

PRELIMINARY RENTAL APPLICATION FOR
Ace Flats

MANAGEMENT WILL PROVIDE ASSISTANCE IN COMPLETING THIS DOCUMENT. PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please request an "I SPEAK" form from the management office as listed below.

PROPERTY: Ace Flats, Reading MA

Mail or Drop off Completed Application to:
(Temporary Address)

30 Haven Apartments

30 Haven St

Reading, MA 01867

aceflats@wingatecompanies.com

Office Info Only -Application Received:

Date:

Time:

AM OR PM

APPLICATION FOR ADMISSION

Note: **Please fill in all sections completely.** Failure to do so will result in processing delays or rejection of your application. If the question does not pertain to you please write N/A. Should you need help in completing this application, please contact us at (833) 990-2740 or aceflats@wingatecompanies.com

Head of Household Name: _____

Cell Phone: _____ Email: _____

Home Phone: _____

Current Primary Address Information:

Street

Apt. #

City

State

Zip Code

When did you move in? _____

No. of BR's in your current housing situation: _____

Do you RENT _____ or OWN _____? (Check one)

If owned, do you receive monthly rental income from the property? Yes or No

Are you receiving a housing subsidy? _____

If YES, please list type and amount: _____ \$ _____

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and Cable TV). \$ _____

What is your primary reason for moving?



Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/ Alaskan Native ☐ Black (not of Hispanic origin) ☐ Other

☐ Hispanic ☐ White (not of Hispanic origin) ☐ Asian or Pacific Islander

SIZE OF APARTMENT NEEDED:

1 BR ☐

2 BR ☐

3 BR ☐

UNIT TYPE REQUESTED:

Wheelchair 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? If yes, please explain.

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

	Name (FIRST & LAST NAME)	Relationship to Head	(Optional) GENDER	Birth Date (MM/DD/YY)	Social Security #	Are you a FULL- TIME STUDENT?
1.		HEAD				<input type="checkbox"/> YES <input type="checkbox"/> NO
2						
3						
4						

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

1. Are you currently Homeless or at risk of becoming homeless? If so, please explain:

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 from Page 2.

INCOME		
List ALL sources of income for ALL Members as requested below. If a section doesn't apply, cross out or write NA.		
Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
2.	Social Security	\$
1.	SSI Benefits	\$
2.	SSI Benefits	\$
1.	Pension (list source)	\$
2.	Pension (list source)	\$
1.	Veteran's Benefits (list claim #)	\$
2.	Veteran's Benefits (list claim #)	\$
1.	Unemployment Compensation	\$
2.	Unemployment Compensation	\$
	Title IV/TANF	\$
	GPA (General Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Interest Income (source)	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	



	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INCOME FROM ASSETS:

ASSETS				
If your assets are too numerous to list here, please request an additional form.				
If a section doesn't apply, cross out or write NA.				
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy		#	Cash Value \$	
(WHOLE or UNIVERSAL POLICIES ONLY)		#	Cash Value \$	
Do not list Death Policies		#		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$



Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property		
Location of property (Address)		
Appraised Market Value	(+)	\$
Mortgage or outstanding loans balance due	(-)	\$
Amount of annual insurance premium	(-)	\$
Amount of most recent tax bill	(-)	\$
If you are the current occupant(s), do you plan to <input type="checkbox"/> rent or <input type="checkbox"/> sell the property if your Application is accepted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe:		
Do they have access to the asset(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/dispensed of any property in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property:		
Market value when sold/dispensed		\$
Amount sold/dispensed for		\$
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe the asset:		
Date of disposition:		
Amount disposed		\$
Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please list:		
ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe:		



Are you or any member of your family subject to a state lifetime sex offender		
Registration program in any state?		<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, list the name of member & provide a complete list of all states in which any household member has resided:</i>		
Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		
<p align="center">Landlord INFORMATION</p> <p align="center">Must have 5 years of Residency History</p>		
Current Address	Address:	
	Dates of Residency:	
	Reason for Moving:	
Previous Address:	Address:	
	Dates of Residency	
	Reason for Moving:	
Current Landlord Contact:		
Address:		Phone #:
Previous Landlord Contact:		
Address:		Phone #:
Other:		
Address:		Phone #:
EMERGENCY CONTACT		
In case of emergency notify:		Relationship:
Address:		Phone:
<p align="center">VEHICLE & PET INFORMATION (if applicable)</p> <p align="center">List any cars, trucks, or other vehicles owned.</p>		
Type of Vehicle:	License Plate #:	



Year/Make:		Color:	
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any animals?		Yes or No	
<i>If yes, describe:</i>			
<i>Is this a service animal?</i>			

How did you hear about us?

Newspaper Advertisement [] Please Specify: _____
 Website [] Please Specify: _____
 Resident Referral []
 Housing Authority Referral []
 Drive by/Walk in []
 Other [] Please Specify: _____

Signature Page:

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.

 Head of Household / Applicant Date

 Co-Applicant Date

Ace Flats, 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.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).

