



St Therese APPLICATION FOR HOUSING

787-801 Broadway, Everett, MA 02149

Opening Summer 2022

77 New Affordable Elderly Apartments

*Central A/C * Smoke Free *Parking*

Thank you for your interest in St Therese Apartments!

Please read the instructions below before completing an application:

- **The lottery intake application period is between January 19, 2022 and ending April 19, 2022.**
- **Applications must be received or postmarked no later than Tuesday, April 19, 2022 @ 7:00pm. Deliver to 4 Gerrish Ave. Rear, in Chelsea, MA 02150, or email at sttherese@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 Thursday, February 10th, 2022, 2:00pm AND Tuesday, February 15th, 2022, 7:00pm. Register in advance on www.TheNeighborhoodDevelopers.org/st-therese.**
- **Incomplete applications will not be accepted.**
- **Translation services are available by request. La traducción será proporcionado a petición.**
- **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, St Therese, 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.





ST. THERESE APARTMENTS RENTAL 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

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RETURN COMPLETED APPLICATIONS TO: Winn Residential, 4 Gerrish Ave, Rear, Chelsea, MA 02150

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: _____

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? 2 3 4 4+ / people

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

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

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 households 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.

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 Everett?

If yes, please explain: _____

Yes No Are you currently receiving supportive services from any agencies?

If yes, where: _____

Yes No Have you, or any member of your household, ever been a PACE participant?

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

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

DO THE FOLLOWING APPLY TO YOU

[] I need assistance with bathing/showering, dressing, medications, mobility, or meal preparation

[] I have a monthly income of under (\$2523) per month and assets less than (\$2000)

By selecting "Yes" to these questions, I consent to being contacted by the Ease Boston Neighborhood Health Center's Neighborhood PACE team. PACE is a voluntary program; it is not a requirement to join PACE to be considered for PACE eligibility preferences.

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

FULL NAME OF	RELATIONSHIP	DATE	SOCIAL FULL
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EACH PERSON IN HOUSEHOLD	TO HEAD OF HOUSEHOLD	OF BIRTH	SEX NUMBER	SECURITY STUDENT	TIME
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

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the above family composition.
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)

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- *Statistical purposes only*

- Hispanic
 Non- Hispanic
 Do not wish to answer

Yes No Are you or any household member a veteran? A veteran is defined as a person who served in the active military, navy, or air service and who was discharged or released from such service under conditions other than dishonorable.

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. 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: _____

St Therese 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.



Equal Housing Opportunity





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 ____ - ____ - ____