

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



Pre-Screening Application

NAME OF APPLICANT _____ SOCIAL SECURITY # _____ - _____ - _____

EMAIL ADDRESS _____ PHONE NUMBER (_____) _____

CURRENT ADDRESS (city, state and zip code) _____

CURRENT LANDLORD (name and phone) _____

LENGTH OF TIME AT CURRENT ADDRESS? _____

PREVIOUS LANDLORD (name, and phone) _____

CURRENT EMPLOYER _____ LENGTH OF EMPLOYMENT _____

EMPLOYER CITY/STATE AND PHONE # _____

OCCUPATION _____ ANNUAL SALARY _____

FORMER EMPLOYER _____ LENGTH OF EMPLOYMENT _____

FORMER EMPLOYER CITY/STATE AND PHONE _____

PERSONAL REFERENCE (name, address and phone) _____

NUMBER OF PETS _____

I understand and certify that the information given herein is for the confidential use of the landlord and is declared to be factual and true. Landlord reserves the right to reject or evict any applicant because of any such misrepresentation. I also certify that I am of legal age to execute a lease contract. I also hereby authorize the landlord and/or any consumer or credit reporting agency or bureau employed by it to conduct a consumer credit inquiry and criminal background check in connection with this application.

APPLICANT SIGNATURE

Landlord does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age (except if minor), familial status or handicap.

CERTIFICATE
Acknowledgement of BRA Income Certification

(Please note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one prospective tenant.)

I understand that the Unit I propose to lease at _____ is restricted by the Boston Redevelopment Authority (the "BRA").

I further understand that these restrictions include an income-eligibility requirement. I shall submit an Affidavit of Eligibility to the BRA with all necessary back-up information to verify my household income, so that the BRA can certify whether my household is eligible to lease the Unit.

I understand that the combined total assets of my entire household cannot exceed \$75,000 (for a household at or below the 80 HUD income category) or \$100,000 (for a household above the 80 HUD income category). I understand that assets include but are not limited to the following: The value of my present home(s), checking or savings accounts, CDs, money market accounts, treasury bills, stocks, bonds, securities, trust funds, gifts, cash on hand over \$500, real estate, rental property, other real estate holdings, personal property as an investment, and the value of safe deposit contents. I further understand that government-approved college savings accounts and qualified retirement accounts, such as IRAs, Keogh plans, pension plans, and similar, are exempt from consideration as part of the household's total assets unless they are being liquidated, but that documentation of them must still be submitted.

If the BRA determines that my household is eligible, the BRA shall prepare a letter of approval and provide it to the Property Manager. This approval shall be good for 60 days. I understand that if more than 60 days elapse between the approval of my household and my occupancy of the Unit, my household income will need to be re- certified by the BRA. If my household is still income-eligible, the BRA shall issue a new approval letter. I understand that if my household income is determined to exceed the income limits for this Unit at certification or re-certification, I will not be eligible to lease this unit. I also understand that if I am substantially below the income limit for the category of unit I would like to lease, the BRA reserves the right to request additional documentation to determine my ability to lease the unit. I understand that Co-signers and Guarantors of leases are not permitted.

I understand that the BRA determination of my household income is based on information provided by me, as verified by the BRA, and that such determination is administrative in nature and therefore final when made.

Lessee _____

Lessee _____

Date: _____

Boston Redevelopment Authority

Application for BRA Affordable Rental Units

Please make sure you have a copy of the **Certificate of BRA Income Certification**.
A completed copy of this form is required at time of application.

Development Name and Address: _____

Anticipated move in date (Completed by Marketing agent / Property Manager): _____

Unit number/ income category: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone: (_____) _____

Employer: _____

Email address: _____ @ _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone: (_____) _____

Employer: _____

Email address: _____ @ _____

(Please note: the use of the singular "I" or "my" shall include the plural in the case of more than one prospective tenant.)

INCOME: "HOUSEHOLD INCOME" DEFINED

Immediate family members of any developer or "Applicant" (as the contracting party is sometimes referred to) are prohibited from entering any lottery held for any Boston Redevelopment Authority Inclusionary/ Affordable housing unit. Immediate family members of any Marketing Agent hired by developers/Applicants are prohibited from entering any lottery for housing units at the project for which the Marketing Agent has been hired. "Immediate family" shall be defined as it is in Massachusetts General Law c.268A, the Conflict of Interest Law. However, this policy may be further expanded to include a broader degree of kinship, and may be refined to encompass a broader range of parties other than a named developer or named applicant.

If no lottery is held because there were not a sufficient number of applications submitted, the same rules apply (i.e., the same rules apply to a "First-Come-First-Served situation").

Please fill out the chart below with income information for the prospective tenants and all members of the household. Attach supporting documentation in the form of the two most recent consecutive pay stubs, **W-2 statements** and the **two years most recent state and federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, "**Household**" shall mean all persons whose names appear on the lease, and also 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. Children shall be considered part of the household if they spend more than 50 of the year (183 days, including partial days) in the residence. The incomes of *all* household members will be included, with one exception:

- Income from employment is not counted for household members under the age of 18.

The BRA reserves the right to request **additional information** at any point in the Income Certification process. Income Information can include but is not limited to the source of income and the estimated current annualized gross amounts of income, from any source, both taxable and non-taxable income, such as:

1. Wages, salaries, tips, overtime, bonuses, commissions, fees, credits, sick pay, deferred income, and any other compensation received for personal services;
2. Dividends, interest, annuities, pensions, IRA or other retirement accounts distributions, social security benefits;
3. Income received from: trusts, business activities including partnership income and Schedule K-I information, corporate distributions, rental or lease income, investments, and any other income or gains from any asset;
4. Alimony, support payments, disability payments, workers and unemployment compensation, public assistance, etc.
5. All assets

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. The BRA does not use income as reported on your W-2 to determine estimated current annualized income.
2. Full-time students over the age of 18 are *not* eligible to apply as a tenant *unless* they are a co-applicant with a related, non-full-time student. The BRA's determination of full-time student status will be final.
3. If you are *substantially* below the income limit, the BRA reserves the right to request additional documentation to determine your ability to lease the unit.

| NAME A | AGE B | TENANT OR OCCUPANT C | RELATIONSHIP TO TENANT D | ESTIMATED CURRENT ANNUALIZED GROSS INCOME E. |
|------------------|-----------------|-----------------------------------|---------------------------------------|---|
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Do you currently receive or do you have a Section 8 mobile voucher or certificate? (Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

☐ Yes ☐ No

If yes please provide copy of current voucher from appropriate Housing Authority

HOUSEHOLD ASSETS:

Please complete the chart below and attach supporting documentation (no more than 60 days old) for all assets held by each household member over the age of 18. Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable.

Asset Limitation:

- (A) For a household at or below the 80 of the area median income category, the combined total assets of the household cannot exceed \$75,000. For a household above 80 of the area median income category, the combined total assets of the entire household cannot exceed \$100,000. Government-approved college savings accounts and qualified retirement accounts, such as IRAs, Keogh plans, pension plans, and similar that have been established at least six (6) months prior to applying for an affordable unit, are exempt from consideration as part of the household's total assets unless they are being liquidated.
- (B) Applicants applying for affordable rental units can exceed the set forth asset limitations if all of the household members are over 65 years of age. In this instance, a household can have combined assets, **including all retirement funds of \$250,000.**
- (C) **If a household has disposed of an asset for less than the fair market value during the two years preceding the filing of an application for affordable housing, then the BRA will count the asset as belonging to the applicant and will use its fair market value as part of the asset calculation.**

Please also note that the information provided above only serves to determine for which units an applicant may qualify. **Once a tenant is selected, formal income verification will be done by the developer or its agent in conjunction with the BRA.**

| Account Holder's Name | Balance | Type Of Account or Asset | Account Number | Date Account Opened |
|-----------------------|---------|--------------------------|----------------|---------------------|
| | | | | |
| | | | | |
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- **** Disclosure: If it is determined that all of an applicant's assets were not disclosed at the time of application, an applicant can be denied approval.
- **** Households that are determined to be ineligible cannot restructure their finances and reapply. There will be a two year waiting period to reapply for an affordable unit in the same income category after an applicant is deemed ineligible for being over the income/asset limit.
- **** An applicant or household currently residing in an affordable unit who is not in compliance with the covenant for affordable unit requirements or income/asset limit for such affordable unit may not be eligible as an applicant for a different affordable Unit. The Authority reserves the right to deny approval of such applicant or household.

PREFERENCE INFORMATION:

The following are the preferences attached to this project. Lottery participants who qualify for these preferences will be ranked higher than those that do not.

"Handicap Household" shall mean applicant with a disabled household member who is in need of an accessible unit. Adaptable units are available to persons with mobility, hearing, or vision impairments that substantially limit one or more major life activities. This shall include but not be limited to those who have the inability to walk, difficulty walking, hearing difficulties, lack of coordination, and difficulty interpreting and reacting to sensory data.

Do you or a member of your household need an accessible unit?

☐ Yes ☐ No

If yes, you will be required to provide supporting documentation.

"Boston Resident" shall mean any individual whose permanent principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Are you seeking preference as a resident of the City of Boston?

☐ Yes ☐ No

If yes, attach proof of residency - **copy of two (2) utility bills**, one from each utility company in your name dated within the last 60 days. (1) electric, (1) oil, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation must be provided: current signed lease **AND** proof of voter registration from City of Boston Election Department or proof of automobile insurance.



Household Size: Households with at least one person per bedroom occupying the unit have preference over household with fewer than one person per bedroom.

My household size is _____

Bedroom Size Information: For which bedroom size are you applying? Choose one only.

- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedroom
- ☐ 3 bedroom

Fill in this section only if this development has artist preference units.

"**BRA Certified Artist**" shall mean applicant or member of applicant's household has received a BRA Artist Certificate from the Boston Redevelopment Authority which qualifies candidate for a units set aside for artists.

- ☐ Are you a BRA Certified Artist?
(If so, attach copy of the BRA Artist Certificate.)

OR

- ☐ Is your application for a BRA Artist Certificate currently under BRA review?
If yes, date Artist Application submitted to BRA:

OR

- ☐ Not a BRA Certified Artist

Urban Renewal Displacee" shall mean persons displaced from the specific property and/or displaced from the relevant Urban Renewal Plan Area by clearance and redevelopment activities carried out by the BRA.

Required Documentation: Proof of displacement by the BRA from the relevant Urban Renewal Area during the official Urban Renewal Period (displacement notice and proof of residency during the Urban Renewal Period in the form of utility bills, voting record, bank statement, record of birth or any other official documents).

Are you seeking preference as an urban renewal displacee?

- ☐ Yes
- ☐ No

Before you sign this form, please make sure you have attached the following documents:

- ☐ Copies of the two most recent consecutive pay stubs for each household members 18 years or older D Copies of utility bills (if applicable)
- ☐ Copies of current supporting documentation for all assets held by each household member over the age of 18 (e.g., bank statements, mutual fund statements, retirement/ 401(k) statements etc.)
- ☐ Copies of two years most recent federal income tax returns (including all attachments, amendments, W-2 forms, and any income reported on form 1099) for each household member 18 years or older
- ☐ Copies of two years most recent state income tax returns (including all attachments and amendments) for each household member 18 years or older
- ☐ A year -to-date profit and loss statement for every member of the household 18 years old or older who is self- employed
- ☐ Signed Acknowledgement of BRA Income Certification

Marketing Agents/ Property Manager's Signature:

Marketing Agent's Signature

Date

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the income certification process, which will take place if the marketing agent offers me a unit that I find acceptable.
3. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
4. Co-signers and Guarantors are not permitted unless they are co-tenants who will reside in the unit.
5. I understand that approval from any source other than the BRA does not guarantee BRA income certification approval.
6. I understand that I may submit only one application per household and that submitting duplicate applications will disqualify my household from the lottery.

Applicant's Signature

Date

Applicant's Signature

Date

Race: (OPTIONAL)

Information will be used to determine effectiveness of affirmative outreach and compliance with fair housing programs. Response is strictly voluntary and will not affect your application.

- ☐ American Indian! Alaskan Native
- ☐ Black (not of Hispanic origin)
- ☐ White (not of Hispanic origin)

- ☐ Asian or Pacific Islander
- ☐ Hispanic

☐ _____

The information provided in this document is intended for confidential purposes used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by law.

Revised 9/1/09



CERTIFICATE
Acknowledgement of Income Certification
Affordable Rental Units Restricted by the Boston Redevelopment Authority

I/We understand that the Unit I/we propose to lease at _____ is restricted by the Boston Redevelopment Authority (the "Authority").

I/We further understand that these restrictions include an income-eligibility requirement. I/We shall submit an Affidavit of Eligibility with all necessary back-up information to verify my/our household income, so that the Authority can verify whether my/our household is eligible to lease the Unit.

If the Authority determines that my/our household is eligible, such determination shall be good for 60 days. I/We understand that if more than 60 days elapse between the Authority's determination and my/our occupancy of the Unit, my/our household income will need to be re-certified by the Authority, and I/We must still be income-eligible to lease this unit.

I/We understand that if my/our household income is determined to exceed the income and/or asset limits for this unit at certification or re-certification, I/We will not be eligible to lease this unit.

I/We understand that the Authority's determination of my/our household income is based on information provided by me/us, as verified by the Authority, and that such determination is administrative in nature and therefore final when made.

Applicant's Signature

Applicant's Signature

Date

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A