

Attachment 1  
**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.**

Winn Property Management does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Winn Property Management provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Katrina Pavetto coordinates Winn Property Management's compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Winn Management's compliance with nondiscrimination requirements: address One Washington Mall, Suite 500, Boston, MA 02108, Telephone: 617-742-4500, TTY: 1-800-439-2370.

THIS IS AN IMPORTANT DOCUMENT, PLEASE HAVE TRANSLATED

~~This is an important notice. Please have it translated.~~  
~~Este é um aviso importante. Queira mandá-lo traduzir.~~  
~~Este es un aviso importante. Sirvase mandarlo traducir.~~  
~~ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG~~  
~~XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY~~  
~~Ceci est important. Veuillez faire traduire.~~  
~~本通知很重要。請將之譯成中文。~~  
~~នេះគឺជាជំនាញដ៏សំខាន់ សូមអោយបកប្រែជូនផង~~

<b>SITE NAME:</b> _____	<b>PRELIMINARY RENTAL APPLICATION</b> <b>Equal Housing Opportunity</b>
<b>ADDRESS:</b> _____ <b>CITY, STATE:</b> _____ Phone #: _____ FAX #: _____ TDD #: _____	Please print and fill in ALL Information.  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.)

Native American or Alaskan Native  Asian  
 Black or African American  Hispanic or Latino  
 White (not of Hispanic origin)  Other (not White)  
 Native Hawaiian or Pacific Islander

**SIZE OF APARTMENT NEEDED:** 1 BR  2 BR  3 BR

### UNIT TYPE REQUESTED:

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing, we can't satisfy your needs. Preference is given for accessible and sensory adapted units to applicants with disabilities who require the features of these units. ***This application includes a copy of our Reasonable Accommodation Policy.***

1. Do you need a fully accessible unit for someone with a mobility impairment?

Yes  No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit?  Yes  No

3. If yes, please specify the accessible features

needed: \_\_\_\_\_

4. Do you need a unit with special features for someone with a hearing and/or visual impairment?

Yes  No

5. Does any member of the household have any accessibility or reasonable accommodation requests 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	DOB	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

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

**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.

<b>Household Member</b>	<b>Type of Income</b>	<b>Gross Earnings (Before Taxes)</b>
_____	_____	_____ 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.

<b>Household Member</b>	<b>Type of Asset</b>	<b>Gross Earnings (Before Taxes)</b>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

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

Priorities – Local Preference – Town of Sudbury: The following priority category shall be used at initial occupancy for a maximum of 70% (18) of the affordable units. If you wish to have your application considered for this priority, answer as applicable below and document your priority/preference as detailed below when submitting this application.

[ ] Do you wish to be considered for the Local Preference – Sudbury?

**DOCUMENTATION REQUIRED WITH APPLICATION SUBMISSION TO SUPPORT PREFERENCE**

Qualification for Preference:

Applicants who:

- 1) Reside in the Town of Sudbury
- 2) Work in the Town of Sudbury;
- 3) Have been hired to work in the Town of Sudbury;
- 4) Demonstrate that they expect to live in the Town of Sudbury because of a bona fide offer of employment; or
- 5) Have children who attend Sudbury schools.

Verification requirement:

- 1) For current residents of the Town of Sudbury, rent receipts, utility bills, street listing, or voter registration showing an address in the Town of Sudbury.
- 2) For other applicants, documentation reasonably acceptable to the Agent.

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

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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 if you are offered a unit, 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.*

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Head of Household/Applicant	Date	Co-Applicant	Date
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Winn Property Management, acting as management agent for The Apartments at Cold Brook Crossing LLC (the "Development") does not discriminate on the basis of any status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities including, but not limited to, the following: race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or expression, marital status, age, ancestry, genetic information, veteran status, receipt of public assistance, because someone is, has been or is threatened with being the victims of domestic abuse, or has obtained, or sought, or is seeking relief from any court in the form of a restraining order for protection from domestic abuse.

***NOTE: the formal application form must include an Equal Opportunity logo and a Handicapped Access logo (where appropriate).***