



571 Revere APPLICATION FOR HOUSING

571 Revere St, Revere MA 02151

Opening Spring 2021

51 New Affordable Apartments

*Central A/C * Smoke Free*

Thank you for your interest in 571 Revere Street!

Please read the instructions below before completing an application:

- **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 chelseand@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, 242 Spencer Limited Partnership 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 reciprocity 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

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可应要求提供语言援助

| | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TEL. _____ FAX _____ TDD #: _____ | PRELIMINARY RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY Please print and fill in ALL Information. |
| 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:

1BR 2BR 3BR

UNIT TYPE REQUESTED:

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? _____

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. _____

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

| FULL NAME OF EACH PERSON IN HOUSEHOLD | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH | SEX | SOCIAL SECURITY NUMBER | FULL TIME STUDENT |
|---------------------------------------|-----------------------------------|---------------|-------|------------------------|-------------------|
| 1 _____ | Head of Household | _____ | _____ | _____ | Yes or No |
| 2 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 3 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 4 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 5 _____ | _____ | _____ | _____ | _____ | Yes or No |
| 6 _____ | _____ | _____ | _____ | _____ | Yes or No |

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.

| <i>Household Member</i> | <i>Type of Income</i> | <i>Gross Earnings (Before Taxes)</i> |
|-------------------------|-----------------------|------------------------------------------|
| _____ | _____ | _____ 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.

| <i>Household Member</i> | <i>Type of Asset</i> | <i>Gross Earnings (Before Taxes)</i> |
|-------------------------|----------------------|------------------------------------------|
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| _____ | _____ | _____ per _____ |
| | | (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 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 _____ Date
Co-Applicant

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 reciprocity 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

