Office Use Only: Date Received: _____ Time Received: _____

WINGATE MANAGEMENT CO., LLC
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 Jackson Heights

Return Completed Application To:

Wingate Management Co, LLC
ADDRESS 3700 Lowry Court
CITY, STATE Tampa, FL 33610
Phone #: 813-241-2731
FAX #: _____ **TDD#: 711**

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 Management Office.

Applicant _____ Home/Cell Tel _____

Present Address _____
Street Apt. #

_____
City State Zip

Mailing Address (if different) _____
Street City State Zip

Email Address _____

Present Landlord Name _____

Address _____
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:

0BR 1BR 2BR 3BR

◯ ◯ ◯ ◯

UNIT TYPE REQUESTED:

Wheelchair Adapted Unit

◯ Yes ◯ No

Hearing/Visual Adapted Unit

◯ Yes ◯ No

Do you have a portable voucher? _____

If yes, from what housing authority? _____

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 your present address? _____ Years

Do you own any pets? _____

Are you or a family member enlisted in or a veteran of the U.S. Military? ◯ Yes ◯ No

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 *(Any person not listed will not be allowed to move in.)*

	FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	GENDER (optional)	SOCIAL SECURITY NUMBER*	FULL TIME STUDENT
1	_____	**Head of Household**	____	____	_____	◯ or ◯
	Birthdate for Head of Household only: _____					
2	_____	_____	____	____	_____	◯ or ◯
3	_____	_____	____	____	_____	◯ or ◯
4	_____	_____	____	____	_____	◯ or ◯
5	_____	_____	____	____	_____	◯ or ◯
6	_____	_____	____	____	_____	◯ or ◯
7	_____	_____	____	____	_____	◯ or ◯
8	_____	_____	____	____	_____	◯ or ◯

Does the Head of Household have full custody of all household members under age 18? ◯ or ◯

If no, please explain_____

(Please be prepared to supply a copy of child support/custody agreement and divorce decree.)

*The Social Security Number requirements do not apply to individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, OR individuals who do not contend eligible immigration status.

REFERENCES

Provide the full names and addresses of Landlords at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters). Please include both long-term and temporary residences.

1) Previous Address _____

_____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

2) Previous Address _____

_____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

3) Previous Address _____

_____

Dates of Residency _____

Name of **Previous** Landlord _____ Telephone _____

Landlord Address _____

Are you or any member of your household currently receiving federal (HUD) or state housing assistance?

☐Yes ☐No If yes, list the household member(s) 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 ____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member #_____

Name of Present Employer______________________ Telephone ______________

Address ____

Years Employed ______________ Position ______________________

Current Wages $ __________ ◯ hourly ◯ weekly ◯ bi-weekly ◯ monthly (#hours/week ____, #weeks/year ____)

Member #_____

Name of Present Employer______________________ Telephone ______________

Address ____

Years Employed ______________ Position ______________________

Current Wages $ __________ ◯ hourly ◯ weekly ◯ bi-weekly ◯ monthly (#hours/week ____, #weeks/year ____)

Member #_____

Name of Present Employer______________________ Telephone ______________

Address ____

Years Employed ______________ Position ______________________

Current Wages $ __________ ◯ hourly ◯ weekly ◯ bi-weekly ◯ monthly (#hours/week ____, #weeks/year ____)

Member #_____

Name of Present Employer______________________ Telephone ______________

Address ____

Years Employed ______________ Position ______________________

Current Wages $ __________ ◯ hourly ◯ weekly ◯ bi-weekly ◯ monthly (#hours/week ____, #weeks/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 ________
		(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.

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 ________

Additional Required Information

Have you or any member of your household ever been evicted from your home for any reason? If so, please give details unless the following statement applies to you: **An applicant for housing or credit with a sealed record on file with the court pursuant to Section 16 of Chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.**

_____

_____

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

_____

_____

Do you, or any member of your household, use marijuana, either recreationally or for medical use? YES or NO

Are you or any member of your household required to register as a sex offender under any state law?

☐Yes ☐No If yes, list the name of the person and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

_____

Please list all states where the applicant and/or members of the applicant's household have resided.

_____

_____

Wingate Management Co., LLC, acting as management agent for _____ (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, disability, familial status, gender, gender identity, sexual orientation, ancestry, genetic information, marital status, veteran or active military status, age, source of income or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

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

I / We hereby certify that we have received a notice from the management agent describing the right to a reasonable accommodation 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

Reviewed by Agent for Wingate Management:

Date

To: Wingate Management Co., LLC

Re: **Release to Obtain Credit/Criminal Background Information**

In consideration for being permitted to apply for this apartment at Jackson Heights, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____ _____ _____
Print Name Social Security # Date

_____
Signature

Applicant _____ _____ _____
Print Name Social Security # Date

_____
Signature

Applicant _____ _____ _____
Print Name Social Security # Date

_____
Signature

Applicant _____ _____ _____
Print Name Social Security # Date

_____
Signature

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 use 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

_____

I, the above-named individual, have authorized Wingate Management Co., LLC to verify the accuracy of the information which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Background Check	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self-Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Health & Accident Insurance	School & College Tuition Fees

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Wingate Management Co., LLC subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Wingate Management Co., LLC within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pains and penalties of perjury.

_____ _____

Head of Household Date Spouse Date

_____ _____

Other Adult Member Date Other Adult Member Date

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 use 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation.**

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer timeframe. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Wingate Management Co., LLC
ATTN: Section 504 Coordinator
100 Wells Avenue
Newton, MA 02459
(781) 707-9100

"I Speak..." Card

- ☐ Unë flas **shqip** (Albanian)
- ☐ አማርኛ እናገራለው (Amharic)
- ☐ انا اتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ հայերեն (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski.** (Croatian)
- ☐ اینجانب به زبان فارسی صحبت می کنم (Farsi)
- ☐ Je parle **français.** (French)
- ☐ Je parle le **Français haïtien**(French Creole)
- ☐ Μιλάω **ελληνικά.** (Greek)
- ☐ હું ગુજરાતી બોલુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl.** (Haitian Creole)
- ☐ मै हिंदी बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob.** (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は日本語を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ ខ្ញុំនិយាយភាសាខឺតឌីស (Khmer)
- ☐ 본인의 모국어는 한국어입니다 (Korean)
- ☐ .نه ز زمانی **کوردی** ده ناخفم (Kurdish)
- ☐ Ń a po **Klào** Win. (Kru)
- ☐ ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku.** (Polish)
- ☐ Eu falo **Portugês.** (Portuguese)
- ☐ ਇ ਸ੍ਪੈਆਕ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски.** (Russian)
- ☐ Ou te tautala **faaSamoa.** (Samoan)
- ☐ Govorim **srpski.** (Serbian)
- ☐ Waxaan ku hadlaa **Somali.** (Somali)
- ☐ Yo hablo **español.** (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog.** (Tagalog)
- ☐ ข้าพเจ้าพูด ภาษาไทย (Thai)
- ☐ ኣነ ትግርኛ ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською.** (Ukrainian)
- ☐ میں اردو بولتا/ بولتی ہوں . (Urdu)
- ☐ Tôi nói tiếng **Việt.** (Vietnamese)
- ☐ **יידיש** רעד איך (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

AUTHORIZATION TO ASSIST WITH COMPLETION OF APPLICATION

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 Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-92006 or provide supplemental or optional contact information below:

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone No: _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: _____