasons for moving? _____

How did you hear about this housing development? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF (*Any person not listed will not be allowed to move in.*)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX (optional)	SOCIAL SECURITY NUMBER*	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
Birthdate for Head of Household only: _____					
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

Does the Head of Household have full custody of all household members under age 18? **Yes or No**

If no, please explain _____

(Please be prepared to supply a copy of child support/custody agreement and divorce decree.)

*The Social Security Number requirements do not apply to individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, OR individuals who do not contend eligible immigration status.

REFERENCES

Provide the full names and addresses of Landlords at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters). Please include both long-term and temporary residences.

1) **Previous Address** _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

2) **Previous Address** _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

3) **Previous Address** _____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?

Yes No If yes, list the household member(s) and type of assistance being received.

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ hourly weekly bi-weekly monthly (#hours/week ____, #weeks/year ____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ hourly weekly bi-weekly monthly (#hours/week ____, #weeks/year ____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ hourly weekly bi-weekly monthly (#hours/week ____, #weeks/year ____)

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____

Current Wages \$ _____ hourly weekly bi-weekly monthly (#hours/week ____, #weeks/year ____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran’s Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Member # _____

Name of Financial Institution _____

Address _____

Account # _____ Type of Account _____ Current Balance \$ _____

Interest Rate _____ If Stock, Number of Shares _____ Dividends per Share _____

Additional Required Information

Have you or any member of your household ever been evicted from your home for any reason? If so, please give details:

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details:

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No If yes, list the name of the person and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Please list all states where the applicant and/or members of the applicant’s household have resided.

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a criminal background check may also be requested. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant Date _____
Co-Applicant Date

Co-Applicant Date _____
Co-Applicant Date

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer timeframe. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Wingate Management Co., LLC
ATTN: Section 504 Coordinator
100 Wells Avenue
Newton, MA 02459
(781) 707-9100

"I Speak..." Card

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N̄ a po Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Portugês . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese) | <input type="checkbox"/> ਇ ਸ੍ਪਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اينجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> હું ગુજરાતી બોલું છું (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> አካ ትግርኛ ይዘረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | <input type="checkbox"/> ך אעא ידיש (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean) | |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ئاخفم. (Kurdish) | |

Attachments: As Applicable by Program

- Housing Priorities (Where Applicable)
- Citizenship Declaration Forms
- HUD Form #92006 “Optional Contact”
- HUD Form #27061-H “Race and Ethnic Data Reporting Form”
- EIV & You Brochure

Wingate Management Co., LLC, acting as management agent for _____ (the “Development”) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-92006 or provide supplemental or optional contact information below:

**Name of Additional Contact
Person or Organization:**

Address:

Telephone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact:

