

Application For Housing

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

PRELIMINARY RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY

SITE NAME: Winslow Village	Winslow Village II
ADDRESS: 1520 OceanSt.	1554 Ocean St.
CITY, STATE: Marshfield, MA 02050	Marshfield, MA 02050
Phone #: 781.837.5998	Phone: 781.837.4031
FAX #: 781.837.5221	Fax: 781-834.6418
Date _____	

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ Home Tel _____

Present Address _____
street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native
- Asian or Pacific Islander
- Black(not of Hispanic origin)
- Hispanic
- White(not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

- 0BR 1BR
-

UNIT TYPE REQUESTED:

- Market Rent
- Basic Rent
- Low Rent
- Wheelchair Adapted Unit
- Yes No

Specify if you have Property Preference

- Winslow Village
- Winslow Village II

- Hearing/Visual Adapted Unit
- Yes No

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

If yes, please explain. _____



Present Housing Cost Per Month \$ _____ Including Utilities? []Yes []No
 How Long Have You Lived at Present Address? _____ Years.
 What are the reasons for Moving? _____

Was applicant 62 or older as of January 31, 2010 or were they receiving HUD rental assistance at another location on January 31, 2010? **Yes:** _____ **No:** _____
 This information is needed in order to verify if applicant qualifies for an exemption from disclosing and providing verification of a SSN.

FAMILY COMPOSITION - List all those who will occupy the apartment - **INCLUDE YOURSELF**

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official _____ Telephone _____
 Address _____

Name of Previous Landlord/Official _____ Telephone _____
 Address _____

Previous addresses – List all states where you have lived.

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 on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Salary \$ _____
 [] weekly [] bi-weekly [] monthly

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Salary \$ _____
 [] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, 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 _____ (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.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:



1. Have you been displaced from your home? If so, please explain.
2. Does your present apartment contain health code violations? If so, please describe:

3. Is your present apartment too small for your family? Yes _____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____
If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

Is the applicant or any member of the applicant's household subject to State lifetime sex offender registration in any state? Yes: _____ No: _____

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. A Criminal Offenders Record Information (CORI) report and a Sex Offender Registry Information (SORI) report a landlord report and a credit report will be requested for all applicants. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from Winslow Village II 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

Winslow Village II Inc. 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 its programs or employment, or in its programs, activities, functions or services.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.