571 Revere APPLICATION FOR HOUSING

571 Revere St, Revere MA 02151

Opening Spring 2021

51 New Affordable Apartments

Central A/C * Smoke Free *Parking

Thank you for your interest in 571 Revere Street!

Please read the instructions below before completing an application:

- The lottery intake application period is between October 9, 2020 and ending December 10, 2020.
- Applications must be received or postmarked no later than Thursday, December 10, 2020 @ 4:00pm. Deliver to 4 Gerrish Ave. Rear, in Chelsea, MA 02150, or email at 571revere@winnco.com.
  Applications received or postmarked after this date will be put on a waitlist and will not be included in the lottery selection. Winn Residential Hours of Operation: Monday, Wednesday, and Thursday, 9am-4pm; Tuesday, 9am-7pm; Friday 9am-3pm.
- Information sessions will be held via Zoom on Wednesday October 14, 2020, 7:00pm AND Tuesday, October 27, 2020, 7:00pm. Register in advance on www.TheNeighborhoodDevelopers.org.
- Incomplete applications will not be accepted.
- Translation services are available by request. La traducción será proporcionado a petición.
- Each household member age 18 or older must complete a separate application.
- Only the information provided in this packet should be returned. Additional information, such as proof of income, birth certificates, etc., are not needed at this time
- SELECTION WILL BE BY LOTTERY
- Applicants will be notified by mail of the date and time of lottery.

If translation or a reasonable accommodation is needed in filling out the application, please call the management office at (617) 884-0692. The Neighborhood Developers, 571 Revere, and Winn Residential do not discriminate because of race, color, sex, sexual orientation, gender identity, religion, age, handicap, disability, national origin, genetic information, ancestry, children, familial status, marital status or public assistance recipiency in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.
**Application**

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.

LANGUAGE ASSISTANCE IS AVAILABLE UPON REQUEST.

SERVICIO DE TRADUCCIÓN DISPONIBLE BAJO PETICIÓN

A ASSISTÊNCIA LINGUÍSTICA ESTÁ DISPONÍVEL MEDIANTE SOLICITAÇÃO

ASISTANS LANG SE DISPONIB SOU DEMANN

L'ASSISTANCE LINGUISTIQUE EST DISPONIBLE SUR DEMANDE

HỖ TRỢ NGÔN NGỮ THEO YÊU CẦU

**PRELIMINARY RENTAL APPLICATION**

**EQUAL HOUSING OPPORTUNITY**

Please print and fill in ALL Information.

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<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEL.</td>
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<td>FAX</td>
<td>___________</td>
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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: ________________________________________________________________

Present Address: ____________________________
street                     city      state         zip

Home Tel: ____________________________   Cell:__________________________

Email: __________________________________________

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:          UNIT TYPE REQUESTED:
1BR   2BR   3BR                     Wheelchair Adapted Unit       [ ] Yes [ ] No
[ ] [ ] [ ]                         Hearing/Visual Adapted Unit     [ ] Yes [ ] No

Do you or any household member currently live, work, or attend school in Revere? [ ] Yes [ ] No
If yes, where? __________________________

Do you have a MOBILE Section 8 voucher or some other form of regular Mobile rental assistance? [ ] Yes [ ] No

Are you or any household member currently homeless or at risk of homelessness? [ ] Yes [ ] No
Definition of “Homeless or At Risk of Homelessness”:

The applicant;

a) Lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is either:
   i. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
   ii. An institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing;
   iii. A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

OR

b) Meets all three of the following criteria:
   i. The family is in imminent danger of losing housing, or has lost housing and is temporarily doubled up, and
   ii. Due to the health or environmental needs of the family there is no appropriate temporary shelter, and
   iii. Placement in another setting would endanger the health or safety of the family or the occupants of the shelter.

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? If yes, please explain. ___________________________________________________________

What is your household’s total **ANNUAL** income? $_____________

(Do NOT write hourly, monthly, weekly wages)

Present Housing Cost Per Month $_________ Including Utilities? [ ]Yes [ ]No

How Long Have You Lived at Present Address? _______ Years.

What are the reasons for Moving? ________________________________________________

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

<table>
<thead>
<tr>
<th>FULL NAME OF EACH PERSON</th>
<th>RELATIONSHIP TO HEAD</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>FULL TIME</th>
<th>SCHOOL OR TRAINING</th>
</tr>
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<tbody>
<tr>
<td>IN HOUSEHOLD</td>
<td>OF HOUSEHOLD</td>
<td>BIRTH NUMBER</td>
<td>STUDENT</td>
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<tr>
<td>1</td>
<td>Head of Household</td>
<td>______</td>
<td>______</td>
<td>Yes or No</td>
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<td>Yes or No</td>
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<td>Yes or No</td>
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<td>Yes or No</td>
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<td>______</td>
<td>______</td>
<td>Yes or No</td>
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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 ___________________________________________________________________

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

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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Type of Income</th>
<th>Gross Earnings (Before Taxes)</th>
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</thead>
<tbody>
<tr>
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<td>__________ per __________</td>
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<td>__________ per __________</td>
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</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Type of Asset</th>
<th>Gross Earnings (Before Taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__________ per __________</td>
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<td>__________ per __________</td>
</tr>
</tbody>
</table>

(week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:
1. Are you homeless as a result of having been displaced from your home by natural forces (i.e., natural disaster), by public action (urban renewal), or by public action (enforcement of sanitary code violations)? Yes ____ No ____ If so, please explain.
_______________________________________________________________________

2. Do you wish to demonstrate eligibility for a preference related to either a physical or mental disability? Yes_____ No _____
If so, please describe: (note: additional documentation will be required to documents eligibility):
________________________________________________________

3. Have you been involuntarily displaced from you housing because you or any member of your household suffered domestic violence, dating violence, sexual assault or stalking? If so, please provide details.
______________________________________________________________________________

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? ______________. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).
______________________________________________________________________________

Have you or any member of your household resided outside of Massachusetts? _______. If yes, please list all other states of residence for each household member. __________________________________________________________

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 Offenders Record Information (CORI) report may also be requested. 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 form 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
571 Revere and Winn Management do not discriminate because of race, color, sex, sexual orientation, religion, disability, national origin, genetic information, ancestry, children, familial status, marital status of public assistance recipiency in the leasing, rental, sale or transfer of apartment units, buildings, and related facilities, including land that they own or control.

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-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-920006 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: ________________________________

Equal Housing Opportunity