

# WMC

## WELCOME TO WINGATE MANAGEMENT COMPANY

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### Instructions for:

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*Enclosed please find the Housing Application you requested. Please note the following:*



A separate application must be completed for each apartment complex you are interested in. (Copies Are Acceptable)

One Release to Obtain Information Form must be completed by each household member 18 years or older. (Please copy the form as needed.)

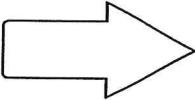


**Applications must be completed in full.** Incomplete applications will be returned to the applicant.



If you should move or change your phone number, notification of such change must be in writing and mailed to: **LONGFELLOW GLEN, 655 BOSTON POST ROAD #3320, SUDBURY, MA 01776**

Notification must include the following:

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- A – Applicant(s) Name(s) and Social Security Number
  - B – Apartment Complex(s) of Application
  - C – Approximate Month/Year the Original Application was Submitted
  - D – Old Address and Phone Number
  - E – New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.



Applicants will be notified of their status once they are close to the top of the list.

# PRELIMINARY 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.

DATE OF APPLICATION \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

Return Completed Application To:

LONGFELLOW GLEN

655 Boston Post Road #3320

Sudbury, MA 01776

Phone #: (978) 443-2283

## 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 \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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)

**SIZE OF APARTMENT NEEDED:**

0 BR 1 BR 2 BR 3 BR 4 BR

**UNIT TYPE REQUESTED:**

Wheelchair Adapted Unit  Yes  No  
Hearing/Visual  Yes  No

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Market  
\_\_\_\_\_ Basic  
\_\_\_\_\_ Low

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.

Present Housing Cost Per Month \$ \_\_\_\_\_ Including Utilities? [ ] Yes [ ] No

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

Do you own any pets? \_\_\_\_\_

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

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF.  
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSE HOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
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
7) _____	_____	_____	_____	_____	Yes or No
8) _____	_____	_____	_____	_____	Yes or No

**REFERENCES** - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) Previous Address \_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**REFERENCES (continued)**

**2) Previous Address** \_\_\_\_\_  
\_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Name of **Previous** Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**3) Previous Address** \_\_\_\_\_  
\_\_\_\_\_

Move In Date \_\_\_\_\_ Move Out Date \_\_\_\_\_

Name of **Previous** Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been evicted from your home for any reason? If so, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or convicted of any crime? If so, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Please list all states in which you have resided:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 3.

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_ )

**EMPLOYMENT INCOME (continued)**

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_ )

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_ )

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_ )

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), 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 _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**OTHER ASSETS** (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

HOUSEHOLD MEMBER	TYPE OF ASSET	VALUE OF ASSET
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In Case of Emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**How did you hear about us?**

- Newspaper Advertisement [ ] Please Specify: \_\_\_\_\_
- Craigslist [ ]
- DHCD/MassAccess [ ]
- Resident Referral [ ]
- Drive by/Walk in [ ]
- Housing Authority Referral [ ]
- Other [ ] Please Specify: \_\_\_\_\_

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

1. Have you been displaced from your home? If so, please explain:

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2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

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3. 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:

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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:

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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 background check report may also be requested. I /We certify that I /We understand that false statements of information are punishable under applicable State or Federal Law.

I /We hereby certify that I /We have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WINGATE MANAGEMENT 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 its programs or employment, or in its programs, activities, functions or services.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.