

## Model 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.**

### PRELIMINARY RENTAL APPLICATION Equal Housing Opportunity

#### **Yarn Works ~ 1428 Main Street, Fitchburg, MA 01420**

Phone #: (978) 516-4500, TDD #: (800) 439-2370, email: yardworks@winnco.com

**Please print and fill in ALL Information.**

**Date of Application:** \_\_\_\_\_

### 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

E-mail Address \_\_\_\_\_

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)

☐ White (not of Hispanic origin

☐ Hispanic

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:**

☐ 1Br ☐ 2Br ☐ 3Br

#### **UNIT TYPE REQUESTED:**

☐ Wheelchair Adapted Unit

☐ Hearing/Visual Adapted Unit

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	Sex	Date Of Birth	Age	Social Security Number	Fulltime Student Yes or No
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						

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

Page 2

### 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 \$ \_\_\_\_\_

### 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 Earning (before taxes)	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	Amount in Account	Is it Interest Earning

### 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 \_\_\_\_\_  
If so, please describe: \_\_\_\_\_

4. 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. \_\_\_\_\_

**Special Notice to Applicants with disabilities**

Please be advised that applicants for housing or tenants in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities. For purposes of this notice, a disability with respect to an applicant or tenant means:

- a. a physical or mental impairment that substantially limits one or more major life activities of such individual.
- b. a record of such an impairment or
- c. being regarded as having such an impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Giving this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing.

If you would like to request special consideration/reasonable accommodation please indicate here: Yes [ ] No [ ]

**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). \_\_\_\_\_

**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
Co-Applicant	Date	Co-Applicant	Date

**WinnResidential** acting as management agent for **Yarn Works** (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.

