

Application for Housing

90 Longwood LLC

Brookline, MA

Applications must be delivered to the Brookline Housing Authority at:

90 Longwood Avenue, Suite 1

Brookline, MA 02446

DO NOT SEND APPLICATIONS DIRECTLY TO THE PROPERTY.

MAXIMUM Household Income Limits:

\$41,500* (1 person), \$47,400* (2 people), *subject to change in 2019

Please note: All units are 1 bedroom.

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law. For TTD services dial 1-800-545-1833, extension 213.

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。請將其譯成中文。

នេះគឺជាជំនាញសំខាន់ណាស់ សូមមេត្តាបកប្រែជូនផង



PLEASE PROVIDE ALL THE FOLLOWING CONTACT INFORMATION FOR THE HEAD OF HOUSEHOLD:

Applicant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone :(_____) Work Phone:(_____)

Cell Phone: (_____) Employer :(_____)

Email address: _____

Please note: Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail.

Type of Housing:

- Elderly- Over the age of 62 Disabled Family

Bedroom Size Information: All units are 1 bedroom.

- 1 bedroom Do you require a handicap accessible unit: Yes _____ No _____

Do you currently receive State or Federal rental assistance, or do you have a Section 8 mobile voucher?

- Yes No

Please fill out the chart below for everyone who will be occupying the unit:

Last Name A.	First Name	Sex	Date of Birth B.	Social Security #	Relationship to HOH C.
					Head- of-Household

I certify that my Household Size is (total number of entries in column A) _____.

Initial(s): _____ Initial(s): _____

LOCAL PREFERENCE INFORMATION

Do you or any member of your household qualify for Local Preference? An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Brookline, (B) employed in the Town of Brookline (must be 20 hours+ weekly), (C) a parent or guardian with children attending the Brookline Public Schools (including METCO students), (D) an elderly individual (62 yrs.), (E) an individual who is disabled and not elderly.

- Yes
 No

If you answered "Yes" for Local Preference you will need to attach the documentation specified below:

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from Town of Brookline Election Department

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employee's name.

If qualifying under definition (C) as detailed above: I have submitted copies of Brookline school transcripts **AND** proof of relation to the student (by birth certificate or legal guardianship or divorce decree).

ACCESSIBLE UNIT- PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for Accessible housing for person with disabilities and who needs the features of an Accessible Unit.

- Yes
 No

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- Yes No

If yes, please explain in the space provided here or write a signed statement and attach it:

RACE: (OPTIONAL for statistical purposes only)

Please check all boxes that apply:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other (please specify) _____ |

FULL-TIME STUDENT

Are you or any member of your household a full-time student? *A full-time student is defined by the IRS as an individual, who during each of 5 calendar months during the calendar year, is a full-time student at an educational organization or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization.*

- Yes
 No

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to submit supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, apart from income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.

INCOME

You cannot use white out on this Application. If you make a mistake, cross it out and initial the change. **For any section that does not apply, write "NA".**

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Social Security Income	
	SSDI	
	Pension (list source)	
	Retirement Funds (list source)	
	Workman's Compensation	
	Severance Pay	
	Unemployment Compensation	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts (<i>i.e. rent assistance from family</i>)	
	Interest Income (source)	
	Other Income (source)	
	Gross Monthly Household Income = (GMHI)	\$ /Month
GMHI x 12 =	GROSS ANNUAL HOUSEHOLD INCOME	\$ /Year

ASSETS

If a section doesn't apply, cross out or write NA. Please detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

Checking Account	Bank Name	Last 4 Digits of Acct Number	Amount	
			Balance \$	
Savings Accounts			Balance \$	
Trust Account			Balance \$	
Venmo/Paypal/Cash-App			Balance \$	
Bank CDs)			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
Bonds			\$	\$
Investment Property			Appraised Value \$	

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

You must now read, sign and date the next page.

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration for housing at 90 Longwood LLC.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I certify that the rental unit at 90 Longwood LLC will be my principal residence.
4. I understand that the lease or occupancy agreement for the unit to be occupied through the Section 8 Voucher & Low-Income Housing Tax Credit programs may be subject to cancellation if any of the information provided is not true and accurate.
5. I understand that the information provided in this application **does not** guarantee housing.
6. I understand this is an application for a rental unit at 90 Longwood LLC, and in the process of leasing a unit, and by given deadlines, I will need to complete Program Certifications where my participation in rental housing programs and eligibility will be determined by additional factors such as tenant history and criminal background screening. I understand that if selected from the wait list, I will need to be able to submit all required income, asset, tax and if applicable, local preference, accessible, vision-impaired, and/or hearing-impaired documentation within 10 business days of the screening deadline and failure to submit the required documentation in time, or to meet any other deadlines given by BHA will result in my removal from the wait list and disqualify my housing application .
7. I understand that any material changes in income or assets of my household, or my household composition, that occurs after the submission of this application may make me ineligible for housing at 90 Longwood LLC. I understand that any changes to income or assets that may put my household into another income tier must be reported to BHA.
8. Co-signers and Guarantors **are not** permitted unless they are co-tenant who will reside in the unit.
9. I acknowledge that if my email address is provided in this application, BHA will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information must be reported to BHA.
10. I acknowledge that the determination of eligibility by BHA is based upon the regulations that govern the Section 8 Voucher and Low-Income Housing Tax Credit Programs for the development and, as such, barring any confirmed error by BHA in applying the regulations and/or calculating income, the decision is final, and I further agree to hold harmless BHA from any claim(s) relate to this application.
11. The undersigned give consent to 90 Longwood LLC, Brookline Housing Authority (BHA) and Beacon Communities to verify the information provided in this application. The undersign authorizes the release of information necessary in the determining income and assets from third-party references.

Applicant's Signature

Date

Applicant's Signature

Date

Send applications by the date on the cover page to (DO NOT SEND THEM TO THE PROPERTY, SEND THEM TO THE BROOKLINE HOUSING AUTHORITY ADDRESS). For Questions contact apps@brooklinehousing.org or (617) 277-2022

