

DO NOT REMOVE THIS TOP STRIP!

Urban Edge Portfolio, c/o HousingWorks

P.O. Box 231104

Boston, MA 02123

Return Service Requested



Annual Waitlist Update

PRESORTED

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BOSTON MA

PERMIT NO. 1574

T00150

JOHN SAMPLE, 3111510

889 YOUR STREET ADDRESS

BOSTON MA 02118-4004



REMOVE SIDE STUBS ONLY.
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REMOVE BOTH SIDE STUBS.
OPEN TOP WITH A LETTER OPENER.

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Dear JOHN SAMPLE, 3111510

2017-12-31

You are on the waitlist(s) for apartments managed out of the **Urban Edge Portfolio**, managed by **Winn Residential**. Periodically, we require applicants to update their information. Applicants who do not respond will be removed from the list! **You must complete every single field on this page, and sign a readable signature*, and return to the P.O. Box address on this letter by October 20, 2017. WRITE YOUR ANSWERS LIKE THIS, Not like this. (too hard to read)**

Head of Household's SOCIAL SECURITY NUMBER*				HoH's DATE OF BIRTH mm - dd - yyyy				GENDER M/F/T	
PHONE NUMBER				ALTERNATE PHONE					
DISABILITY OR LANGUAGE BARRIER and SAFETY <input type="radio"/> = <input checked="" type="radio"/>									
<input type="radio"/> Need Fully Accessible Wheelchair Unit			<input type="radio"/> Need Blind Accessible Unit			<input type="radio"/> Need an Interpreter			
<input type="radio"/> Need No-Steps unit (elevator to any floor)			<input type="radio"/> Need Deaf Accessible Unit			<input type="radio"/> Domestic Violence Victim			
<input type="radio"/> Need First-Floor unit <u>only</u>			<input type="radio"/> Need a unit designed for Environmental Allergies						
YOUR SIGNATURE: _____									

DISABILITY OR LANGUAGE BARRIER and SAFETY <input type="radio"/> = <input checked="" type="radio"/>									
<input type="radio"/> Full Access Wheelchair <input type="radio"/> First-Floor <input type="radio"/> No-Steps <input type="radio"/> Blind Accessible <input type="radio"/> Deaf Accessible <input type="radio"/> Environmental Allergies <input type="radio"/> Interpreter <input type="radio"/> Domestic Viol. Escape									
CAREER STAGE: <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> FT Student <input type="radio"/> PT						ANY VETERANS? <input type="radio"/> Yes <input type="radio"/> No			
TELL US WHETHER OR NOT YOU RECEIVE PERMANENT MOBILE RENTAL ASSISTANCE AND ANSWER THE CORI QUESTIONS									
As of today: <input type="radio"/> I do not have mobile rental assistance <input type="radio"/> Mobile Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar									
Head of Household - Any Felony/Convictions? <input type="radio"/> Yes <input type="radio"/> No			Misdemeanor Conviction? <input type="radio"/> Yes <input type="radio"/> No			is anyone in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No			
Other Members: Any Felony Convictions? <input type="radio"/> Yes <input type="radio"/> No			Misdemeanor Conviction? <input type="radio"/> Yes <input type="radio"/> No						
HOUSEHOLD COMPOSITION include yourself				# of BEDROOMS NEEDED		ANY PETS? <input type="radio"/> Y <input type="radio"/> N Describe Pet(s):			
← # Adults	← # Children	← Total HH				DOCUMENTED DISABILITY? <input type="radio"/> Y <input type="radio"/> N			
PO BOX OR STREET ADDRESS, INCLUDING APARTMENT # <input type="radio"/> same address as this mailing									
CITY, STATE, AND ZIP:									
CURRENT ANNUAL INCOME FOR THIS HOUSEHOLD IS: \$ _____ , _____ . 0 0									

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FORM#2HW

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