

Finch Cambridge

675 Concord Avenue, Cambridge, MA 02138

CURRENTLY ACCEPTING APPLICATIONS FOR

One, Two and Three Bedroom Apartments

Also Available One, Two, and Three Bedroom Handicap Accessible Apartments

Located in Fresh pond convenient access to shopping, public transportation, Cambridge, and Downtown Boston

Property Amenities Include:

- Heat/Hot Water Included
- On Site Laundry Rooms
- Elevator Access
- Off Street Parking
- Community Room
- 24-hour Emergency Maintenance
- Bike Storage

Applications may be obtained

Monday –Friday 8:30AM-4:00PM

810 Memorial Drive, Suite 101, MA 02139

Or via mail please call 617-430-4700

Household Asset/Income limit restrictions apply:

<u>Household Size</u>	<u>30% Max Income</u>	<u>60%Max Income</u>	<u>80%Max Income</u>	<u>100%Max Income</u>
1 Person	\$24,900	\$43,440	\$63,450	\$79,300
2 Persons	\$28,450	\$49,680	\$72,500	\$90,600
3 Persons	\$32,000	\$55,860	\$81,600	\$101,200
4 Persons	\$35,550	\$62,040	\$90,650	\$113,300
5 Persons	\$38,400	\$67,020	\$97,900	\$122,400
6 Persons	\$41,250	\$72,000	\$105,150	\$131,400

****Voucher Holders welcome**

Requests for reasonable

Accommodations regarding the application process or to request an application by mail

Contact (617) 430-4700

Translation assistance is available.

Finch Cambridge is an equal housing opportunity



Professionally Managed by WinnResidential





Winn Residential

RENTAL APPLICATION Finch Cambridge

Please Print-DO NOT DUPLICATE THIS APPLICATION/ VOID IF DUPLICATED

PERSONAL:

Date _____

Please complete for those who will occupy the apartment (Applicant- co-applicant- children- other)

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#

Present Address _____
Street _____ City _____ State _____ Zip Code _____

Former Address _____
Street _____ City _____ State _____ Zip Code _____

Present Phone Residence _____

No. of Autos _____ Reg. No. of Auto No. 1 _____ Reg. No. of Auto No. 2 _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired- unit for visually impaired- unit for hearing impaired- grab bars)

Check One: ☐ YES ☐ NO If yes - you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY & EMPLOYMENT:

<input type="checkbox"/> Own: Dates of Current Occupancy	From: _____ to: _____	\$ _____
	Month Year Month Year	Monthly Mortgage Payments
<input type="checkbox"/> Rent: Dates of Current Occupancy	From: _____ to: _____	\$ _____
	Month Year Month Year	Monthly Rental Payments
<input type="checkbox"/> Rent: Dates of Previous Occupancy	From: _____ to: _____	\$ _____
	Month Year Month Year	Monthly Rental Payments

If Rents _____
Present Landlord Name _____ Address _____ Phone _____

If Rents _____
Former Landlord Name _____ Address _____ Phone _____

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Comm/Bonus) _____

Other Source of Income (i.e.- social security- retirement fund- disability- workman's compensation- pension- alimony/child support- investments- etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

BANKING INFORMATION

Bank- Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank- Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank- Cert of Dep. _____ Branch Address _____ C.D. Acct. No. _____

APPLICANTS TERMS (Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute- upon presentation- a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore- applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records, Applicant agrees that the information set forth on the application is true and complete- and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease- then the deposit shall be retained by the owner as liquidated damages. However- the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____

Dated _____

Agents Signature _____

Applicant's Signature _____

This Property does not discriminate against any person because of race- color- religion- sex- sexual orientation- handicap- familial status or national origin.

Finch Cambridge

You must answer every question on this application: respond to questions that are not applicable by writing "N/A".

Incomplete applications may be returned or discarded.

Your Name: _____

Long-Term Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

MAIL Completed Application to:
Winn Residential-Mgmt Office
810 Memorial Drive, Suite 101
Cambridge, MA 02139
617-430-4700

What unit size are you seeking? _____BR

☐ YES ☐ NO Do you need a wheelchair accessible unit (or a "no-steps" unit)?

☐ YES ☐ NO Do you need reasonable accommodations during the application period or tenancy?

☐ YES ☐ NO Do you have a Section 8 voucher or some other form of regular rental assistance?

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

☐ YES ☐ NO Finch Cambridge has a Smoke Free Policy. Are you interested in living in smoke free apartment?

☐ YES ☐ NO Do any other members of your household have any sources of income?

If yes, please explain; _____

Statistical Purposes Only:

Race of Head of Household

☐ White ☐ Black ☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander ☐ Do not wish to answer

Ethnicity of Head of Household

☐ Hispanic ☐ Non-Hispanic

Signature of Head of Household

____/____/____
Date



Cambridge Residency Self Certification-Attachment

Applicant: _____ Home Tel: _____

Present Address: _____

Street City State Zip

Mailing Address: _____

(If different) Street City State Zip

I certify that:

- ☐ I, or a member of my household is a documented full time resident of the City of Cambridge.
 - ☐ I, or a member of my household currently resides in Cambridge with a child under 6.
 - ☐ I, or a member of my household currently resides in Cambridge with a child under 18.
 - ☐ I, or a member of my household currently resides in Cambridge with no children under 18.
- ☐ I, or a member of my household is a non- resident of Cambridge who works for the City of Cambridge.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works for the City of Cambridge with a child under 6.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works for the City of Cambridge with a child under 18.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works for the City of Cambridge with a child under 18.
- ☐ I, or a member of my household is a non- resident of Cambridge who works in Cambridge.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works in Cambridge with a child under 6.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works in Cambridge with a child under 18.
 - ☐ I, or a member of my household is a non- resident of Cambridge who works in Cambridge with a child under 18.

Information provided:

- ☐ Voter registration or census form
- ☐ A Utility Bill (not water or cell phone) dated within the past 60 days
- ☐ A Deed, Mortgage Payment dated within the past 60 days, or Property Tax Bill dated within the last year.
- ☐ A current Lease, Section 8 Agreement, or Landlord Affidavit
- ☐ A W2 form dated within the year or a Payroll Stub dated within the past 60 days

- A Bank or Credit Card Statement dated within the past 60 days
 - A Bank or Credit Card Statement dated within the 60 days
 - A Letter from an Approved Government Agency* dated within the past 60 days
 - Other_____
-

I/ We hereby certify that the information furnished is true and complete, to the best of my/our knowledge and belief.

Signed under the pains and penalties of perjury.

Head of Household/ Applicant

Date

Co-Applicant

Date



CURRENT HOUSING CONDITION (PAGE TWO)

1. Are you currently homeless and seeking a preference as a homeless household?

Yes _____ No _____

If yes;

A) Were you displaced by natural forces (fire, earthquake, flood, etc)? Yes _____ No _____

B) Homelessness due to Displacement by Public Action (Urban Renewal)? Yes _____ No _____

C) Homelessness due to Displacement by Public Action (Sanitary Code Violations)? Yes _____ No _____

D) Homelessness due to involuntary displacement by domestic violence Yes _____ No _____

I/ We hereby certify that the information furnished is true and complete, to the best of my/our knowledge and belief.

Signed under the pains and penalties of perjury.

Head of Household/ Applicant

Date

Co-Applicant

Date

NOTICE OF NON-DISCRIMINATION

It is the policy and intention of Finch Cambridge to comply in all of its policies and procedures affecting all of its programs and activities, including employment and housing with all federal, state and local regulations prohibiting discrimination on the basis of race, ethnicity, religion, color, national origin, age, sex, familial status, source of income, sexual orientation, disability, marital status, ancestry, medical condition, or military status.

If you have a documented physical, mental or developmental impairment that substantially limits one or more major life activities; have a record of such impairment; or are regarded as having such impairment, Finch Cambridge would like to know what your special needs are so they can be readily addressed. Please notify Finch Cambridge of your special needs, if any, at the time of your interview for eligibility.

It is the policy of Finch Cambridge to provide reasonable accommodations to those persons with disabilities so that they can participate in its housing programs. To request a reasonable accommodation, you may contact the Finch Cambridge Management Office, in writing at the office located at 810 Memorial Drive, Cambridge, MA 02139 or by telephone at (617) 430-4700.

This Agency will not directly or through contractual, licensing or other arrangements permit or engage in discrimination in admission or access to, or treatment or employment in its federally assisted programs and activities.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផ្ទុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone No.: 617-427-9400



Winn Residential

Telephone Number: 617-445-8338