



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.

SITE NAME: AMIFF HOUSING **PRELIMINARY RENTAL APPLICATION**
 Open Waitlist May 23, 2011
 1 & 2 Bedroom Only

LOCATION: 64-86 American Legion Highway, Dorchester, MA 02124
 64, 68 & 72 Iffley Road, Jamaica Plain, MA 02130
 449 & 451 Walnut Avenue, Roxbury, MA 02119

MAILING ADDRESS: 339 Talbot Avenue
 Dorchester, MA 02124

Phone #: (617) 825-7411
FAX #: (617) 825-6041
TDD #: 1-800-439-0183

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 Management Office at (617) 825-7411.

Applicant: _____ **Home Telephone #:** _____

Present address: _____ **City** _____ **State** _____ **Zip Code** _____

How did you hear about us? _____

SIZE OF APARTMENT NEEDED: **DO YOU REQUIRE AN ADAPTED UNIT FOR:**
1BR **2BR** **3BR** **Hearing:** [] Yes [] No **Vision:** [] Yes [] No
 [] [] [X]

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

Have you, or anyone in your household, ever been arrested and/or convicted of a crime and /or misdemeanor? Yes or No

If yes, please explain: _____

Are you a sex offender? Yes or No If Yes, are you registered? Yes or No

STUDENT VERIFICATION

A student verification form must be completed by anyone who indicated that he/she is enrolled as a student in an institute of higher education. *If not applicable to you, please skip to the next section, REFERENCES.*

Please answer the following questions:

- Are there any members of your household currently enrolled as a student in an institute of higher education (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities)?

Yes [] No [] If yes, which family member # (refer to Family composition above), student name, school, & address _____

If you do not know if your school qualifies, please check here. _____

- Is this family member married? Yes [] No []
- Does this family member have any dependent children? Yes [] No [] If yes, how many? _____
- Is this family member under 24 years of age? Yes [] No []
- Is this family member a veteran of the United States military? Yes [] No []
- Is this family member's parents, individually or jointly, eligible on the basis of income to receive assistance under Section 8 of the United States Housing Act of 1937? Yes [] No []
- Is this family member receiving any financial assistance (scholarships, grants, etc.) to assist in funding for this education? Yes [] No [] If yes, name of financial institution & amount _____
- Is this family member receiving any financial assistance from any other source (i.e. parents, grandparents, associates, etc.)? Yes [] No [] If yes, name and amount _____

If there is more than one family member that this applies to, on a separate sheet, please answer questions 1-8 for that member.

REFERENCES – Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters. If you have had more than two landlords within the past five (5) years, please list them on the reverse side.

Name of Present Landlord/Official: _____ Telephone #: _____ Date: _____ From-To

Address: _____

Name of Previous Landlord/Official: _____ Telephone #: _____ Date: _____ From-To

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.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$ _____ 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.

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

REASONABLE ACCOMMODATIONS POLICY

Wingate Management recognizes its obligations to reasonably accommodate individuals with handicaps and disabilities in all phases of its operations. This includes applicants for housing operated by Wingate Management; residents in housing managed by Wingate Management; and applicants and employees of Wingate Management.

The reasonable accommodation requirements are expressed in **Section 504 of the Rehabilitation Act of 1973** as amended, as promulgated by the **Department of Housing and Urban Development (24 CFR Parts 8)** which applies to our employees; and the **Fair Housing Act Amendments of 1988** as promulgated by the Department of Housing and Urban Development (24 CFR Parts 14 et seq.) with respect to applicants for housing and residents of our properties.

In accordance with these regulations, and in recognition our obligations, Wingate Management hereby puts forward its reasonable accommodations policy:

1. Wingate Management will make reasonable accommodations in rules, policies, practices, and procedures to enable an individual with handicaps to benefit from the program(s) offered by the company at the site where the individual is an applicant, resident, or employee.
2. Wingate Management will make accommodations which are both reasonable and necessary to afford an individual with handicaps equal opportunity.
3. Wingate Management will determine whether a request for accommodation is reasonable and may propose an alternative which is equally as effective in affording equal opportunity.
4. In order to be eligible for a reasonable accommodation, an individual must be considered handicapped as defined by federal law. A handicapped person is defined as someone who **(1) has a physical or emotional impairment which substantially limits one or more major life activities; (2) is regarded as having such an impairment; (3) has a record of such an impairment.** Management will verify an individual's handicap status prior to full consideration of the accommodations request.
5. Reasonable accommodations requests should be submitted in writing. Exceptions will be made if the individual has a physical or emotional impairment, which prevents him/her from submitting a request in this matter. Management may verify such impairment.
6. Management will respond in writing, or in a manner understandable to the applicant/tenant/employee within ten working days from the date of the request.
7. Management does not by law have to honor a reasonable accommodations request which result in: **(A) a fundamental alteration in the nature of the program.** This means that management does not have to provide services, which are not presently being provided. In such a case, the individual may obtain the service(s) on their own; **(B) an undue financial burden.** This means an accommodation which cannot be accomplished without a substantial financial investment which is prohibited by the nature and size of the program, or could be accomplished only with a rent increase (prohibited by HUD) or a reduction in benefits and/or services to other tenants; **(C) an undue administrative burden.** This means the accommodation would not easily be accomplished with existing staff and would require the hiring of additional staff. If the request requires staff to invest more than 5 hours per month, it is an administrative burden.
8. If an accommodation request falls into one of the three categories in (7) above, management will endeavor to identify an equally effective means of meeting the individual's needs. Reasonable accommodations are based on need, not on preference. Management may also, where a request is denied for reasons permitted by law, allow the individual to make modifications at their own expense. In some cases, we may require the individual to escrow money so that modifications made can be restored at the conclusion of an individual's tenancy.
9. Management will allow assistive and companion animals. Management will verify the need for the assistive or companion animal, and the tenant is responsible for the conduct of the animal at all times in a manner consistent with the lease.
10. If an individual believes that his/her reasonable accommodations request has been improperly handled or denied, the individual should contact Wingate Management's Section 504 Coordinator who is **Enrico Gilberti** and who can be reached at **Wingate Management Company, LLC, 100 Wells Avenue, Newton, MA 02459; telephone # (617) 738-5100.** Individuals with hearing impairments who use TDD'S can reach **Mr. Gilberti** through the Mass Relay Service at 1 (800) 439-0183.
11. This reasonable accommodation policy also applies to employees with handicaps who meet the definition of handicap contained in this policy. Employees with handicaps shall, subject to the limitations described in (7) above, be eligible for reasonable accommodations, which will permit them to perform the essential functions of the job.
12. Consideration of all accommodation requests shall be made on a case-by-case basis.
13. Individuals who believe they have been discriminated against on the basis of handicap may bring their grievance to the company Section 504 Coordinator named in (10) above, and may also file a complaint alleging discrimination with the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development.

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 will 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.

Please note that this is a preliminary application and gives no lease or rent rights. Additional information may be required at a later date to complete the processing of your rental application. Your signature below gives consent to Management to verify all information contained in this application. It is a criminal offense to make a false statement or misrepresentation on this rental application.

Signed under the pains and penalties of perjury.

Head of Household/Applicant	Date	Co-Applicant	Date
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The **Wingate Management Company, LLC** 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.

IMPORTANT:
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Reviewed by Management Representative		Date
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- Enc:
- HUD Form #1141 "Is Fraud Worth It?"
 - HUD Form #92006 "Optional Contact"
 - HUD Form #27061-H "Race and Ethnic Data reporting Form"
 - EIV & You Brochure

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204

64- 86 American Legion Hwy.

64-86 American Legion Hwy
449 & 451 Walnut Avenue

Amiff Housing 2003

Project No. 64, 68 & 72 Iffley Rd. Address of Property

Name of Property

Wingate Management Company, LLC Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.
Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as

part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form.

Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.