



Brookline Housing Authority

90 Longwood Ave, Ste 1
Brookline, MA 02446

TEL: 617 277 2022
TTD: 800 545 1833 x213
E-mail:
apps@brooklinehousing.org

This is an important notice. Please have it translated
Esta es una notificación importante. Por favor, mande a traducirla.
Sa a se yon avi enpòtan. Tanpri fè tradui l.
これは重要な通知です。これを翻訳してもらってください。
זוהי הודעה חשובה. אנא תדאגו לתרגומה.
Đây là một thông báo quan trọng. Vui lòng cho dịch ra.
這是個重要通告，請予翻譯。
Это важное уведомление. Просим перевести его.
Este é um aviso importante. Por favor traduza o mesmo.

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

MAXIMUM Household Income Limits: **subject to change in 2026*

| 1 Person | 2 People |
|----------|-----------|
| \$57,900 | \$ 66,200 |

| Bedroom Type |
|---------------------------------|
| 1-Bedroom |
| 1-Bedroom Wheelchair Accessible |

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.



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:

| Name | Relation to Head | Social Security # | Disabled Y / N | Sex M / F | Date of Birth | Race/ Ethnicity |
|------|-------------------|-------------------|-------------------|--------------|---------------|-----------------|
| | Head of Household | | | | | |
| | | | | | | |

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

Language:

| | | | |
|--------------------------------------|-------|------------------------|--|
| Do you understand and speak English? | Y / N | If no, language spoken | |
| Do you understand and read English? | Y / N | If no, language read | |

LOCAL PREFERENCES

LOCAL NATURAL DISASTER PREFERENCE INFORMATION

This preference is for families with the Local Preference who have been displaced due to flood or fire, other natural disasters and or Board of Health Condemnation that renders the family's dwelling unit uninhabitable. The fire, flood, or other natural disaster cannot be due to the fault of the family and/or a Household Member.

- ☐ Displaced by Natural Disaster with the Local Preference. (See Local Preference definition for more information)
- ☐ Displaced by Board of Health Condemnation with Local Preference. (See Local Preference definition for more information)
- ☐ N/A

LOCAL DOMESTIC VIOLENCE INFORMATION

This preference is for an applicant or member of the household who has been or is currently a victim of domestic violence, dating Violence, sexual assault, or stalking, and has a reasonable belief of risk of imminent harm if he or she remains in current place of residency. **The applicant must also meet the requirements of the Brookline Residency Preference.**

- ☐ Displaced by Domestic Violence with the Local Preference (See Local Preference definition for more information)
- ☐ N/A

LOCAL PREFERENCE INFORMATION

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).

- ☐ Yes, a current resident of Brookline.
- ☐ Yes, employed in the Town of Brookline (must be 20 hours+ weekly).
- ☐ Yes, a parent or guardian with children attending the Brookline Public Schools (including METCO students).
- ☐ N/A

ELDERLY (62+)/DISABLED PREFERENCE INFORMATION

An applicant qualifies for the Elderly or Disabled preference if the Head of Household, Co-Head, or spouse is either (A) an elderly individual (62+), or (B) an individual who is disabled and not elderly.

- ☐ Head of Household, Co-Head, or Spouse is Elderly (62+)
- ☐ Head of Household, Co-Head, or Spouse is Disabled
- ☐ N/A

BROOKLINE HOUSING TENANT RELOCATION/REDEVELOPMENT PREFERENCE

BHA has provided its Public Housing Residents with a preference for RAD Part I conversion households and for households displaced due to demolition/redevelopment.

- ☐ Brookline Housing Authority tenant displaced as a result of demolition and/or redevelopment of public housing.
- ☐ N/A

ACCESSIBLE UNIT

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meets 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:

ETHNICITY:(OPTIONAL for statistical purposes only)

Please check all boxes that apply:

- | | |
|-----------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> American Indian/ Alaska Native | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Other:_____ | |

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 in 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 for 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 detail 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.

| | Bank Name | Last 4 Digits of Acct Number | Amount | |
|-------------------------------------------------|----------------|------------------------------|--------------------|-------|
| Checking Account | | | 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 \$ | |
| | Name | # of Shares | Interest/Dividends | Value |
| Mutual Funds | | | \$ | \$ |
| 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 through an upcoming court settlement) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes to either question, type of property: | |
| 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 occur 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-tenants who will reside in the unit.
9. 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, and Brookline Housing Authority (BHA) to verify the information provided in this application. The undersign authorizes the release of information necessary in 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