

## 31 Tufts Street Apartments Application Form

**THE AGENT 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: 31 Tufts Street Apartments**

**PRELIMINARY RENTAL APPLICATION  
Equal Housing Opportunity**

**MAILING ADDRESS:**

7 Memorial Rd  
Attn: Wingate Companies  
Somerville, MA 02145  
31Tufts@wingatecompanies.com  
Phone #: 617-591-0577  
FAX #: 617-904-1937  
TDD #: 711

Please print and fill in ALL Information. Email:

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

Mailing Address \_\_\_\_\_  
(if different) 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)

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

**SIZE OF APARTMENT NEEDED:**

Studio      1BR      2BR      3BR  
                 

**UNIT TYPE REQUESTED:**

Wheelchair Adapted Unit  Yes  No

Hearing/Visual Adapted Unit  Yes  No



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?

[ ] Yes [ ] No If yes, please explain. \_\_\_\_\_

Present housing cost per month \$ \_\_\_\_\_ Including utilities? [ ] Yes [ ] No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

How did you hear about this housing development? \_\_\_\_\_

**FAMILY COMPOSITION**

List all those who will occupy the apartment. INCLUDE YOURSELF.

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one)
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1 \_\_\_\_\_ Head of Household \_\_\_\_\_ Yes or No

Birth date (for head of household only) : \_\_\_\_\_

2 \_\_\_\_\_ Yes or No

3 \_\_\_\_\_ Yes or No

4 \_\_\_\_\_ Yes or No

5 \_\_\_\_\_ Yes or No

6 \_\_\_\_\_ Yes or No

7 \_\_\_\_\_ Yes or No

**REFERENCES**

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Are you or any member of your household currently receiving federal (HUD) or state housing assistance? \_\_\_\_\_ . If yes, list the household members and type of assistance being received.



Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 \_\_\_\_\_

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER**

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.

**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)

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home? Yes \_\_\_\_ No \_\_\_\_ If so, please explain.

\_\_\_\_\_

2. Does your present apartment contain health code violations? Yes \_\_\_\_ No \_\_\_\_ If so, please describe: \_\_\_\_\_

3. Is your present apartment too small for your family? Yes \_\_\_\_ No \_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_ No \_\_\_\_  
If so, please describe: \_\_\_\_\_

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? 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 or other criminal background check 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      \_\_\_\_\_  
Co-Applicant      \_\_\_\_\_  
Date

Wingate Companies, acting as management agent for 31 Tufts Street Apartments (the “Development”) 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 the Development, its employment, or in its programs, activities, functions or services.

***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).***

**Name of Additional Contact Person or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**E-Mail Address (if applicable):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Reason for Contact:** \_\_\_\_\_



COMMONWEALTH OF MASSACHUSETTS  
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): \_\_\_\_\_

Date of birth or approximate age: \_\_\_\_\_

Address: \_\_\_\_\_

Personal identifying characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

\*\*\*\*\*WARNING\*\*\*\*\*

*SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).*

