



ACADIA APPLICATION FOR HOUSING

242 Spencer Avenue, Chelsea MA 02150

34 New Affordable Apartments Opening Fall 2018

*Central A/C * Smoke Free * Heat and Hot Water Included*

Thank you for your interest in ACADIA APARTMENTS!

Please read the instructions below before completing an application:

- **Applications must be received or postmarked no later than Friday, July 13, 2018 @ 5:00pm. Deliver to 4 Gerrish Ave. Rear, in Chelsea, MA 02150, or email at chelseand@wincco.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: Mon., Weds., Thurs., Fri., 9am-5pm; Tues., 9am-7pm.
- **Information sessions will be held on Thursday, May 17, 2018, 6:00pm at 4 Gerrish Ave. (2nd Floor), Chelsea MA AND Thursday, May 24, 2018, 5:30 p.m. at the Mary C. Burke Education Complex, 300 Crescent Ave, Chelsea, MA**
- **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, or TTY/TTD: (800) 439-2370. For Spanish: (866) 930-9252. 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.





ACADIA at 242 Spencer Ave RENTAL APPLICATION

RETURN COMPLETED APPLICATIONS TO: Winn Residential, 4 Gerrish Ave, Rear, Chelsea, MA 02150 or by email to chelseand@wincco.com. Applications must be received or post marked by July 13, 2018, at 5:00 p.m.

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. All Applicants 18 or older must file a separate application.**

Your Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

In the event we are unable to reach you please list an alternate contact:

Name: _____ Phone Number: _____

How many people will be living in the unit? 1 2 3 4 5 6 + / people

What size bedroom are you seeking? **(Choose only one bedroom size)**

1 bed 1 bed wheelchairs accessible 2 bed 2 bed wheelchairs accessible

3 bed

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

What is your households total **ANNUAL** Income? _____ (do NOT write hourly, monthly, weekly wages)

Yes No Do you have a **MOBILE** Section 8 voucher or some other form of regular **mobile** rental assistance?

If yes, who issued the certificate: _____

Yes No Are you or any household member currently living, working, or attending school in Chelsea?



Yes No Are you currently living in a homeless shelter?

If yes, where: _____

Yes No *If applicable*, immediately prior to living in a homeless shelter was your previous address in Chelsea?

Yes No Are you in need of a visual or hearing impaired unit?

Yes No Are you in need of a wheelchair accessible unit?

2. Please list the name, birthdate and social security # of **ALL** household members:

Name	Birth Date	Social Security #

Race: *Optional -- for statistical purposes only.*

White Black American Indian or Alaskan Native

Asian or Pacific Islander Do not wish to answer

Ethnicity of Head of Household: *Optional -- for statistical purposes only.*

Hispanic Non- Hispanic Do not wish to answer

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Signature: _____

Date: _____





Authorization to Perform a Credit and Criminal Investigation

I hereby authorize Winn Residential to obtain credit and criminal history information on me. I understand that this investigation will include release of information from law enforcement and judicial institutions, as well as financial institutions, credit bureaus, and public and private agencies that have relevant information on my credit and criminal history. I understand that information received through this credit report and criminal record check will be used, in part, to determine the acceptability of my rental application.

Should this investigation reveal adverse information, which if accurate would constitute grounds for denial of my application, I understand that I will be notified in writing prior to any adverse action being taken. Further, I will be provided with the names, telephone numbers, and addresses of all agencies supplying such information, together with a summary of my rights under the *Federal Fair Credit Reporting Act*.

Applicant Signature _____ Today's Date ___/___/___

Print your name: _____ Date of Birth ___/___/___

Social Security Number ____ - ____ - ____





Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

Head of Household only answer Yes or No to each of the following questions for the household:

YES	NO	
_____	_____	1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____ Explanation: _____
_____	_____	2. Are all members of the household full time students?
_____	_____	3. Does anyone in the household attend an institute of higher education? If yes, do they receive financial assistance for tuition? If yes, name of household member receiving financial assistance for tuition _____
_____	_____	4. Do you or any member of your household have a Section 8 voucher? If yes, name of Housing Authority _____
_____	_____	5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____
_____	_____	6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____

Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

Answer each YES –NO question. For each YES include the gross amount and frequency.

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$



		Worker’s Compensation	\$
		AFDC / TANF / Welfare Grant	\$
		Are you entitled to receive alimony?	
		Do you receive alimony? (enter amount)	\$
		Do you have at least 50% custody of your children?	
		Are you entitled to receive child support?	
		Do you receive child support? (enter amount)	\$
		Military Pay	\$
		Net income from a business	\$
		Contributions from anyone outside the household	\$
		Does anyone else in the household have income?	
		Any income from assets?	\$
		Any income from sources not mentioned above?	\$
		Do you anticipate any changes to your income within the next 12 months? If yes, explain: _____	

Asset Information: List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA’s or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

1. Are you a Military Veteran? Yes ___ No ___

2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?
Yes ___ No ___

3. Do you pay for child care which allows you or another family member to work or to go to school?
Yes ___ No ___
If yes, give name/address of child care provider, weekly cost and name of family member enabled to



